# CDC Z4A171

# Medical Materiel Craftsman

## Volume 2. Advanced Operations


**Air Force Career Development Academy**

**The Air University**

**Air Education and Training Command**

**Z4A171 02 1606, Edit code 03**

**AFSC 4A171**

**Author:** MSgt Douglas F. McBryde
MSgt Shanna Herzfeld
382nd Training Squadron
Medical Education and Training Campus (AETC)
382TRS/TXTUEB
2640 Harney Road
Fort Sam Houston, Texas, 78234–5086
DSN: 420-5155
E-mail address: shanna.herzfeld@us.af.mil
shanna.k.herzfeld.mil@mail.mil

**Instructional Systems Specialist:** Dr. Kenith Isreal
DSN: 596–4317

**Editor:** Carrie Rodgers

Air Force Career Development Academy (AFCDA)
Air University (AETC)
Maxwell-Gunter Air Force Base, Alabama 36114–5643

Material in this volume is reviewed annually for technical accuracy, adequacy, and currency. For SKT purposes the examinee should check the *Weighted Airman Promotion System Catalog* to determine the correct references to study.

IN THIS SECOND and final volume of CDC 4A171 you will study some of the more advanced medical materiel operations to include the Medical Equipment Management Office, Service Contract Management, Controlled Medical Items, Medical Contingency Operations, and other special considerations.

Unit 1 covers equipment management, equipment inventories, and miscellaneous equipment transactions. Unit 2 provides information on contract administration and associated funding procedures and documentation. Unit 3 covers controlled item identification, DEA registration, and the associated management of controlled inventory. Unit 4 includes information on war reserve materiel planning, levels, procurement, and asset management. Finally, unit 5 will wrap up this course by taking a look at some special medical materiel considerations with a focus on expeditionary medical logistics.

It is extremely important that you get clarification from your trainer, supervisor, or knowledgeable coworkers on information that you do not understand. Please feel free to call the author listed in this volume for assistance. Remember that the only dumb question is the question you needed an answer to, but failed to ask. Take the extra time to answer the self-test questions and unit review exercises. Once again, feel free to call the author if you think a question or area of text should be deleted due to changes in technical references.

A glossary is included for your use.

Code numbers on figures are for preparing agency identification only.

The use of a name of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

To get a response to your questions concerning subject matter in this course, or to point out technical errors in the text, unit review exercises, or course examination, call or write the author using the contact information on the inside front cover of this volume.

**NOTE:** Do not use the IDEA Program to submit corrections for printing or typographical errors.

If you have questions that your supervisor, training manager, or education/training office cannot answer regarding course enrollment, course material, or administrative issues, please contact Air University Educational Support Services at http://www.aueducationsupport.com. Be sure your request includes your name, the last four digits of your social security number, address, and course/volume number.

This volume is valued at 15 hours and 5 points.

**NOTE:**

In this volume, the subject matter is divided into self-contained units. A unit menu begins each unit, identifying the lesson headings and numbers. After reading the unit menu page and unit introduction, study the section, answer the self-test questions, and compare your answers with those given at the end of the unit. Then complete the unit review exercises.

*Page*

# Unit 1. Medical Equipment Management Office



MEDICAL EQUIPMENT management is one of the highest visibility areas within Medical Materiel that you may ever work. In the click of a button or the signing of a document you could be authorizing, ordering, paying, receiving, or transferring multi-million dollar pieces of equipment. In the same fashion in which Medical Materiel is responsible for the acquisition, storage, and distribution of medical supplies, the Medical Equipment Management Office (MEMO) is responsible for all medical equipment. This unit will cover equipment management, procurement and management processes, and finally, some of the important miscellaneous functions.

## 1–1. Equipment Management

The Air Force Medical Service (AFMS) equipment management (EM) program uses the Defense Medical Logistics Standard Support (DMLSS) system in conjunction with a single MEMO element at each medical stock record account. The MEMO element provides an organizational level system for in-use equipment control, acquisitions, and reporting. In this section, we will cover roles and responsibilities, managing reports, the budget process, and processing equipment receipts.

### 201. Understanding roles and responsibilities

As mentioned previously, EM is a high dollar figure and high visibility program. Therefore, there will be many offices and personnel you will be coordinating with, both internally and externally.

#### Air Force Medical Logistics

Air Force Medical Operations Agency/Medical Logistics division (AFMOA/SGAL) is the focal point for investment equipment. They are responsible for the central management of funding, execution, and budget requirements for all medical investment equipment items. They are also responsible for maintaining records of all other procurement (OP) requests and procurement actions. Finally, they have been delegated the authority to evaluate and manage the Air Force Surgeon General (AF/SG) level approval/disapproval process, which includes the clinical evaluation and approval by the appropriate Surgeon General (SG) clinical consultant of all equipment over $100K, to include the Picture Archive Communication System (PACS), manikins, radiology, dental, and pharmacy equipment regardless of cost. They also authorize centralized funds for expense, high-cost medical expense, and OP equipment requirements.

### Military treatment facility commander

At base level, with some exceptions, the approval authority for most equipment items rests with the Military Treatment Facility (MTF) commander. This is because most of the equipment an MTF purchases is expense equipment, and the commander has final authority for approving/disapproving AF Forms 601, Equipment Action Request, for medical expense equipment. The MTF commander thus acts as the equipment review and authorization activity (ERAA). However, the authority to approve equipment requests may be delegated to either the MTF's deputy commander or MTF administrator.

The MTF commander approves or disapproves expense equipment requests for *medical* equipment from *nonmedical* organizations; however, the equipment must not be used for patient care. This approval/disapproval is restricted to those requests that clearly state the equipment will not be used for any type of medical treatment. An example of this would be if your local Nondestructive Testing flight ordering an ultrasound unit to check for stress cracks on an aircraft.

The MTF commander will establish an equipment review process (e.g., an ERAA). Some commanders require MEMO submit all equipment requests to the ERAA board, while other MTF commanders may simply want the equipment packages routed through an executive committee for preapproval prior to the commander signing the request as the ERAA.

The MTF commander also appoints a qualified individual, by name, as the accountable property officer for the MEMO account. The minimum qualifications for the MEMO officer requires the individual be at least a GS–5, if civilian, or at least a 7-skill level and the rank of TSgt, when enlisted.

### Equipment review and authorization activity

Either an individual, such as the hospital administrator, Medical Logistics Flight commander (MLFC), MEMO, or a group can perform the functions of the ERAA; however, the MTF commander determines the composition of the ERAA. The base medical ERAA serves as the advisor to the MTF commander on ERAA matters. The ERAA provides the MTF commander with sound recommendations to approve or disapprove requests submitted by MEMO.

The ERAA establishes base priority lists for investment and expense equipment purchases. These lists consist of all approved, unfunded requests provided by the base MEMO. This list is coordinated with the chiefs of services prior to submission through MEMO to the MTF commander for approval. The base MEMO submits the priority list for *investment equipment* to the AFMOA/SGAL, as requested.

### Medical logistics flight commander

The MLFC is responsible for the overall management of the base MEMO function. The MLFC is also responsible for making sure equipment account custodians are trained on EM procedures and provides assistance in preparing equipment requests. Finally, the MLFC must ensure equipment due-outs and due-ins are validated at least every 180 days after the due-out is established.

### Medical equipment management office

This is where it all begins. When discussing the MEMO responsibilities, we are talking about *your* responsibilities. The following list identifies your primary responsibilities when working in MEMO:

- Maintain equipment authorizations and in-use asset records. As the accountable office, MEMO is responsible for maintaining files for all detached facilities supported by the host MEMO.
- Maintain priority listings of approved, unfunded expense, and investment equipment requirements.These lists will be used by the ERAA and Resource Management Office (RMO). Contact requesting activities at least annually—and immediately prior to initiating an order—to ensure the validity of all approved, unfunded equipment requirements. Make sure authorization and in-use records are updated to reflect the results of the validation.

- Train account custodians on EM procedures and assist in the preparation of equipment requests. Coordinate all requests for medical and nonmedical equipment with the biomedical equipment maintenance activity and the medical facility manager (some facilities may also require the approval of the infection control office). It is a good idea to have your customer discuss a potential equipment request with these offices before even submitting the request to MEMO.
- Process equipment orders following current or local guidance. Ensure appropriate technical recommendations from the medical maintenance activity and facility manager are incorporated into the equipment request.
- Make sure all medical equipment is inventoried at least every 24 months. A completed biomedical maintenance equipment repair workorder, involving physically touching the item, shall count as an inventory action. MEMO will not need to reinventory that item again so long as routine workorders are being accomplished.

As you can see from the above list, MEMO responsibilities are clear cut, and each level in the approval process has certain responsibilities. It is important you have a sound working knowledge of what tasks they perform in relationship to your EM responsibilities.

### Biomedical maintenance equipment repair

The biomedical maintenance equipment repair office plays a major role in the EM program. A biomedical equipment technician (BMET) is consulted on each equipment request and ensures that medical equipment is serviceable, safely operable, and properly configured to meet peacetime and wartime mission requirements.

The biomedical equipment maintenance activity provides technical prepurchase evaluation assistance to ensure custodians select equipment with optimum performance and safety criteria. Upon request, Medical Maintenance provides a technical review for the following:

- Identify and document such factors as reliability, accuracy, and compliance with accepted safety and current performance standards (medical equipment only).
- Evaluate and determine the system's utility demands are available.
- Evaluate the system's facility limitations, such as ceiling height, door, floor load capacity, electrical load limits, and room size, which may delay or preclude procurement of the requested item.
- State how the equipment is to be maintained and if maintenance training is required.
- Estimate annual contract maintenance cost if in-house maintenance capability does not exist.

### Facility manager

The facility manager plays a large role in the EM program. The facility manager reviews all equipment requests to determine if utility or structural changes (e.g., closing off a wall, making openings in a wall, relocating water lines, or installing electrical lines) are required. If changes are needed, the facility manager does four things:

- Notifies civil engineering/contractor of the required changes.
- Requests an estimated cost for the changes.
- Estimates the earliest possible completion date.
- Prepares a milestone chart, identifying progress to date.

### Property custodians

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 military and civilian personnel are always responsible for the proper care and safekeeping of property under Air Force control. This responsibility includes pecuniary liability for negligent loss, damage, or destruction. In

addition to all of these responsibilities, property custodians are required to control and effectively manage the property assigned to their accounts.

### *Appointment*

The MTF commander or squadron commander designees appoint property custodians for his or her respective unit(s). Before initiating a property custodian transfer, the MTF commander or designee approves the letter of appointment, naming the new property custodian, and forwards it to the MEMO.

Generally, when an individual assumes custodial responsibility, MEMO personnel review the current status of the customer's account. This review includes verifying three things:

- Equipment on order.
- Status of equipment approved but unfunded.
- Status of equipment awaiting approval action.

After MEMO briefs the customers on the status of their account, they are given the custodian receipt/location list (CR/LL) showing all property charged to the custodian account. MEMO provides the CR/LL listing as a feedback and asset mechanism to the custodian. MEMO should also provide the custodian with a list of all equipment on order for the custodian account.

### *Joint inventory*

Using the CR/LL, *both* the outgoing and incoming custodians must jointly inventory the property and annotate any discrepancies noted. MEMO aids in resolving inventory discrepancies. Upon signing and dating the listing, the new custodian assumes responsibility for all in-use items in the quantities indicated and verifies the requirement for all due-ins. The custodian returns the original signed CR/LL listing to MEMO and retains a signed copy as a record of equipment authorized and on hand. As items are issued to or turned-in from the account, the custodian retains a signed AF Form 601, or a Custodian Actions List (CAL), showing the action taken until the item is correctly listed on the applicable CR/LL. Then, the custodian may destroy the suspense AF Form 601.

### *Periodic inventory*

As part of their duties, property custodians are expected to ensure, by spot checks and periodic inventory, that all property in the account is physically on hand and available, properly assigned, and that appropriate actions are taken when items are either missing or damaged. To ensure spot-check inventories are being performed, provide the custodian a CR/LL. After the spot inventory check is performed, annotate the spot check/periodic inventory date on the CR/LL maintained in file or replace the old CR/LL in the file with the signed CR/LL used to perform the periodic inventory.

### *Relief of responsibilities*

Before a property custodian is relieved from duty, transferred, separated from service, or when the custodian is absent from the account more than 45 days, the MEMO initiates action to transfer the property or to have it assigned to an authorized replacement custodian. The custodian is not relieved of the custodial responsibilities until MEMO personnel officially clear the replacement custodian. MEMO make sure the customer conducts an equipment inventory prior to the transfer of property responsibility and that an MTF commander appointment letter is accomplished.

## 202. Managing reports

DMLSS provides a variety of standard reports and inquiries to help you manage your equipment program in the MTF. These various reports and inquiries are designed to assist you in determining the state of your stock record account, supporting financial plans and budgets, and identifying areas of improvement in your current business practices. You can access these reports and inquiries from the EM NAVIGATE menu, REPORTS, or click on the REPORTS button on the horizontal toolbar to open the EM REPORT LIST window. In the EM REPORT LIST window select and double click on the report to view it or click on the VIEW button on the vertical toolbar, and DMLSS will display the

report in the EM REPORT VIEW window. Depending on the report you select, DMLSS will display the SPECIFY REPORT SELECTION CRITERIA with options for you to choose from for each specific report. In the following paragraphs, we will cover some of the various reports and inquiries, which are available to you in the DMLSS REPORTS module.

### Equipment management standard reports

To view a list of the *standard* report options, click the radio button for "Standard Report" as the report type. Recall that a report is a collection of data presented automatically on a periodic or event driven basis. Reports represent status at a given point in time and/or present data of a historical nature. The data is presented in a *standardized* format and cannot be manipulated. Reports are not available if the Report Date field is not populated. The table below lists and describes some of the standard reports available in DMLSS with the frequency, if any, that the report is produced:

| EM STANDARD REPORTS | | |
|---|---|---|
| **REPORT** | **DESCRIPTION** | **FREQUENCY** |
| Daily Document Transaction Register | The Daily Document Transaction Register enables the equipment manager (EMGR) to verify the type and accuracy of transactions processed in the system. | Daily |
| Equipment Inventory Adjustment Document | The Equipment Inventory Adjustment Document provides the equipment manager (EMGR) a method to verify inventory adjustments that may not have original supporting documentation to the Equipment Management account on a daily basis. | Daily when Equipment Inventory Adjustment Gain and Equipment Inventory Adjustment Loss transactions are processed. |
| High Priority Report | The High Priority Report provides the MLFC a method to verify and initial equipment orders with a high priority. | Daily when high priority equipment due-in/due-out transactions are processed. |
| Monthly Capital Equipment Depreciation Report | The Monthly Capital Equipment Depreciation Report provides a list of all equipment that meets the capital equipment threshold and has had depreciation calculated during the month of the report. The report provides the equipment manager information about depreciation transactions that were passed to finance. The report will also be provided to the medical resource management office for entry in the Medical Expense Allocation System (EAS IV). | Monthly |

### Equipment management standard inquiries

To view a list of the report options, click the radio button for "Standard Inquiry" as the report type. An inquiry is similar to a report in that the inquiry presents data in a standard preprogrammed format. However, the chief difference is that inquiries are not produced automatically on a periodic schedule. Instead, inquiries are only produced when you request the information.

The table below lists and describes some of the standard inquiries available in DMLSS:

| EM STANDARD INQUIRIES | | |
|---|---|---|
| **INQUIRY** | **DESCRIPTION** | **FREQUENCY** |
| Active Due-in/Due-out Report | The Active Due-In/Due-Out report provides the EMGR a list of equipment due-outs with associated due-ins that have not been received. This includes the status and customer ID the equipment item is due-out to. | By request |
| Custodian Action List (CAL) | The CAL report provides a list of equipment records that have written to the equipment transaction history for a customer account. The report provides the EMGR and the customer a document of accountable transactions that have occurred for the customer's account in a given business day. | By request or daily |
| Custodian Receipt/Location List (CR/LL) | The CR/LL provides a list of accountable equipment records for a customer account and includes a signature block for the custodian. | By request |
| Document Register Report | The Document Register Report enables the EMGR to verify the type and accuracy of transactions processed in the system for a specified range of dates. | By request |
| Equipment Account Report | The Equipment Account Report lists all equipment items on the property book for each organization. The report shows the equipment records assigned to each customer, balance type information, and MTF catalog information for each equipment item. | Daily when requested |
| Equipment Account Summary Report | The Equipment Account Summary Report is a summation of all items on the EM account, grouped by dollar amount. This report also includes a statement of responsibility for the EMGR to sign. | By request |
| Equipment Balance Report | The Equipment Balance Report provides a list of all accountable records and shows current equipment balances for authorized, in-use, due-ins, on-loan and excess quantities. | By request |
| Equipment Gain and Loss Report | The Equipment Gain and Loss report provides a list of accountable records that have been gained or lost to the equipment management account.The report provides the equipment manager information about increments and decrements to the account. | By request |
| Equipment Out of Balance Report | The Equipment Out of Balance report identifies out of balance conditions between authorized and in-use balances. The equipment manager must take the appropriate action to increase or decrease the authorizations. | By request |

| EM STANDARD INQUIRIES | | |
|---|---|---|
| **INQUIRY** | **DESCRIPTION** | **FREQUENCY** |
| Equipment Replacement Report | The Equipment Replacement Report provides a list of projected replacements by customer account for up to five years. The equipment manager uses this report to support budget requirements. | By request |
| Equipment Transfers Report | The Equipment Transfers Report provides a list of accountable equipment records that have been transferred to or from a customer account. | By request |
| Excess Equipment Reconciliation Report | The Excess Equipment Reconciliation report provides a list of reportable and nonreportable excess items. | By request |
| Inactive Due-in/Due-out Report | The Inactive Due-In/Due-Out report provides the EMGR a list of equipment due-outs with associated due-ins that are complete, including the status and customer ID the equipment item is due-out to, for the EM account. | By request |
| Potential Custodian Inventory List | The Potential Custodian Inventory List provides the EMGR a tool to schedule manpower to conduct inventories that are due within the next 90 days. | By request |
| Reported Excess Equipment Report | The Reported Excess Equipment Report provides a list of equipment items that have been reported as excess that are still awaiting disposition or pending action. | By request |

## 203. Custodian receipt location list

Of all the documents generated within MEMO, the CR/LL is one of the most important ones. First, it serves as an accountability document. Secondly, it is used for inventory purposes. Finally, the document is an important part of MEMO's recordkeeping process.

As an accountability document, the CR/LL is used to identify all medical equipment items, which are assigned to a particular customer's account and custodian. Anytime a new CR/LL is generated, the custodian should sign it, thus agreeing it is current and valid. The CR/LL also acts as a transfer document when the account is transferred from one custodian to another. The outgoing custodian certifies one last time that all items under his or her care have been located and are being handed over to his or her successor. The new or gaining custodian agrees and accepts accountability for all items, unless otherwise annotated. If an item cannot be located, the new custodian must indicate on the CR/LL that it is missing and they are, therefore, *not* accepting accountability for that particular item. If the new custodian fails to indicate that an item is missing, he or she accepts full responsibility once the CR/LL is signed.

The CR/LL also serves as an inventory and location document. During as-required or annual inventories, if hand-held terminals (HHT) are not used, the CR/LL provides location information for each item. This data is also used by the BMET staff when they conduct routine and non-routine workorders. Every effort should be made to keep the location data current. After all, nobody wants to be wandering around looking for a piece of equipment that is not where it should be, according to DMLSS records.

Finally, the CR/LL is maintained as a hard-copy recordkeeping document. Therefore, whenever a new CR/LL is generated, one copy should go to the custodian while the other copy is filed in the

account's MEMO folder. Whenever the document is printed, it supersedes all previous copies to include custodian action lists (CAL). Signed inventory-transfer copies of the CR/LL should *not* be removed from file. These records are a semi-permanent part of the MEMO file and should only be considered for removal when the account, without any exceptions, is signed for by a new custodian.

### Content

The CR/LL provides a list of accountable equipment records for a customer account and includes a signature block for the custodian. This report is produced upon request.

Upon specifying the customer and sort-by criteria, the report displays item ID, nameplate model, serial number, equipment nomenclature, short item description, equipment control number (ECN), common model, equipment type (i.e., individual [ind], component [cmp], and system [sys]).

This list may be requested on an as-required basis when an inventory of MEMO-controlled property is required (i.e., there is a change in property custodian or there are extensive changes in the records for an account.) Property custodians sign and return a certified copy to the MEMO. This copy is maintained in the MEMO property custodian file.

### Retrieving

CR/LLs are accessed through the Equipment Management (EM) module. Select REPORTS from either the navigation menu or the horizontal toolbar. Select the STANDARD INQUIRY option, choose CUSTODIAN RECEIPT/LOCATION LIST from the list of options, and either double click or select view. The SPECIFY SELECTION CRITERIA pop-up window will appear. Select the appropriate customer ID and then choose how you want the list sorted. SORT BY options include ECN, item ID, or location. Select OK after you have made your choices. The CR/LL may be primarily printed or saved as an Adobe (PDF) file or as an Excel (XLS) file.

## 204. Determining budget types

Equipment budget projections are due from cost center managers each year, well in advance of the end of fiscal year (EOFY), and are submitted yearly with the MTF's annual budget calls that are coordinated through the comptroller and RMO. The Equipment Replacement Report and MEMO approved/unfunded request files are the basis for equipment-budget inputs. Equipment is budgeted on a line-item basis. Equipment acquisition frequently turns out to be a long process, and MEMO is involved in this process from day one. In a perfect world, money would be available to purchase all equipment as soon as it is approved for purchase. The reality is money is not always available. Therefore, items tend to be approved, prioritized against other approved requests, and then they must wait their turn for funding.

### Expense equipment funding

Expense equipment is considered to be any equipment line item with a dollar value of less than $100,000. Expense equipment is funded with local MTF operating and maintenance (O&M) funding (fund code 30). Since O&M budgets are the responsibility of each using activity, they are also responsible for their own expense equipment budgets. The MTF commander (or designated ERAA) has final approval authority for this type of equipment.

MEMO will provide equipment custodians with copies of the Equipment Replacement Report to use in preparing their expense equipment budgets. You can generate this report by organization or selected customer with the option to print replacement projections for up to five years out from the current date. As mentioned in the previous lesson, the Equipment Replacement Report is retrieved through the EM module as a standard inquiry.

When the equipment request is funded, search for the request by opening the EQUIPMENT REQUEST DETAIL, STATUS tab, click on the ADD button under the "Funded" section and in the window that opens enter the quantity and amount to be funded and click the OK button. Then click on the SAVE button to finalize this process.

### High cost expense equipment funding

High cost expense equipment is considered to be any equipment line item with a dollar value between $100,000 and $249,999. These items may either be funded with local MTF O&M funds (fund code 30) or with centrally-funded O&M money (fund code 2X). AFMOA/SGAL is the approval authority for this type of equipment.

### Investment equipment funding

AFMOA/SGAL manages the medical investment equipment funding process and is responsible for the procurement of this type of equipment. Investment medical equipment (equal to or greater than $250,000) is funded with OP dollars (fund code 2F).

All high cost expense and investment equipment requirements must be submitted into The Integrated Global Equipment Request System (TIGERS) by 15 June each year for current fiscal year (FY) consideration.

Property custodians should be kept informed on the status of their equipment requests. You should expect to work closely with resource management and the MTF commander or ERAA designee; they will expect routine updates on the status of all outstanding equipment requests.

## 205. Processing equipment receipts

For non-centrally funded equipment receipts, use the RECEIPTS function in the inventory management (IM) application. Processing a receipt will generate a corresponding issue; remember equipment is *only* ordered to satisfy a customer's due-out. When equipment items are received and issued, they promptly appear on a Delivery List and the CAL. For issues of equipment, MEMO personnel are responsible for printing the computer products associated with equipment receipts and issues.

In DMLSS, if the MTF Catalog record’s MAINT REQ IND checkbox is marked with a checkmark in the box, it (1) indicates maintenance is required, and (2) an initial workorder is generated for the BMETs. (**NOTE**: If a check mark is present, it cannot be removed.)

### Biomedical maintenance

Before processing a receipt in DMLSS, MEMO coordinates with the BMET activity to complete an initial or acceptance inspection of the item. All medical equipment must undergo a complete initial/acceptance inspection before it is released to the user. During the initial inspection, BMET personnel will:

- Determine if the correct item was delivered without damage, includes all accessories as ordered, operates in accordance with the manufacturer’s specifications, and complies with applicable safety and performance standards.
- Review contract and literature for warranty provisions.

The BMET activity will report any discrepancies noted during the inspection to MEMO. If there are no discrepancies with the shipment, BMET will notify MEMO to process the receipt. Processing the receipt will generate the work order. BMET will then take the following actions:

- Affix ECN to each maintenance item.
- Load equipment information into DMLSS.

After the BMETs conduct the initial inspection and update the maintenance information in DMLSS, MEMO delivers the equipment to the account custodian, and obtains the property custodian’s signature on both the delivery list and the CAL. MEMO then gives one copy of each listing to the custodian and files the signed *original* CAL and delivery list in the applicable MEMO property custodian file folder. The CAL file copy can be destroyed after the item is correctly identified on an updated CR/LL.

### Warranty/guarantee and serial number control

Management of warranties/guarantees *normally* is the responsibility of the activity charged with maintenance of the equipment item (e.g., BMETs for medical equipment). Upon receipt, and prior to the issue of equipment, the MEMO ensures warranty and serial number control data are entered into equipment data records.

The MEMO, in exercising central management of warranties/guarantees, is responsible for ensuring warranty/guaranty data is maintained properly. Provide copies of the receiving document to appropriate maintenance activity and using activity. Such action ensures appropriate warranty/guarantee entries are made in the item's equipment data record. When you receive warranty/guarantee data, provide the information to the contract repair service, BMET, or activity responsible for the maintenance.

If the BMET or contract repair service is not charged with repair responsibility, the MEMO maintains the warranty/guarantee records. Such records maintained by the MEMO may be included in the applicable MEMO property custodian file. Warranty/guaranty data can be disposed of upon expiration or when it no longer serves a useful purpose.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 201. Understanding roles and responsibilities

1. Which activity is the focal point for *investment* equipment?

2. At the base level, the authority to approve equipment requests may be delegated by the MTF commander to whom?

3. What are the minimum qualifications to be appointed as the MEMO officer?

4. Which activity provides the MTF commander with sound recommendations to approve or disapprove requests submitted by MEMO?

5. The ERAA establishes base priority lists for which types of equipment purchases?

6. Who is responsible for the overall management of the base MEMO function?

7. List the five primary responsibilities when working in MEMO.

8. Which office ensures medical equipment is serviceable, safely operable, and properly configured?

9. Who reviews all equipment requests to determine if utility or structural changes are required?

10. Who has the authority to appoint property custodians?

11. What three things are property custodians expected to ensure, by conducting spot checks and periodic inventories?

12. When should MEMO initiate action to assign an account to an authorized replacement property custodian?

## 202. Managing reports

1. How do you access the DMLSS EM reports and inquiries?

2. Reports are not available if which Standard Report field is not populated?

3. Which standard report is used by the equipment manager to verify the type and accuracy of transactions processed in DMLSS?

4. Which standard report is generated when Equipment Inventory Adjustment Gain and Equipment Inventory Adjustment Loss transactions are processed?

5. Which report provides the MLFC a method to verify and initial equipment orders with a high priority?

6. What info does the Monthly Capital Equipment Depreciation Report provide?

7. How does a standard *inquiry* differ from a standard *report*?

8. Which standard *inquiry* provides the equipment manager with a list of equipment due-outs with associated due-ins that have not been received?

9. Which standard *inquiry* report provides a listing of accountable transactions that have occurred for a customer's account in a given business day?

10. Which standard *inquiry* report provides a list of accountable equipment records for a customer account and includes a signature block for the custodian?

11. What information is listed on the Equipment Account Report?

12. What information is provided on the Equipment Gain and Loss Report?

13. Which report identifies out of balance conditions between authorized and in-use balances?

14. Which report provides a list of projected replacements by customer account for up to five years?

15. What is the Potential Custodian Inventory List used for?

16. What information is provided by the Reported Excess Equipment Report?

### 203. Custodian Receipt Location List

1. As an accountability document, what is the CR/LL used to identify?

2. When the gaining custodian signs the CR/LL, to what are they agreeing and accepting?

3. If an item cannot be located during an account transfer, what must the new custodian indicate on the CR/LL?

4. What happens if a new custodian fails to indicate an item is missing when signing for an account?

5. When a new CR/LL is printed, what are the two locations where each copy should be placed or delivered?

6. Which MEMO document is considered semipermanent and should not be removed from the file under normal circumstances?

7. What information is displayed on the CR/LL?

8. Which EM reports option is used to retrieve the CR/LLs?

9. What are the three available CR/LL *sort-by* options?

10. The CR/LL may be printed or saved in which two primary formats?

### 204. Determining budget types

1. Expense equipment has a dollar value of less than how much?

2. While in the DMLSS EM module, how do you indicate that an expense equipment item has been funded?

3. What is the dollar range for an item to be considered as *high-cost* expense equipment*?*

4. List the two ways in which high-cost expense equipment may be funded.

5. Who is the approval authority for high-cost expense equipment?

6. For an item to be considered *investment* medical equipment, the dollar value must be how much?

7. What type of funding is used to procure investment equipment?

8. To be considered for current FY procurement, high cost expense and investment equipment requirements must be submitted into TIGERS by what date?

### 205. Processing equipment receipts

1. Which DMLSS module and function is used to process non-centrally funded equipment?

2. When equipment items are received and issued, they appear on which two immediate DMLSS generated documents?

3. What happens when receiving an item with a checkmark in the MAINT REQ IND checkbox?

4. Before processing a receipt in DMLSS, MEMO coordinates with biomedical equipment repair to complete what actions?

5. What steps will the BMET take during an initial inspection *before* an item is received?

6. What actions will the BMET take after an equipment item is received and the work order is generated?

7. When may CALs be destroyed?

8. Who is normally responsible for managing equipment warranties?

## 1–2. Inventory Management

Equipment control and accountability is one area that cannot be taken lightly. Each custodian and subcustodian is responsible for the equipment under his or her control (all equipment shown on the CR/LL). In this section, you'll look at the procedures for inventorying MEMO-controlled equipment.

### 206. Initiating and conducting equipment inventories

MEMO is the focal point for the identification of potential misuse, theft, or loss of accountable equipment. MEMO is also responsible for ensuring each in-use item is accounted for within DMLSS. As mentioned at the beginning of this unit, MEMO accounts are responsible for managing large dollar–value investments at each account. A single equipment item could range from hundreds of

dollars to hundreds of thousands of dollars or more! For this reason, it is crucial MEMO keep an accurate accounting of all equipment items under their control, thus reducing potential theft while securing a precise accounting of taxpayer dollars.

MEMO is the lead department accountable for maintaining equipment inventories. One way in which this is done is by ensuring all equipment is inventoried at least every 24 months. Note that recent policy allows BMET workorder completions to be used in lieu of routine inventory counts for each item, as long as the item is physically touched during the maintenance process. Therefore, the following inventory process will effectively only apply to accountable equipment items that do *not* have any maintenance requirements (i.e., non-maintenance significant equipment).

### Inventory scopes

An inventory can cover any of the following scopes:

- Customer inventory covers all of the equipment in the customer account/expense center.
- Custodian inventory covers all of the equipment under the custodian's responsibility. This could include multiple expense centers.
- Organizational inventory covers all of the equipment in the MTF.

### Reasons for inventory

An inventory can be performed for any of the following reasons:

- Command directed—when the MTF commander requires an inventory be accomplished in addition to the normal inventory requirement.
- Custodian change—when the custodian changes.
- Equipment manager change—when the MEMO officer changes.
- Routine—normal 24-month inventory.
- Special—event-driven or date-driven (e.g., an inventory of all Classified or Sensitive equipment).

### Conducting an inventory

All equipment maintained on the MEMO equipment records must be inventoried at least every 24 months—or more often if determined necessary by the MEMO, MLFC, or the MTF commander. The actual due date for inventory completion is the final calendar day of the anniversary month in which the inventory was last completed. MEMO establishes an inventory schedule and directs inventories to be done by property custodians or by a designated inventory team. Some of the factors used to determine who will perform an inventory include (1) the availability of personnel to make up an inventory team and (2) the accuracy with which MEMO feels the property custodians will perform the inventory.

Regardless of who conducts the MEMO inventory, the individuals taking the inventory should use a copy of the latest CR/LL because the CR/LL contains the on-hand balances and locations for property on the customer's account. You can produce a current CR/LL by requesting it in the REPORTS module of the EM application (DMLSS). Additionally, you should use the *In-use Equipment Inventory* Business Objects (BO) report. This report allows you to filter out items that have completed BMET workorders on file, thus removing the need to reinventory them.

### DMLSS inventory procedures

The EM INVENTORY module allows you to create, conduct, reconcile, and resolve equipment inventories. In DMLSS, there are three methods available for completing a MEMO inventory:

- Handheld terminal batch (HHT-batch) mode—the user performs the inventory by scanning bar code labels with a handheld terminal that communicates with the server through a docking station.

- Handheld terminal–radio frequency (HHT-RF) mode—the user performs the inventory by scanning bar code labels with a handheld terminal that communicates directly with the server.
- Manual—the user prints the inventory list and performs the physical inventory, then returns to DMLSS to update the inventory records.

Regardless of which method you use (batch, RF, or manual), you should also use the *In-use Equipment Inventory* Business Objects (BO) report; use the "non-touched equipment" tab when using this report. BMET "touched" equipment does not require a physical inventory. A documented workorder completion may be used as the inventory action.

### Inventory review and approval

Within 10 duty days of processing the inventory adjustments (but not later than the inventory completion due date), the accountable base medical supply officer (ABMSO) will document the results of the inventory in a locally developed *In-use Equipment Inventory Summary Report* to the MLFC. This report will include the number of units counted, number of unlocatable units, and the dollar amount of overages and shortages. The MLFC will act as the approval authority for the inventory. If the inventory did *not* identify any shortages or overages, no further action is required, and the inventory is considered complete.

If inventory adjustments result from the inventory, the ABMSO will certify the inventory adjustment document (IAD). Afterwards, forward the IADs to the inventory adjustment approval authority. The inventory adjustment approval authority is normally the installation commander unless delegated to the MTF commander, deputy commander, or administrator. The IAD is a valid document only after it is signed by the certifying official and approving authority, at which point the inventory is considered complete.

### Inventory project file

Upon completion of an inventory, establish a project file that contains the following documents:

- The in-use equipment inventory summary report.
- Annotated copies of all equipment inventory lists (EILs), CR/LLs, and/or the *In-use Equipment Inventory* BO report used to complete the counts, regardless of count method used.
- Original copies of all approved IADs.
- Letters initiating a report of survey (ROS).

After the MLFC signs the inventory certificate, attach all supporting documentation and place the completed documents in the MEMO permanent document file.

### Locate and verify

The EM INVENTORY module allows you to create, conduct, reconcile, and resolve equipment inventories.

When using the HHT, the user scans each item visually located within the specific duty section. It is beneficial to have either the custodian or a BMET accompany you as they would have a better idea of where items may be located. Alternatively, the CR/LL or *In-use Equipment Inventory* BO report provides the last documented location in which the item was seen. When an item is located, compare the ECNs on the CR/LL or BO report with the ECNs located on the equipment. If they are the same, the item may be circled and identified as being located. If the location is different than what is on the CR/LL, annotate the new location (building & room number) on the documentation so that you can update it later.

## 207. Completing and resolving equipment inventories

After an inventory is completed, you must reconcile your final counts and determine whether you have any shortages or overages. You must research and validate all adjustments. Check for items on loan, overlooked storage, undocumented transfers, and misidentified property.

### Reconciling inventory overages and shortages

The EQUIPMENT SHORTAGE/OVERAGE window is where you will reconcile inventory overages and shortages. In this window, you can see a list of equipment missing from an inventory (Shortage) and a list of extra equipment found during the inventory (Overage). The "Shortage" list also includes equipment items not updated during the inventory. The "Overage" list also includes equipment found in the inventory area that was not on the original inventory list. You must reconcile all shortages and overages before you can complete an inventory. In the EQUIPMENT SHORTAGE/OVERAGE window, you can match the shortage/overage list to see if any items appear on both sides. An item appears on both sides if it belongs to a customer, but it was counted on another customer's inventory. In the EQUIPMENT SHORTAGE/OVERAGE window, you can match an inventory shortage/overage list, reconcile an inventory, and return an item to the original customer.

### Reconciliation procedures

Use the following procedures to reconcile an equipment inventory.

#### *Matching an inventory shortage/overage list*

To match an inventory shortage/overage list, search for and open the inventory you want to reconcile. In the EQUIPMENT INVENTORY LISTING window, click the RECONCILE button to open the EQUIPMENT SHORTAGE/OVERAGE window and then click the MATCH button (only those items that appear on both the "Shortage" and "Overage side will be visible). If at any time you want to see the original list, click the REFRESH button on the vertical toolbar. As you review the list of shortages/overages:

- Click the RETURN button to remove an item from the list and to indicate it was returned to its correct location/area where it belongs.
- Click the TRANSFER button to transfer the item permanently to the area where the item was found (refer to the procedures on processing a TRANSFER).
- Click the CLOSE button after you have completed your actions.

#### *Shortages*

When shortages are discovered during the inventory, you must complete a letter requesting Reports of Survey action before you process a loss transaction to finalize the inventory. If only shortages appear in the "Shortage" section of the EQUIPMENT SHORTAGE/OVERAGE window, select the item(s) and click on the LOSS, TRANSFER, or RETURN buttons, as appropriate, to process the missing item (refer to the procedures on processing a LOSS or TRANSFER). DMLSS updates the list to reflect your actions. Click the CLOSE button after you complete your actions.

For all validated equipment losses, MEMO will:

- Forward all info required to complete blocks 1–8 on the DD Form 200, Financial Liability Investigation of Property Loss, to ROS monitor within 10 duty days of validating the losses. Unit ROS monitor will ensure ROS is initiated within 15 calendar days IAW AFMAN 23-220.
- Process losses in DMLSS no later than 50 calendar days after discovery of the loss.

The inventory loss action will not be affected by the action taken by the ROS monitors approval or appellate authority. Adjustment of the accountable record may occur prior to the completion of the investigation.

If equipment is discovered after the loss is processed in DMLSS, MEMO will ensure the loss transaction is properly reversed and accurately reflected on a CAL.

### *Overages*

Research overages to determine the reason they exist. Some possible causes of overages are:

- Equipment transferred without MEMO coordination.
- Excess equipment received without MEMO coordination.
- The MEMO processed an equipment return requested by using activity, but without notifying the MEMO, the using activity decided not to make the transfer.

If only overages appear in the "Overage" section of the EQUIPMENT SHORTAGE/OVERAGE window, select the item(s), and click the GAIN or RETURN buttons, as appropriate, to process the extra item (refer to the procedures on processing a GAIN). DMLSS updates the list to reflect your actions. Click the CLOSE button after you complete your actions.

## Supporting documentation

The computer-generated equipment IAD is used to support all adjustments to the MEMO records. However, additional documentation is required for shortage adjustments. Equipment is expensive and cannot just be written off. The reason for the shortage must be determined first, and action must then be taken to prevent future shortages. Secondly, a determination must be made as to who, if anyone, is financially liable for the shortage. All Air Force employees can be held liable for the loss, damage, or destruction of property resulting from negligence, willful misconduct, or deliberate unauthorized use. If doubt exists, the individuals are not held liable. However, pecuniary liability is assessed without requiring any proof of negligence or willful misconduct when an individual has deliberately made unauthorized use of Air Force property and the property is subsequently lost, damaged, or destroyed.

Relief from responsibility for property lost, damaged, or destroyed by causes other than fair wear and tear requires the preparation and processing of the adjustment document.

### *Certifying and approval authorities*

Inventory and record adjustments pertaining to misidentified equipment are supported by a narrative (clear explanation) certificate of justification on the IAD prepared by the medical equipment management officer, in coordination with the MLFC. The inventory certificate of justification is approved and signed by the MTF commander.

After the MEMO and the MTF commander sign the inventory certificate, attach all supporting documentation and place the completed certification in the MEMO permanent document file.

For In-Use Equipment IADs:

- Certifying Authority—MLFC.
- Approval Authority—Installation commander (May be delegated to MTF commander, deputy commander, or administrator).

For medical contingency to chemical, biological, radiological, and nuclear (MC-CBRN) equipment managed in support of non-MTF units, the unit commander responsible for Status of Resources And Training System (SORTS) reporting of the assemblage is the inventory adjustment approval authority.

### *Inventory Project File*

Upon completion of an inventory, establish a project file containing:

- In-Use Equipment Inventory Summary Report.
- Annotated copy Equipment Inventory List or CR/LLs used to complete the counts.
- Originals copies of all approved IADs.

- Copies of documents forwarded to the ROS monitor for initiation of ROS actions generated as a result of the inventory.

**NOTE**: These documents will be maintained by MEMO as the source document for losses processed due to ROS actions.

Inventory Documents must be retained for two years in accordance with (IAW) Air Force Records Information Management System (AFRIMS) T 23–08 R 06.00, *Inventory Adjustment or Accountable Adjustment Records* and T 23–23, *Reports of Survey, Registers, Charges, Collections and Notices of Exception Records*.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 206. Initiating and conducting equipment inventories

1. At a *minimum*, how frequently must all equipment items be inventoried?

2. What action may be used in lieu of routine inventory counts?

3. List the equipment inventory scopes.

4. Which inventory scope covers all equipment within the MTF?

5. When is *command directed* used as an inventory reason?

6. When is an equipment inventory's due date for an inventory completion?

7. List two factors used to determine who will perform an equipment inventory?

8. Why should you use the *In-use Equipment Inventory* BO report while conducting an inventory?

9. What are the three methods used to complete a MEMO inventory?

10. Within how many days after processing the inventory adjustments must the ABMSO document and report the inventory results to the MLFC?

11. What information will the *In-use Equipment Inventory Summary Report* contain?

12. Who will act as the approval authority for MEMO inventories?

13. Who is the inventory adjustment approval authority?

14. List the documents that should be contained in each inventory project file.

### 207. Completing and resolving equipment inventories

1. Which EM window is used to reconcile inventory overages and shortages?

2. What type of items are also included in the EM *Shortage* list?

3. What type of items are also included in the EM *Overage* list?

4. When would an equipment item be listed as both an overage and a shortage?

5. What EQUIPMENT SHORTAGE/OVERAGE button is used to permanently move an item to the area where the item was found?

6. What actions are taken to report a validated equipment loss to the ROS monitor?

7. Within how many days after discovering an equipment loss should the loss be processed in DMLSS?

8. List three possible causes of an equipment overage.

9. Who is the inventory adjustment approval authority for MC-CBRN equipment?

10. Inventory documentation must be retained for how many years?

# 1–3. Miscellaneous Functions

## 208. Processing transfers, gains, and losses

As new replacement equipment comes in, the old equipment goes out or the need for a piece of equipment in one MTF area outweighs the need in another MTF area. In this lesson, we will briefly discuss the purpose of MEMO-managed equipment transfers. We will also look at some common reasons for processing equipment gains and losses.

### Transfers

Equipment transfers help MEMO and the custodians by allowing equipment to be moved around the MTF where it can be better utilized to the maximum extent possible. On occasion, an account may no longer have a need for an item, while a different account may have established a new requirement for the same item. This concept can be applied either internally or externally (i.e., within the MTF or between two different MTFs.)

#### *Internal transfers*

MEMO uses DMLSS to maintain internal equipment accountability by ensuring each accountable item appears on the primary user's customer account. At the request of a customer or during an equipment inventory you may find it necessary to transfer accountability for equipment items from one department or work section to another. You can also transfer equipment between organizations as long as they are both supported by the same equipment manager. When you transfer equipment, DMLSS creates a CAL to reflect the changes to each custodian account. All transfers have two DMLSS-generated transactions in common: a loss and a gain. The *loss* is generated from the original owner's account and the *gain* is processed to the new owner's account.

To process an internal transfer:

- Select the EQUIPMENT icon from the EM horizontal toolbar.
- In the Equipment Search screen, enter the ECN of the item being transferred and click SEARCH.
- The Equipment Detail screen will open.
- Select transfer from the vertical toolbar.
- In the Equipment Transfer window's "TO" section, select the gaining organization from the ORGANIZATION dropdown menu, then select the gaining account from the CUSTOMER NAME dropdown menu.
- Select "OK" to process transfer.
- A pop-up window will give you the opportunity to print the CAL.
- Have the *losing* property custodian sign the CAL reflecting the *Equipment Transfer Loss.*
- Have the *gaining* custodian sign the CAL reflecting the *Equipment Transfer Gain.*

#### *External transfers*

When transferring equipment to another MTF, the losing MEMO must send all associated literature, equipment data files, a copy of the *historical maintenance report* (HMR), and a copy of the *equipment detail report* (EDR) with the equipment. It is very important you send these reports with the equipment. The gaining MEMO will need information contained in them to properly gain the equipment. The gaining MEMO must process the equipment gain in DMLSS to complete the accountability transfer and to initiate the maintenance cycle.

To remove equipment accountability from your account during a transfer to another MTF/MEMO account, you will process a loss transaction in DMLSS. When you process a loss requiring custodian action or documentation, DMLSS will provide the option to print a CAL.

When transferring equipment from your MEMO account to another account, prepare a DD Form 1348–1A, Issue Release/Receipt Document; or the DMLSS-generated DD Form 1149, Requisition and Invoice/Shipping Document, to document the out-shipment. This procedure can be used *only* if higher authority directs both MEMOs to complete the transfer; do not transfer equipment from your materiel account without approval authority.

### Equipment losses

An equipment loss is processed any time the accountability of the organizational equipment inventory is decreased or when a maintenance record is no longer needed. The following are some of the common reasons for MEMO to process a loss:

- Transfer of equipment to another MTF or non-DOD organization.
- Turn-ins to the DRMS.
- Equipment lost or stolen.
- Return of leased equipment.

To process an equipment loss in DMLSS:

- Select the EQUIPMENT icon from the EM horizontal toolbar.
- Enter the ECN number of the item being transferred and click SEARCH.
- The Equipment Detail screen will open.
- Select LOSS from the vertical toolbar.
- Choose a justification from the TRANSACTION REASON dropdown menu.
- Select which documentation you want to use from the USE FORM NO. dropdown menu.
- Enter remarks as appropriate in the REMARKS section.
- If shipping to another MTF, select the gaining Routing Identifier Code (RIC) and Department of Defense Activity Address Code (DODAAC) in the SHIP TO section.
- Select OK to process the loss. (**NOTE:** If an item was mistakenly processed for loss, you can reverse the loss through Transaction History.)

### Equipment gains

An equipment gain is the process of creating new accountability or maintenance records for equipment *not* acquired through the normal procurement process. The following list identifies some of the common reasons for the EMGR to process a gain:

- OP or centrally funded equipment.
- Inventory adjustments.
- Gifts and donations.
- Equipment found on the installation.
- Receipt of equipment from another MTF.
- Receipts from DRMS.
- Lease.

When you process a gain of an accountable item, DMLSS automatically performs the following tasks:

- Creates an audit trail.
- Increases the in-use equipment quantity.
- Updates the customer account.
- Generates updates to accounting records.
- Provides the option to print a CAL.

When you process a gain for an equipment item that requires maintenance, DMLSS generates an initial inspection workorder to ensure serviceability and schedule maintenance. **(NOTE:** If an item was gained mistakenly, you can reverse the gain action through Transaction History.)

To process an equipment gain in DMLSS:

- Select the GAIN icon from the EM horizontal toolbar.
- The Equipment Gain Window will open.
- Enter the ORG where the equipment is being gained.
- Select a transaction reason.
- Click the ADD button and enter the item ID.
- Enter the quantity being gained in the QUANTITY field.
- In the ECN LIST box, complete all mandatory fields such as customer, manufacturer (MFG), serial number, and acquisition cost.
- Click the GAIN icon on the vertical toolbar to finish processing the gain.

## 209. Processing returns and excess

There are instances when a using activity or the MTF will no longer require an equipment item. The using activity will return the equipment item to MEMO for disposition. MEMO, in turn, will report the equipment item as *excess* provided MEMO cannot find another need for it within the MTF. Normally, in DMLSS, equipment returns are processed as *transfers* from the EQUIPMENT ACCOUNTABILITY application found in the EM module. In this lesson, you will learn the procedures for returning equipment and reporting it as excess.

### Equipment returns

When the using activity no longer requires a MEMO-controlled equipment item, it will be turned in to medical logistics with an accompanying AF Form 601 or other local document to record the turn-in. However, before it is turned-in, the BMET activity must condition code it. Based on the inspection findings, the BMET declares the equipment condition as either serviceable or unserviceable. Applicable MEMO property records are then updated and processed in DMLSS.

#### *Serviceable turn-ins*

When an equipment item is turned in to MEMO, you must first determine if it can be used by another account within your MTF. If the item is coded as serviceable and another activity has an immediate need for the item, coordinate with their equipment custodian and transfer it to their account.

If there are no immediate needs, but you foresee a near-future demand, consider transferring the equipment item to the MEMO holding account. Review the items in this account monthly to ensure efficient asset management and follow-up action. It is a local decision to determine if an item should be held. You and your ABMSO must weigh the cost of reacquiring the item at a later date with the cost of current storage space, while also considering the benefits of acquiring the latest and greatest technology. If we were to hold *all* excess equipment because there *may* be a future need, we would soon have warehouses full of old antiquated equipment.

If the item is both serviceable and meets all of the criteria for excess, you will then transfer it to the MEMO *Excess* account and report it as excess. However, if the item does not meet excess criteria, you will transfer the item to Defense Logistics Agency (DLA) disposition services. If the item is also condemned, it will be disassembled or cannibalized first by BMET to remove any needed and useable parts prior to being sent to DLA.

#### *Unserviceable turn-ins*

If an activity returns unserviceable equipment, determine disposition of the item by the degree of unserviceability. You may transfer economically reparable equipment to your maintenance activity for issue of a workorder and repair, if appropriate. Alternatively, an unserviceable piece of

equipment may be held in the MEMO holding account for 30 days, pending a complete evaluation by maintenance personnel.

Transfer condemned or uneconomically reparable equipment *directly* to DLA Disposition Services; do *not* transfer to MEMO excess or MEMO hold first. Process the appropriate updates in DMLSS to record the transfer and prepare a DD Form 1348–1A, Issue Release/Receipt Document, to support the transfer (loss). After the DLA representative signs for the item, file one copy of the form in the permanent document file. As a result of the updates processed in DMLSS, the item will appear on a CAL as a loss for the applicable expense center. File this list as discussed earlier.

### Reporting excess equipment

You can transfer equipment items determined to be excess to the needs of the organization and sub-organizations to the MEMO excess account from the LOSS OR TRANSFER window. The MEMO excess account is service customer (SVC) ID 2X5245. This account is designated as the excess account for your MTF in the Equipment Service Detail record. You add items to the list of potential excess items by transferring them to this particular customer account. To transfer an item to excess (marking the item as potential excess), select the EXCESS checkbox in the EQUIPMENT TRANSFER window. The organization and customer will be automatically populated.

To process excess *updates* in DMLSS, from the NAVIGATE menu select EXCESS to open the EM EXCESS window. You can also access this window by clicking the EXCESS button on the horizontal toolbar. The EM EXCESS window is divided into three sections: Potential Excess, Excess Report, and Item Detail.

In the EM EXCESS window, you can perform the following tasks:

- Report an item as excess.
- Remove an item from the list of potential excess items.
- Search excess reports.
- View an excess report detail.
- Update the status of an excess report.

#### *Reporting an item as excess*

To report an item as excess, open the EM EXCESS window. Before you can report an item as excess, it must meet the excess reporting criteria and be marked as *excess*.

In the Potential Excess section, select the ECN of the item to report and click on the REPORT button on the vertical toolbar. With this action, DMLSS removes the item from the Potential Excess section, adds it to the Excess Report section, and further generates an excess report for the equipment record. The item is now viewable as reported excess.

#### *Removing an item from the list of potential excess*

If the main organization or a sub-organization can use an item currently in excess, you can transfer the item from the Potential Excess section *only* to the gaining custodian by clicking the REMOVE button on the vertical toolbar of the EM EXCESS window. The REMOVE button performs an equipment transfer of the item from the *potential* excess equipment records to the gaining custodian. To transfer an item from the Excess Report section, you must first process a status request cancellation. DMLSS generates a CAL to document the loss from the equipment excess account and a gain to the new custodian.

#### *Searching excess reports*

The SEARCH button on the vertical toolbar is enabled when you are reviewing reported excess. The SEARCH allows you to search all excess records. To conduct a search, access the EM EXCESS window, and in the Excess Report section, select an item and click the SEARCH button. This action opens the SEARCH EXCESS window. In the SEARCH EXCESS window, enter your search criteria

or leave it blank to view all records. The search results appear in the SEARCH EXCESS RESULTS window. You can also access the SEARCH EXCESS window by clicking the FIND button on the vertical toolbar in the SEARCH EXCESS RESULTS window.

### *Viewing an excess report detail*

To view an excess report detail, access the EM EXCESS window, select the item from the Excess Report section, and click on the DETAIL button on the vertical toolbar. This action opens the EXCESS REPORT DETAIL window where you can view detailed information about the item. This window is divided into the DETAIL and STATUS tabs.

### *Updating the status of an excess report*

From the Excess Report Detail window, you can process follow-up or cancellation status against reported excess requirements. To update the status of an item, open the detail report by using the procedures described above. Once in the EXCESS REPORT DETAIL–STATUS screen, select the report you want to update and click the STATUS REQ button on the vertical toolbar to open the STATUS window. In this window, select the desired action (follow-up or cancellation).

## 210. Understanding equipment pending actions

The EM application has its own unique pending action INBOX. As you'll recall, pending actions are reports or advisory notices which users must review and work daily. As related to EM, these actions will help to ensure proper management of all equipment-related issues. The EM INBOX is slightly different from the inbox in other DMLSS modules; however, it serves the same purpose. The INBOX in EM is the first window you see when you launch EM from the DMLSS Navigation window. You can also view the INBOX at any time by accessing it from the UTILITIES menu from the horizontal toolbar.

In the INBOX, you can see important information about actions that require follow-up. You can use the INBOX to immediately view and resolve issues to prevent the possibility of problems developing and expanding. The INBOX has a tree-view format. That is, if there are multiple pending actions of the same type, the message appears only once and you can click the plus (+) sign next to it to see the individual messages underneath.

The EM INBOX has three sections:

- Advisory Notices INBOX—These notices appear in the top section of the INBOX. It displays pending action messages that are for informational purposes and do not require mandatory action on your part. However, you should review each of the messages and take action when applicable. While viewing the notices, you can use the PROCESS button on the vertical toolbar to see the record in question, or you can delete the pending action message.
- Action Required INBOX—This is the second section of the INBOX. This section displays pending action messages that require some mandatory action on your part. These messages *cannot* be deleted, and they will remain in the INBOX until you resolve them.
- Details—This is the bottom section of the INBOX. This section displays the details of the pending action you select in the advisory notices or the action required sections of the INBOX.

DMLSS does not automatically update the INBOX when pending action messages are added or updated. It is recommended you periodically use the REFRESH button on the vertical toolbar to retrieve your latest messages.

### Resolving advisory notice pending actions

The Advisory panel displays pending action messages to inform you of some type of update, status change, or a reminder. These pending actions do not require any direct action by the user. These notices may be deleted immediately after review. However, some pending actions will come back

every day until the underlying cause is resolved (e.g., EM excess troubled ship). Advisory notices *must* be deleted manually by the user.

Advisory Items found in the EM Inbox may include the following notices:

- Accountable Equipment Code Has Changed to Y—An item that was previously not accountable is now accountable. Search Transaction History by Item ID to find out which customers have the item. Verify the item(s) and label with ECN if necessary.
- An Equipment Order Has Been Cancelled—Follow-up action should be initiated to identify the reason for the cancellation, if not already known. You will need to determine whether or not to resubmit the order.
- Commodity Class Change Alert—If a supply item becomes an equipment item, you will need to gain the physical items on record. Search Transaction History by Item ID to find out which customers have the item. Verify the item(s) and label with ECN.
- Customer Does Not Have Equipment—An equipment custodian is assigned where there is no need for one. Remove the custodian from the customer account.
- Equipment Acceptance Pending—Appears when a receipt or gain is processed for an equipment item. From the Inbox, enter Equipment Manufacturer, Nameplate Model, and Manufacturer Serial Number in the associated equipment record(s). Data can also be entered by the BMETS while working the initial workorder.
- Unable to Locate Accountable Equipment—Appears when maintenance personnel cannot find an equipment item. Research the last known location and initiate a ROS investigation if necessary.

### Resolving action required pending actions

The action required panel displays pending action messages that require some direct action by the user. To resolve these pending actions from the INBOX, click the plus (+) sign next to the pending action message you want to resolve. This expands the display to show the dates for different messages. Click the plus (+) sign next to the date for which you want to resolve the message. Select the item you want to process and click the PROCESS button on the vertical toolbar. Perform the required action for the pending action message you selected and click the CLOSE button when you have completed the action. The INBOX window will appear. Recall that the INBOX is not automatically updated when a pending action message is added or updated so you will have to click the REFRESH button to retrieve your latest messages. Once the required action is completed, the record will no longer appear.

Action Required Items found in the EM Inbox may include the following notices:

- EM Excess Destroy Materiel—Appears when destruction status is received for reported excess equipment. Process a loss, and ship the excess item(s) to DRMS for destruction.
- EM Excess Ship Materiel—Produced upon receiving ship status for equipment reported excess. Process a loss, and ship the excess item(s) to the MTF indicated in the disposition instruction received from the excess distribution system.
- Inventory Due Within Thirty Days—Produced when the Next Inventory Date in the custodian record is within 30 days. Create an inventory for the customer account or change the Next Inventory Date in the custodian record to more than 30 days beyond the current System Date when appropriate.
- EM Tracking Number Needed—Produced for all outshipment items lacking a tracking number. Open the Distribution and Transportation Module (DTM)/Outshipment Results screen by clicking the Jump-To button. Then enter the TCN/Tracking Number.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 208. Processing transfers, gains, and losses

1. To be able to transfer equipment between organizations, both accounts must be supported by what?

2. When you transfer equipment, DMLSS will create what document to reflect the changes to each custodian account?

3. What two transactions are generated when processing a transfer?

4. To process an internal transfer, what info should be entered into the Equipment Search screen?

5. From the Equipment Transfer window's "TO" section, which two dropdown menus are used to indicate who is receiving the equipment?

6. List the products that the losing MEMO must send when transferring equipment to another MTF.

7. When transferring equipment to another MEMO account, what DMLSS generated document is used to record the out-shipment?

8. List four common reasons for MEMO to process an equipment loss.

9. To process an equipment loss in DMLSS, which icon from the EM horizontal toolbar should be selected?

10. When processing a loss, a justification must be selected from which dropdown menu?

11. If shipping equipment to another MTF, what two fields in the SHIP TO section must be selected?

12. List seven common reasons for MEMO to process an equipment gain.

13. List the tasks that DMLSS automatically performs when you process a gain of an accountable item.

14. What is generated by DMLSS when you process a gain for an item that requires equipment maintenance?

15. When processing a gain, what are the fields that must be completed in the ECN LIST box?

### 209. Processing returns and excess

1. Before an equipment item is turned-in to MEMO, what must the BMET activity do to the item?

2. When an equipment item is turned-in to MEMO, what must you first do?

3. When an item is turned-in to MEMO and there are no immediate needs, but you foresee a near-future demand, to where could you transfer the item?

4. When determining if you should retain an item in MEMO hold, what factors should you and your ABMSO consider?

5. If an item is both serviceable *and* meets all of the criteria for excess, to where should you transfer it?

6. If the item does *not* meet excess criteria, to where should you transfer it?

7. When transferring a condemned item to DLA, what should the BMET do with the item first?

8. If appropriate, economically reparable equipment may be transferred where for repair?

9. An unserviceable piece of equipment may be held in the MEMO holding account for how long pending a complete evaluation by maintenance personnel?

10. How should condemned or uneconomically reparable equipment be transferred to DLA Disposition Services?

11. What service customer ID is used for MEMO excess?

12. Which EM window is used to transfer an item to excess?

13. The EM EXCESS window is divided into what three sections?

14. List the available tasks that can be performed from the EM EXCESS window.

15. What actions does DMLSS take when you mark an item in the Potential Excess section of the EM Excess window as *excess*?

16. How do you transfer an item from the Potential Excess section to a custodian who can use it?

17. How can you view an excess report detail for an item from the EM EXCESS window?

18. The EXCESS REPORT DETAIL window is divided into which two tabs?

19. Which two status requests can you process from the Excess Report Detail window?

20. Which button is selected from the EM Excess Report Detail–Status screen to request a follow-up or cancellation request?

## 210. Understanding equipment pending actions

1. In the EM pending actions inbox, if there are multiple pending actions of the same type rolled-up into one line, what do you need to do to see the individual messages?

2. List the three sections available when viewing the EM Inbox.

3. How can you retrieve the latest messages to the EM inbox?

4. Which pending action notice is listed when an item that was previously *not* accountable is made accountable?

5. Which message is received when a supply item is converted to an equipment item in DMLSS?

6. Which notice indicates that an equipment custodian is assigned where there is no need for one?

7. Which notice can be resolved by entering an item's Equipment Manufacturer, Nameplate Model, and Manufacturer Serial Number?

8. Which notice appears when maintenance personnel cannot find an equipment item?

9. How should you resolve an Action Required message of "EM Excess Destroy Materiel"?

10. How should you resolve an "EM Excess Ship Materiel" Action Required message?

11. How can you resolve an "Inventory Due Within Thirty Days" message?

12. What should you do when receiving an "EM Tracking Number Needed" message?

## Answers to Self-Test Questions

**201.**

1. AFMOA/SGAL.
2. MTF deputy commander or MTF administrator.
3. At least GS–5, if civilian, or at least a 7-skill level and the rank of TSgt, when enlisted.
4. ERAA.
5. Investment and expense.
6. MLFC.
7. (1) Maintain equipment authorizations and in-use asset records.
   (2) Maintain priority listings of approved, unfunded expense, and investment equipment requirements.
   (3) Train account custodians on EM procedures and assist in the preparation of equipment requests.
   (4) Process equipment orders following current or local guidance.
   (5) Ensure that all medical equipment is inventoried at least every 24 months.
8. BMET.
9. Facility manager.
10. MTF commander or squadron commander designee.
11. That all property in the account is physically on-hand and available, properly assigned, and that appropriate actions are taken when items are either missing or damaged.
12. Before a property custodian is relieved from duty, transferred, separated from service, or when the custodian is absent from the account more than 45 days.

**202.**

1. From the EM NAVIGAGE menu, select REPORTS; or click on the REPORTS button on the horizontal toolbar to open the EM REPORT LIST.
2. Report Date.
3. Daily Document Transaction Register.
4. Equipment Inventory Adjustment Document.
5. High Priority Report.
6. A list of all equipment that meets the capital equipment threshold and has had depreciation calculated during the month of the report.
7. Inquiries are only produced when you request the information.
8. Active Due-in/Due-out Report.
9. CAL.
10. CR/LL.
11. All equipment items on the property book for each organization.
12. A list of accountable records that have been gained or lost to the equipment management account.
13. Equipment Out of Balance Report.
14. Equipment Replacement Report.
15. To schedule manpower to conduct inventories that are due within the next 90 days.
16. A list of equipment items that have been reported as excess that are still awaiting disposition or pending action.

**203.**

1. All medical equipment items that are assigned to a particular customer's account and custodian.
2. Accountability for all items, unless otherwise annotated.
3. That it is missing and that they are therefore *not* accepting accountability for that particular item.
4. He or she accepts full responsibility.

5. (1) To the custodian.
   (2) Filed in the account's MEMO folder.
6. Signed inventory-transfer copies of the CR/LL.
7. Item ID, nameplate model, serial number, equipment nomenclature, short item description, ECN, common model, equipment type (i.e., individual [ind], component [cmp], and system [sys]).
8. Standard inquiry.
9. ECN, item ID, and location.
10. PDF or XLS.

**204.**

1. $100,000.
2. Search for the request by opening the EQUIPMENT REQUEST DETAIL, STATUS tab, click on the ADD button under the “Funded” section and in the window that opens enter the quantity and amount to be funded and click the OK button.
3. Between $100,000 and $249,999.
4. (1) Local MTF O&M funds (fund code 30).
   (2) Centrally-funded O&M money (fund code 2X).
5. AFMOA/SGAL.
6. Equal to or greater than $250,000.
7. OP dollars (fund code 2F).
8. 15 June.

**205.**

1. RECEIPTS.
2. Delivery list and CAL.
3. An initial workorder is generated for the BMETs.
4. Initial or acceptance inspection of the item.
5. (1) Determine if the correct item was delivered without damage, includes all accessories as ordered, operates in accordance with the manufacturer’s specifications, and complies with applicable safety and performance standards.
   (2) Review contract and literature for warranty provisions.
6. (1) Affix ECN to each maintenance item.
   (2) Load equipment information into DMLSS.
7. After the item is correctly identified on an updated CR/LL.
8. The activity charged with maintenance of the equipment item.

**206.**

1. At least every 24 months.
2. BMET workorder completions.
3. (1) Customer.
   (2) Custodian.
   (3) Organizational.
4. Organizational.
5. When the MTF commander requires an inventory be accomplished in addition to the normal inventory requirement.
6. The final calendar day of the anniversary month in which the inventory was last completed.
7. (1) The availability of personnel to make up an inventory team.
   (2) The accuracy with which MEMO feels the property custodians will perform the inventory.
8. This report allows the user to filter out items that have completed BMET workorders on file, thus removing the need to reinventory them.

9. (1) HHT-batch.
   (2) HHT-RF.
   (3) Manual.
10. 10 duty days.
11. Number of units counted, number of unlocatable units, and the dollar amount of overages and shortages.
12. The MLFC.
13. Installation commander unless delegated to the MTF commander, deputy commander or administrator.
14. (1) In-use equipment inventory summary report.
    (2) Annotated copies of all Equipment inventory lists (EILs), CR/LLs, and/or the *In-use Equipment Inventory* BO report.
    (3) Original copies of all approved IADs.
    (4) Letters initiating ROS.

**207.**

1. EQUIPMENT SHORTAGE/OVERAGE.
2. Equipment items not updated during the inventory.
3. Equipment found in the inventory area that was not on the original inventory list.
4. If it belongs to a customer, but it was counted on another customer's inventory.
5. TRANSFER.
6. Forward all info required to complete blocks 1–8 on the DD Form 200 to ROS monitor within 10 duty days of validating the losses.
7. 50 calendar days.
8. (1) Equipment transferred without MEMO coordination.
   (2) Excess equipment received without MEMO coordination.
   (3) MEMO processed an equipment return requested by using activity, but, without notifying the MEMO, the using activity decided not to make the transfer.
9. The unit commander responsible for SORTS reporting of the assemblage.
10. Two.

**208.**

1. The same EMGR.
2. CAL.
3. Loss and gain.
4. The ECN of the item being transferred.
5. (1) ORGANIZATION.
   (2) CUSTOMER NAME.
6. All associated literature, equipment data files, a copy of the HMR and a copy of the EDR.
7. DD Form 1149, Requisition and Invoice/Shipping Document.
8. (1) Transfer of equipment to another MTF or non-DOD organization.
   (2) Turn-ins to the DRMS.
   (3) Equipment lost or stolen.
   (4) Return of leased equipment.
9. EQUIPMENT.
10. TRANSACTION REASON.
11. The gaining RIC and DODAAC.
12. (1) OP or centrally funded equipment.
    (2) Inventory adjustments.
    (3) Gifts and donations.

(4) Equipment found on the installation.
(5) Receipt of equipment from another MTF.
(6) Receipts from DRMS.
(7) Lease.

13. (1) Creates an audit trail.
(2) Increases the in-use equipment quantity.
(3) Updates the customer account.
(4) Generates updates to accounting records.
(5) Provides the option to print a CAL.
14. Initial inspection work order.
15. Customer, MFG, serial number, acquisition cost.

**209.**

1. Condition code it.
2. Determine if it can be used by another account within your MTF.
3. The MEMO holding account.
4. The cost of reacquiring the item at a later date, the cost of current storage space, and the benefits of acquiring the latest and greatest technology.
5. The MEMO *Excess* account.
6. DLA disposition services.
7. It will be disassembled or cannibalized to remove any needed and useable parts.
8. To your maintenance activity.
9. 30 days.
10. Directly, do not transfer to MEMO excess or MEMO hold first.
11. 2X5245.
12. EQUIPMENT TRANSFER.
13. Potential Excess, Excess Report, and Item Detail.
14. (1) Report an item as excess.
(2) Remove an item from the list of potential excess items.
(3) Search excess reports.
(4) View an excess report detail.
(5) Update the status of an excess report.
15. DMLSS removes the item from the Potential Excess section, adds it to the Excess Report section and further generates an excess report for the equipment record.
16. Click the REMOVE button on the vertical toolbar of the EM EXCESS window.
17. Select the item from the Excess Report section and click on the DETAIL button on the vertical toolbar.
18. DETAIL and STATUS.
19. Follow-up or cancellation.
20. STATUS REQ.

**210.**

1. Click the plus (+) sign.
2. (1) Advisory Notices INBOX.
(2) Action Required INBOX.
(3) Details.
3. Use the REFRESH button on the vertical toolbar.
4. Accountable Equipment Code Has Changed to Y.
5. Commodity Class Change Alert.

6. Customer Does Not Have Equipment.
7. Equipment Acceptance Pending.
8. Unable to Locate Accountable Equipment.
9. Process a loss and ship the excess item(s) to DRMS for destruction.
10. Process a loss and ship the excess item(s) to the MTF indicated in the disposition instruction received from the excess distribution system.
11. Create an inventory for the customer account or change the Next Inventory Date in the custodian record to more than 30 days beyond the current System Date when appropriate.
12. Open the DTM/Outshipment Results screen by clicking the Jump-To button. Then enter the TCN/Tracking Number.

**Complete the unit review exercises before going to the next unit.**

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter. When you have completed all unit review exercises, transfer your answers to the Field-Scoring Answer Sheet.

**Do not return your answer sheet to the Air Force Career Development Academy (AFCDA).**

1. (201) Who may grant final approval for medical expense equipment requests from *nonmedical* units?
   a. Equipment review approval authority.
   b. Medical equipment management officer.
   c. Air Force Medical Operations Agency/Medical Logistics branch.
   d. Medical treatment facility commander.

2. (201) Which is a primary responsibility when working in a medical equipment management office (MEMO)?
   a. Train account custodians on Defense Medical Logistics Standard Support-Maintenance module (DMLSS MA) procedures.
   b. Ensure that all medical equipment is inventoried at least every 12 months.
   c. Maintain equipment authorizations and in-use asset records.
   d. Manage priority listings for unapproved requirements.

3. (201) Who must review all equipment requests to determine if structural changes are required?
   a. Facility manager.
   b. Medical equipment officer.
   c. Logistics flight commander.
   d. Biomedical maintenance technician.

4. (202) What is the main *difference* between Equipment Management (EM) standard reports and inquiries?
   a. Inquiries are not produced automatically on a periodic schedule.
   b. Reports provide status at a given point in time.
   c. Reports present data in a standardized format.
   d. Inquiry data cannot be manipulated.

5. (202) Which Equipment Management (EM) inquiry provides a list of accountable equipment records for a customer account and includes a signature block for the custodian?
   a. Custodian Action List.
   b. Document Register Report.
   c. Equipment Balance Report.
   d. Custodian Receipt/Location List.

6. (202) Which Equipment Management (EM) inquiry provides a means to verify the type and accuracy of transactions processed in the system for a specified date-range?
   a. Active Due-in/Due-out Report.
   b. Equipment Gains and Losses.
   c. Document Register Report.
   d. Custodian Action List.

7. (202) Which Equipment Management (EM) inquiry identifies discrepancies between equipment authorizations and in-use records?
   a. Equipment Account Report.
   b. Equipment Replacement Report.
   c. Equipment Out of Balance Report.
   d. Excess Equipment Reconciliation Report.

8. (203) The custodian receipt/location list (CR/LL) is considered to be one of the most important equipment documents because it is
   a. an important part of the Inventory Management (IM) record-keeping process.
   b. a replacement for the custodial action list.
   c. an accountability document.
   d. signed by both custodians.

9. (204) What is the maximum dollar threshold for an item to be considered *high cost expense* equipment?
   a.$3,000.
   b. $25,000
   c. $100,000.
   d. $249,999.

10. (204) What is the minimum dollar threshold for an item to be considered medical *investment* equipment?
    a. $25,000.
    b. $50,000.
    c. $100,000.
    d. $250,000.

11. (205) What must the BMET examiner determine during the initial inspection of an equipment item?
    a. Review contract for repair and return policies.
    b. Review user manual for correct operation procedures.
    c. Determine if all accessories were received as ordered.
    d. Determine if the item operates in accordance with distributor's specifications.

12. (205) Who is normally responsible for managing equipment warranties?
    a. BMET.
    b. MEMO.
    c. Property custodian.
    d. Requesting activity.

13. (206) Who is responsible for ensuring that each in-use item is accounted for?
    a. Bio-medical equipment repair.
    b. Medical equipment management office.
    c. Property custodian.
    d. Requesting activity.

14. (206) During an equipment inventory, which DMLSS report allows the filtering-out of items that have a current completed work order on file?
    a. Custodial Action List.
    b. Equipment Inventory List.
    c. In-use Equipment Inventory.
    d. Custodian Receipt Location List.

15. (207) In the Equipment Shortage/Overage window, which option most accurately reflects how an item is listed if it belongs to a customer but was counted on another customer's inventory?
    a. On both sides.
    b. Overage side only.
    c. Shortage for both accounts.
    d. Transfer required.

16. (207) Which action can you perform from the EQUIPMENT SHORTAGE/OVERAGE window?
    a. Manage accountability codes.
    b. Cancel an inventory.
    c. Update locations.
    d. Transfer items.

17. (207) Within how many duty days after validating an equipment loss must MEMO forward all required information to the Report of Survey monitor?
    a. 3.
    b. 5.
    c. 7.
    d. 10.

18. (207) Who is the certifying authority for in-use equipment Inventory Adjustment Documents?
    a. Medical equipment management officer.
    b. Accountable base medical supply officer.
    c. Medical logistics flight commander.
    d. Medical treatment facility commander.

19. (208) What individuals must be the same, between two organizations, before you can transfer equipment between them in DMLSS?
    a. Equipment manager.
    b. Maintenance office.
    c. Property custodian.
    d. Unit commander.

20. (208) When transferring equipment to another MTF, what must the losing MEMO send with the equipment?
    a. Custodial actions list.
    b. Issue release document.
    c. Equipment detail report.
    d. Inventory adjustment voucher.

21. (208) What equipment action is a common reason for MEMO to process an equipment loss?
    a. Found on base.
    b. Renewal of lease.
    c. Transfer from DRMS.
    d. Transfer to another MTF.

22. (209) How frequently should you review the MEMO holding account to ensure efficient asset management?
    a. Weekly.
    b. Monthly.
    c. Quarterly.
    d. Biannually.

23. (209) When an equipment item does *not* meet excess criteria and is condemned, what should you do with it first?
    a. Have BMETS condition code it.
    b. Have BMETS remove useable parts.
    c. Transfer to DLA disposition services.
    d. Transfer to MEMO holding.

24. (209) Which of the following sections may be viewed from the EM Excess window?
    a. Action Required.
    b. Excess Transfer.
    c. Item Detail.
    d. Search Excess.

25. (209) If your MTF can use an item currently listed in your EM EXCESS window, you may reallocate the item to the gaining custodian from which on-screen section only?
    a. Search Excess.
    b. Excess Transfer.
    c. Potential Excess.
    d. Update Excess Status.

26. (210) An Inventory Due pending action will appear when the next inventory date in the custodian record is within how many days?
    a. 30.
    b. 45.
    c. 60.
    d. 90.

## Student Notes

# Unit 2. Service Contract Management



MEDICAL Logistics is normally the focal point for initiating and administering service contracts in the medical treatment facility (MTF) and serves as the Functional Director for Base Contracting. In the past, TRICARE's multi-market managers took a good portion of the professional service contract responsibilities from medical logistics accounts. With the phasing in of the next generation of TRICARE contracts (T-NEX) and the transition to TRICARE Local Support Contracts (formerly known as Resource Sharing Agreements), Medical Logistics personnel must again become the resident experts on service contracts. Contract management is a core competency for medical logisticians and for any contract action, coordination with medical logistics is central. This unit will provide you with some of the fundamentals of service contract management to include familiarizing you with the different types, elements of procurable contracting package, roles and responsibilities of contracting personnel, and the funding documentation and procedures. Let's begin with a discussion on contracting administration.

## 2–1. Contract Administration

The contracting process involves many steps and lots of documentation and coordination. This section will help you to understand the differences between personal, nonpersonal, and professional-type services. Afterwards, we will discuss each of the elements necessary to create a complete procurement package. Finally, we will look at some of the offices and individuals that fill key roles and are responsible for various pieces of the service contract process.

### 211. Personal/nonpersonal service contracts

A service contract is defined by the Federal Acquisition Regulation (FAR), part 37, as "a contract that directly engages the time and effort of a contractor whose primary purpose is to perform an identifiable task rather than to furnish an end item of supply." Contract health care services can be used to meet a recurring demand for services the MTF is authorized to provide but cannot because of personnel shortages and/or facility and equipment limitations. The MTF executive committee will identify these requirements.

You, however, must be able to identify the different types of contracts and be able to explain them to others. A service contract may be either personal or nonpersonal in nature. Also, they could be professional or nonprofessional. Finally, depending on how the contract is written, a specific individual or a named company could be contracted to provide the required services.

#### Personal service contract

In a personal service contract (PSC), an individual is hired to work directly for the MTF. An example of a PSC would be a doctor who signs a contract and becomes an employee of the MTF, not a company supplying the MTF with personnel. These types of contracts are characterized by the employer-employee relationship they create between the government and the contracted personnel. In these situations, the contractor appears to be a government employee and is legally protected by the MTF as a medical provider. PSCs require the contracted employee to be treated, in almost every respect, as a government employee. These individuals are subject to direct supervision by a

government representative. In this case, the statement of work (SOW) will be more process-oriented with an emphasis on *how* the work is to be performed. PSC employees are not required to carry medical liability insurance because the government is self-insured. Therefore, as with any government employee, if a medical liability issue should arise, the PSC employee is an agent of the government and will be treated as part of the government for liability purposes.

Since these individuals are considered a government employee, by law, they can earn no more than the yearly salary of the President of the United States, which is currently $400,000.

Probably the easiest way to determine if a requirement is for personal services is to look at the inherent nature of the service or the manner in which the service is provided. A PSC requires the government's direction or supervision of contractor employees to adequately protect the government's interest, retain control of the function involved, or retain full personal responsibility for the function supported in a duly authorized federal officer or employee.

### Nonpersonal service contract

In a nonpersonal service contract (NPSC), the personnel who are hired work directly for an outside contractor. The MTF's required services are contracted to a company and *not* to an individual. An example of a nonpersonal contract is the MTF housekeeping contract. An NPSC applies when the personnel rendering the services are not subject, either by the contract's terms or by the manner of its administration, to the supervision and control usually prevailing in relationships between the government and its employees. The vast majority of services contracts are for nonpersonal services.

NPSC workers are direct employees of the contractor and are not contractually bound to the government in any sense. The contractor is responsible for the actions of the employee. The contractor/employer of the NPSC worker may or may not be required to secure medical malpractice insurance. Even when not required, the contractor may require its medical providers to carry insurance. Why? If a potential liability issue arises, the litigants will most likely name the contracted company in their recourse since the contracted company is the paid employer.

NPSC requires personnel performing under the contract to be *surveyed* and not supervised. In this case, the Performance Work Statement (PWS) will be performance-based with an emphasis on *what* is to be performed and not *how* it is to be performed.

### Professional/nonprofessional

A service contract can cover services performed by either professional or nonprofessional personnel. 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, performs a professional service. All other services, such as support, administrative, and nonclinical, are usually considered nonprofessional.

## 212. Elements of a procurable package

A requirements package for a service request consists of the purchase request (PR), quality assurance surveillance plan (QASP), independent government cost estimate (IGCE), other locally required documents, and SOW and/or PWS. The SOW, PWS, and QASP specify the requirements for the contractor's performance. They are interdependent and must be tailored to meet government requirements as well as the surveillance and administrative capabilities.

The SOW, PWS, and QASP contain standards that must be established prior to solicitation so the contractor can consider all aspects of cost. The different aspects of the SOW/PWS and QASP are interdependent and, as such, are difficult to separate.

### Statement of work

A SOW is a performance-based description of the services required by an activity. A SOW may also be called a Performance Work Statement (PWS) or a Statement of Objectives (SOO).

The SOW describes the specific requirements the contractor must meet in the performance of the contract. Also, it specifies the standard of performance for the required tasks and the quality level the

government expects the contractor to provide. It does not give specific procedures or instructions for doing the work unless they are absolutely necessary. When the Air Force specifies a given procedure, it assumes responsibility for making sure the procedure will result in the desired output. On the other hand, if the Air Force simply specifies the output performance and a quality standard, the contractor becomes responsible for making sure its procedures result in the specified output at the required quality standard.

The SOW is produced by the requester and describes quantifiable elements of the service to be provided, what elements will be used to assess quality, and relationships between staff and contractors. A SOW is a performance-based description of the services required by a functional activity and tells "what" needs to be accomplished, not "how" to do the work.

### *SOW development guidelines*

SOWs should follow the following three conditions:

1. Reflect only the *minimum* mission requirements.
2. Not unnecessarily restrict competition or innovation.
3. Be performance-based, by specifying what needs to be done instead of how to do it as much as is practicable.

Developing a quality SOW requires a team effort of personnel from the functional area, contracting office, manpower office, and other organizations appropriate for the specific functions being analyzed. During the contracting cycle, responsibilities shift between the contracting office and the functional area. SOW development is the responsibility of the functional area, which retains overall responsibility to see the service is provided to the base if the function is contracted. The contracting office retains all authority over the contract itself and by law, only a duly appointed contracting officer may enter into contracts and provide direction to contractors. The functional area must work through the contracting officer to meet its responsibilities for a contracted function.

The five parts of a SOW are:

1. Description of services—Describes the specific requirements of the service under the contract (tasks) and defines those things the contractor would not know from the results alone.
2. Service delivery summary (SDS)—Identifies the overall results of the contract, gives a "bird's eye" view of what is on the contract, and identifies performance thresholds such as percentage of required conformance and number of deviations from the performance objective to be considered acceptable.
3. Government-furnished property and services—Identifies all government-furnished property and services the government will provide to the contractor.
4. General information—Covers anything not specifically covered in other sections. This includes functional requirements evaluator designee (FRED) responsibilities, hours of operation, Contractor Quality Control Plan, and contractor's furnished items and services.
5. Appendices—Includes workload estimates, maps, and definitions.

When local contracting offices have differing requirements, you should follow their local guidance.

### *Importance of the SOW*

The SOW becomes a part of a contract and is binding between both the contractor and the government. The words in the SOW will be scrutinized and interpreted to the advantage of the reader because they translate into cost and profit. Since the words in the SOW are the only means of describing Air Force requirements, they must be clearly and unambiguously stated so any disinterested party can understand what is required. If the specifications seem vague when reviewing the SOW, you may need to work with the functional area to ensure you have the clearest specifications possible in your solicitation. Remember, the extra time and effort you put into the presolicitation process will make your contract administration easier.

## Quality assurance surveillance plan

The QASP is a document providing a systematic method to evaluate the services the contractor is required to perform. The QASP can be revised or modified as needed throughout the life of the contract, but changes must be approved by the contacting officer before it is used. Using quality assurance controls or surveillance, the FRED can determine if contractor-provided service meets the quantity and quality standards required in the contract. The QASP is based on the SOW and identifies how and when surveillance will be performed.

### *Purpose of the QASP*

The purpose of the QASP is to provide a planned process for surveying the contractor's actual performance and comparing that performance with contract requirements to determine conformity with the technical requirements of the contract. As discussed earlier, the QASP is developed along with the SOW by the functional area and comes over as part of the service contract requirements package. If you were not involved with the acquisition of the service or if you were assigned a contract to administer, one of the first documents you should become familiar with is the QASP. The QASP tells you how QA surveillance of the contract tasks, as set forth in the SOW, will occur.

### *Method of surveillance*

Before writing the QASP, the writer, with the functional director/functional commander (FD/FC) and FRED, must determine the performance requirement and the method of surveillance for each task in the performance requirements summary. There are four types of surveillance included in the QASP:

1. Periodic surveillance—Samples selected on other than 100 percent or statistically random basis. Frequency is weekly, monthly, quarterly.
2. Random sampling—Most appropriate for frequently recurring tasks.
3. 100 percent inspection—Inspecting the requirement every time it occurs. May be required when extremely critical impact, occur infrequently, have stringent requirements
4. Customer complaints—Least preferred method of surveillance. The FRED is the point of contact and must collect all customer complaints and validate immediately—causes for customer complaints include second-hand information, customer is not always familiar with contract requirements, and lack of customer training.

Two of the methods, random sampling and 100 percent inspection, allow for deductions (through a payment computation/deduction formula) from the contractor's monthly payment for those tasks where performance is less than acceptable for that period. The remaining methods—periodic inspection and customer complaint—cannot be used for deductions, but they do provide additional evidence for actions (other than payment deductions) against the contractor. In this case, the *Inspection of Services* clause becomes the basis for the contracting officer's actions.

### *Performing surveillance*

The FRED is responsible for surveillance of his or her service contracts. Actual surveillance must be done as stated in the QASP for each contract. Don't make assumptions about surveillance without first reviewing the QASP. Any two contracts, even for similar or the same services may not necessarily have the same surveillance methods. Even though surveillance plans may differ, the content of the QASP should include guidance on the following: scheduling, observing, and documenting surveillance, documenting unacceptable performance, and determining payment due.

The FRED will establish a Quality Assurance (QA) contract file. The file must contain, at a minimum, the following tabs:

- FRED nomination/appointment letter.
- CO's letter to contractor of appointment.
- SOW.
- QASP.

- Records of inspection.
- Memo for record.
- Correspondence.

### *Quality control plan*

The quality control plan (QCP) is the contractor's plan for assuring services conform to the SOW; the contractor inspects the work prior to submission to the FRED. Meanwhile, FREDs inspect the contractor's records and perform concurrent inspection. The FRED inspects each month for the first three months and, if no defects are found, then inspects quarterly.

## 213. Roles and responsibilities

Contracts can, at times, be complicated, full of ever-changing regulations. However, regardless of what changes may take place, there will always be one certainty, you are *not* expected to process contracts, cradle to grave, all by yourself. While handling service contracts, you will find yourself working closely with many different offices and individuals with each owning a different piece of the process. You will ultimately act as a liaison between all of these other activities.

The following is an abbreviated list of the key players who carry with them specific duties and responsibilities in the QA of service contracts. These are also the same individuals with whom you must coordinate the establishment of any new service contracts.

### Business Requirements and Advisory Group

The Business Requirements and Advirosty Group (BRAG) is a customer-focused multifunctional team that plans and manages service contracts throughout the life of the requirement. Every service contract operating under performance-based service contracts requires a BRAG.

### Contracting commander or chief of AF contracting office

The contracting commander or chief of AF contracting office serves as the installation business advisor and is responsible for forming the BRAG.

### Contracting officer

The contracting officer (CO) acts as the purchaser, ensures adequate funds are available, and ensures all legal and regulatory guidance is followed for compliance within the terms of the contract. Contracting officers with contractual authority over service contracts shall comply with the following:

1. Advise and assist the FD/FC and FREDs in Performance Work Statement (PWS) and Quality Assurance Surveillance Plan (QASP) preparation.
2. Ensure the proposed contract of services is proper IAW FAR 37.103.
3. Inform the contractor of the name, duties, and limitations of all FREDs who perform surveillance of the contractor's performance.
4. Ensure performance-based contracting methods are used to the maximum extent possible when acquiring a service IAW FAR 37.103.
5. Review, in coordination with the FD/FC and FRED, the contractor's QCP for adequacy, and notify the contractor of its acceptability or deficiencies requiring corrective action.
6. Periodically assess FRED performance during the course of the contract and advise the FD/FC of any problems with FRED performance.

### Functional director/functional commander

The FD/FC is primarily responsible for the actual performance of a given service. Within the MTF, the MLFC is normally the FD/FC for contract services. The FD/FC will coordinate with the activity requiring the service, all other pertinent functional areas, and the authorized contracting activity to ensure the needs of the requiring activity are met. When submitting a request for a service contract, the FD/FC ensures the CO receives a complete "procurable package" in a time frame conducive to

establishing an effective and timely contract. The FD/FC also assigns competent and capable functional experts to the BRAG. Additional responsibilities of the FD/FC are:

1. Prepare or tailor SOWs and QASPs according to any higher headquarters direction and obtain contracting officer coordination on the final product.
2. Prepare and coordinate any exemptions to published instructions.
3. Nominate to the commander, or appoint, if authorized by local procedures, qualified individuals as FREDs.
4. Ensure FREDs maintain proficiency in their functional area.
5. Evaluate FRED job performance periodically but not less than annually.

### Functional Requirements Evaluator Designee

The FREDs are qualified individuals selected and appointed by the FD/FC to monitor, evaluate, and accept contract services. Individuals within the MTF with functional-area expertise are assigned as FREDs for service contracts. The FREDs work in the functional areas and are responsible for ensuring the contractor complies with the SOW. FREDs are appointed for services of a recurring nature only. FRED duties should be assigned to civilian personnel when at all possible to avoid interruption of QA duties caused by exercises, contingencies, and so forth. The FD/FC will determine the appropriate mix of FREDs (full- or part-time, skill level, etc.). Normally, appointment of a FRED must be accomplished no later than 90 days before the contract start date. Other specific responsibilities of the FRED are:

1. Evaluate and document the contractor's performance IAW the QASP.
2. Notify the CO and contractor of any performance deficiencies. The FD/FC is responsible for coordinating with the FREDs to ensure all FREDs complete Phase I of QA training before assuming the surveillance duties.
3. Recommend improvements to QASP and SOW.
4. Serve as a member of the BRAG.
5. Participate in reviews of technical proposals.
6. Participate in actual negotiations of any changes.
7. Certify invoices and keeps track of funds available for the contract.
8. Other support functions as required by the CO.

It is also important to mention what a FRED *cannot* do. Neither the FRED nor the FD/DC has authority over the contract and, as such, cannot direct the contractor in performance. This includes:

- Changing the scope of the contract.
- Changing the delivery schedule.
- Changing prices.
- Changing labor requirements.
- Changing the terms and conditions.
- Issuing a stop workorder.
- Promising or authorizing additional work.

The FRED may not hinder the contractor in performance of the contract. Lastly, it is vital the FRED's relationship with the contractor remain on a professional basis. This position has the most direct interface with contractor employees and it carries the highest risk of accusations of relationships threatening the integrity of the contract.

FREDs should be appointed as early in the acquisition process as possible. This will enable them to actively participate in the requirements definition process and the administration associated with

contracting activities prior to award. Ideally, the FRED should prepare the SOW and QASP, as well as perform surveillance. Nominations and appointments of the FRED must be in writing.

The government is required to address and document its plan for evaluating contractor performance for services exceeding the Simplified Acquisitions Threshold (SAT). Medical logistics will ensure an evaluation plan, used by the FREDs, addressing contractor compliance is documented in the contract file for service contracts when required. FREDs will monitor workday schedule compliance, inspect deliverables, and submit monthly surveillance documentation to the contract officer representative (COR).

### Military Treatment Facility Commander

All requests to enter into personal service contracts for direct health care services *must* be approved by the MTF commander. Personal Service Contract (PSC) options must be cost effective when compared to any other method available to the MTF commander.

### Medical Logistics

Medical Logistics is responsible for coordinating with the using activity to ensure the requirements of the service as described in the SOW meet the user's needs. They act as a liaison between the requester and the contracting activity in all aspects of defining the requirement, to contract award, and administration. Specific responsibilities of Medical Logistics include:

1. Coordinate the SOW and QASP templates with AFMSA.
2. Coordinate with the using activity (functional area) to ensure the services, as described in the SOW, meet and continue to meet their needs.
3. Act as a liaison between the using activity and the contracting activity.
4. Ensure completion of the SOW, QASP, AF Form 9, Request for Purchase, and other related contracting documentation, before the package is submitted to your contracting office.

Additionally, Medical Logistics performs a variety of post-award functions as the focal point for the CO or other contracting agency. One of these post-award functions is to create and maintain a six-part folder for contract administration for each service contract as soon as they receive the contract from the contracting agency. Every recurring service contract in the MTF requires a contract folder. The suggested content or format for the folders is:

- Part 1—Administrative. Points of contact, phone numbers, all formal and informal correspondence.
- Part 2—Initial contract and all modifications.
- Part 3—Performance plan. Include QASP and other required evaluation criteria.
- Part 4—COR and FRED appointment letters with certificates of training.
- Part 5—Credentialing, licensure, and insurance requirements.
- Part 6—Payment log, invoices, receiving reports, work orders receipts, time sheets, etc.
- Part 7—Reports of nonconformance, validated complaints, and actions taken.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 211. Personal/nonpersonal service contracts

1. How is a service contract defined by the FAR, part 37?

2. Under which type of contract is an individual hired to work directly for the MTF?

3. PSCs are characterized by the relationship created between whom?

4. Under a PSC, the contractor is legally protected by whom?

5. How do the PSCs direct treatment of the contracted employee?

6. PSC employees are subjected to what type of supervision?

7. When generating a SOW for a PSC, it should be process-oriented with an emphasis on what?

8. By law, PSC contractors can earn no more than what?

9. In an NPSC, personnel are hired to work directly for whom?

10. An NPSC applies when the personnel rendering the services are not subject to what?

11. Who is responsible for the actions of an NPSC employee?

12. Which type of contract requires personnel to be *surveyed* instead of *supervised*?

13. When generating a PWS for an NPSC, it will be performance-based with what type emphasis?

14. What is the working definition used to determine who performs a professional service?

15. Contracts, such as support, administrative, and nonclinical, are usually considered to be what type of service?

## 212. Elements of a procurable package

1. List the documents needed to support service contract requests.

2. Which documents specify the requirements for the contractor's *performance*?

3. What document provides a performance-based description of the services required by an activity?

4. Under what condition do SOWs give specific procedures or instructions for doing the work?

5. When the Air Force specifies output performance and a quality standard, who is responsible for making sure procedures result in the specified output and quality standards?

6. The SOW is produced by the requester and describes what three contractual aspects?

7. A SOW is a performance-based description of the services required by a functional activity and tells "what" needs to be accomplished. What information is not included?

8. List the three conditions SOWs should follow.

9. List each part of a SOW.

10. Since the words in the SOW are the only means of describing AF requirements, how should they be stated?

11. Which document is used to provide a systematic method to evaluate the services which the contractor is required to perform?

12. What is the purpose of the QASP?

13. List the types of surveillance that may be included in a QASP.

14. Which two surveillance types allow for deductions from the contractor's monthly payment?

15. A QA contracting file should contain, at a *minimum*, which seven tabs?

### 213. Roles and responsibilities

1. Who is the customer-focused multifunctional team that plans and manages service contracts throughout the life of the requirement?

2. Who serves as the installation business advisor and is responsible for forming the BRAG?

3. Who acts as the purchaser, ensures adequate funds are available, and ensures all legal and regulatory guidance is followed for compliance within the terms of each contract?

4. What is the FD/FC primarily responsible for?

5. Within each MTF, who normally serves as the FD/FC?

6. Functional Requirements Evaluator Designees are appointed by the FD/FC to do what?

7. Which individuals are assigned as FREDS for service contracts?

8. To avoid possible interruption of QA duties, FREDs duties should be assigned to whom?

9. How many days prior to a contract start date should a FRED be appointed?

10. Who do FREDs submit monthly surveillance documentation to?

11. Medical Logistics acts as a liaison between which two offices?

12. Match the contract folder location in column B with the suggested content in column A. Place the letter for the location from column B in the space provided in column A.

| *Column A* | *Column B* |
|---|---|
| ____ (1) Appointment letters. | a. Part 1 |
| ____ (2) Invoices and receiving reports. | b. Part 2. |
| ____ (3) Points of contact, phone numbers, and correspondence. | c. Part 3. |
| ____ (4) Initial contract and modifications. | d. Part 4. |
| ____ (5) Reports of nonconformance and validated complaints. | e. Part 5. |
| ____ (6) Credentialing, licensure, and insurance requirements. | f. Part 6. |
| ____ (7) Performance plan. | g. Part 7. |

## 2–2. Funding Documentation and Procedures

All service contracts require funding. However, the procedures for funding contracts may vary depending on who is processing the request. This section will focus on the use of the AF Form 9, Request for Purchase, and Military Interdepartmental Purchase Requests.

### 214. Automated Business Service System

To request service contracts through your local contracting office, you will use the AF Form 9. This document is used to describe the requirement and is included with the SOW as part of a procurable package. The AF Form 9 is also called a purchase request (PR) and is normally used for one-time purchases. However, many bases use the Automated Business Services System (ABSS) to submit their purchase requests to contracting. Whichever method is used, you must submit your requests IAW local procedures.

ABSS allows a government employee to enter a procurement requirement into a networked system. The other acquisition coordinating agencies, such as Medical Logistics, resource advisors, budget, accounting, and contracting officials, can then access the request and act on it electronically. In other words, ABSS is an electronic-procurement document approval and transmittal process. This automated process enables the AF to increase efficiency by:

- Reduction in form-processing time.
- Automation of financial processes.
- Elimination of duplicate data entry.
- Reduction of paperwork.
- Traceability of documents.
- Using digital signature technology.

The ABSS interfaces with other systems to include:

- Automated Contract Preparation System (ACPS).
- Central Procurement Accounting System (CPAS).
- General Accounting Finance System (GAFS).
- Integrated Accounts Payable System (IAPS).

### Coordinating agencies

The routing process for an AF Form 9 differs depending on whether you are requesting services or materiel (supplies or equipment). A request for materiel is the simpler of the two. *Materiel* requests require a signature from the originator, usually MEMO or Acquisitions, and a certification of availability for Air Force working capital fund/ Medical Dental Division (AFWCF/MDD) funds, usually from the MLFC.

Meanwhile, *service* requests require coordination through multiple offices:

- Medical Logistics—initiates the services request.
- MTF Resource advisor—certifies availability and use of MTF O&M funding.
- Accounting/budget office—obligates MTF funding.
- Contracting officials—process, write, advertise, select, and award contract.

### Automated processing

AF Form 9s are processed using ABSS. This system is used to design, route, and fund AF Form 9 requests. Your local ABSS administrator will need to create an account for you. At some locations, you may be allowed to manually create your Form 9s for materiel-only purchases, while others will require the use of ABSS, regardless of the commodity or service involved.

While creating a new request in ABSS, you will need to enter individual line-item data for each item you are requesting. It is important to provide clear details on what is needed without being unnecessarily specific. For example, if you were placing an order for a car you might list your requirement as: *vehicle, new, sedan, four-wheel, four-door, gas-electric hybrid, four-cylinder engine.* While listing general requirements, you are increasing the number of available sources contracting can solicit while still meeting your needs. If you were to add to your requirement: *2012 Chevrolet, Impala, blue, w/ moon roof, global positioning system (GPS), and premium sound system,* you would be overly restricting the government's options. When there are more sources that can meet your requirements, there will also be more bids and, therefore, an overall best value for the government.

Accounting and Classification data includes a series of fields that must be populated with different alpha-numeric characters. These codes, when put together in a specific order, form your fund citation. A fund cite is similar to a banking account number and routing identifier. Work closely with your Resource Manager when completing this screen. Any errors in these fields can cause complications and may result in your requisition being rejected.

ABSS can be used for the creation and processing of numerous forms, to include:

- AF Form 9—Request for Purchase.
- AF Form 406—Miscellaneous Obligation Reimbursement Document (MORD).
- AF Form 616—Fund Cite Authorization.
- DD Form 250—Materiel Inspection and Receiving Report.
- DD Form 448—MIPR.
- DD Form 448–2—Acceptance of MIPR.
- DD Form 1348–6—Single Item Request.

Documents are submitted from the Routing Lists window. This procedure moves the document from DRAFT to SUBMITTED status. ABSS will then send an e-mail notification to the next person in the document's flow to alert him or her that the document is awaiting action. ABSS may also carbon copy (CC) individuals to provide status on the document when another individual has taken action.

## 215. Military interdepartmental purchase request

Military interdepartmental purchase requests (MIPR) provide a method for transferring funds from one government branch to another. We most commonly see this when the Army, Navy, or Veterans

Administration (VA) contracting offices are used to execute purchase requests on our behalf. However, just like when ordering supplies for our customers, the purchasing activity needs to see proof of funding up front, before the buy is made. Then, after the item is procured we need to approve the transfer of the funding from our account into theirs.

It is important to initially understand that MIPRs are used to transfer funds to other military departments when they fund and acquire requisitions for other departments.

### Disbursement accounting terms

To effectively explain MIPRs, we will start with a brief explanation of two key financial terms that describe the stages of disbursement. These stages are used by the accounting offices to record transactions pertaining to the purchase of goods or services. This process begins at the time an item or service is requested and ends when payment for the item or service has been made. There are three basic stages for accounting disbursements—commitments, obligations, and expenditures.

1. Commitment—The *administrative* reservation of funds, usually by the local comptroller, in anticipation of a future obligation. At this stage a requirement is known, but a firm price is not; a commitment is basically an estimate for a future obligation. The commitment is only an intent or plan to buy an item or service; therefore, it is not legally binding.
2. Obligation—The *legal* reservation of funds to make a future payment of money. An obligation is a legal binding agreement between the government and a contractor; the government is legally liable to pay for the goods or services provided.
3. Expenditure—A charge against available funds. It results from a voucher, claim, or other document approved by a competent authority. Represents the presentation of a check or electronic transfer of funds to the provider of requested commodities or services.

### Document processing

Many of the tasks involved with the accounting process require a large amount of documentation. There are specific documents used to support both the commitment and obligation stages. These documents serve as evidence for the overall expenditure of public funds. The MIPR process includes documentation for both the commitment and obligation portions of each transaction.

#### *Commitment documents*

There are several different types of commitment documents to include the AF Form 9. However, for this lesson, we are only interested in the DD Form 448, Military Interdepartmental Purchase Request. The DD form has two parts—the DD Form 448 and the DD Form 448–2, Acceptance of MIPR.

The DD Form 448 is the *commitment* document used to request the purchase of goods or services from other Department of Defense (DOD) agencies. Think of the DD 448 as a combination of a purchase order and a money order. First, we are telling the contracting agency specifically what we need, while showing how we intend to pay for it. The MIPR has two categories of funding—reimbursable and direct citation.

#### *Obligation documents*

As previously mentioned, the DD Form 448 is a commitment document issued to another DOD agency. When the DOD agency receives the request, it determines if it can perform the service or provide the supplies requested. When the contracted DOD agency *agrees* to conditions of the request, it prepares the DD Form 448–2. After preparing the acceptance, the performing activity determines the category of funding for the MIPR.

There are two categories of funding:

- Category I (reimbursable)—The performing activity (i.e., Army or Navy contracting) obligates its own funds *first* to fill the order, and then later bills the requesting activity for the item or service provided, to include any applicable surcharges.

- Category II (direct citation)—The performing activity (i.e., Army or Navy contracting) references (cites) funds from the requesting activity to pay for any order placed to fill the purchase request.

*Category I* is similar to using a credit card where the bank pays for an item and then you pay the bank back *after* you receive the item. This is also how Medical Logistics functions when using the AFWCF/MDD revolving account. Meanwhile, *Category II* is more like sending in a money order for a purchase, where your money is captured and allocated in a document well *before* you receive what you ordered.

There are other numerous documents used to support obligations. Examples include the SF Form 1449, *Solicitation/Contract/Order for Commercial Items*; SF Form 44, US Government Purchase Order-Invoice-Voucher; and the DD 448–2, Acceptance of MIPR. Regardless of which forms are used, remember to keep well-documented and thorough files for each requisition.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 214. Automated Business Service System

1. Which *form* is used to request service contracts through your local contracting office?

2. Which *system* is used to submit purchase requests to local contracting offices?

3. Which coordinating agencies can access requests electronically through ABSS?

4. List four external systems with which ABSS interfaces.

5. Which office initiates the AF Form 9 for service requests?

6. Which office certifies availability and use of MTF O&M funding?

7. Which office obligates MTF funding?

8. Which office processes, writes, advertises, selects, and awards the contract?

9. When creating a new ABSS request, it is important to describe the requirement in what manner?

10. Documents are submitted from what ABSS window?

### 215. Military interdepartmental purchase request

1. MIPRs provide a method for transferring funds between whom?

2. What are the three basic stages for accounting disbursements?

3. What is the definition of a financial *commitment*?

4. What is the definition of a financial *obligation*?

5. What is the definition of an *expenditure*?

6. As a *commitment* document, for what is the DD form 448 used?

7. When is the DD Form 448–2 prepared?

8. What are the two categories of funding?

## Answers to Self-Test Questions

### 211.

1. A contract that directly engages the time and effort of a contractor whose primary purpose is to perform an identifiable task rather than to furnish an end item of supply.
2. PSC.
3. The government and the contracted personnel.
4. The MTF.
5. In almost every respect, as a government employee.
6. Direct.
7. *How* the work is to be performed.

8. The yearly salary of the President of the United States, which is currently $400,000.
9. An outside contractor.
10. The supervision and control usually prevailing in relationships between the government and its employees.
11. The contractor.
12. NPSC.
13. *What* is to be performed and not *how* it is to be performed.
14. Any individual directly involved with clinical or hands-on patient care, which normally requires a *license* to practice.
15. Nonprofessional.

**212.**

1. PR, QASP, IGCE, other locally required documents, and SOW and/or PWS.
2. SOW, PWS, and QASP.
3. SOW.
4. Only if they are absolutely necessary.
5. The contractor.
6. (1) Quantifiable elements of the service to be provided.
   (2) What elements will be used to assess quality.
   (3) Relationships between staff and contractors.
7. How to do the work.
8. (1) Reflect only the minimum mission requirements.
   (2) Not unnecessarily restrict competition or innovation.
   (3) Be performance-based.
9. (1) Description of services.
   (2) SDS.
   (3) Government-furnished property and services.
   (4) General information.
   (5) Appendices.
10. Clearly and unambiguously.
11. QASP.
12. To provide a planned process for surveying the contractor's actual performance and comparing that performance with contract requirements to determine conformity with the technical requirements of the contract.
13. (1) Periodic surveillance.
   (2) Random sampling.
   (3) 100 percent inspection.
   (4) Customer complaints.
14. Random sampling and 100 percent inspection.
15. (1) FRED nomination/appointment letter.
   (2) CO's letter to contractor of appointment.
   (3) SOW.
   (4) QASP.
   (5) Records of inspection.
   (6) Memo for record.
   (7) Correspondence.

**213.**

1. BRAG.

2. Contracting commander or chief of AF contracting office.
3. Contracting officer.
4. The actual performance of a given service.
5. MLFC.
6. Monitor, evaluate, and accept contract services.
7. Those within the MTF with functional-area expertise.
8. Civilian personnel when at all possible.
9. 90.
10. COR.
11. The requester and the contracting activity.
12. (1) d.
    (2) f.
    (3) a.
    (4) b.
    (5) g.
    (6) e.
    (7) c.

**214.**

1. AF Form 9.
2. ABSS.
3. Medical logistics, resource advisors, budget, accounting, and contracting officials.
4. (1) ACPS.
    (2) CPAS.
    (3) GAFS.
    (4) IAPS.
5. Medical logistics.
6. MTF Resource advisor.
7. Accounting/budget office.
8. Contracting officials.
9. Provide clear details on what is needed without being unnecessarily specific.
10. Routing Lists.

**215.**

1. One government branch to another.
2. Commitments, obligations, expenditures.
3. The *administrative* reservation of funds, usually by the local comptroller, in anticipation of a future obligation.
4. The *legal* reservation of funds to make a future payment of money.
5. A charge against available funds.
6. To request the purchase of goods or services from other DOD agencies.
7. When the contracted DOD agency *agrees* to conditions of the request.
8. (1) Category I (reimbursable).
    (2) Category II (direct citation).

**Complete the unit review exercises before going to the next unit.**

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter.

27. (211) In a personal service contract (PSC), who do the hired individuals work for?
    a. Medical treatment facility.
    b. Contracting office.
    c. Outside contractor.
    d. Medical logistics.

28. (211) Non-personal service contracts (NPSC) require personnel performing under the contract to be
    a. administered.
    b. supervised.
    c. managed.
    d. surveyed.

29. (212) What contract document is a performance-based description of the services required by an activity?
    a. Statement of work.
    b. Objectives statement.
    c. Statement of performance.
    d. Quality assurance surveillance plan.

30. (212) Which contracting document provides a systematic method to evaluate the services the contractor is required to perform?
    a. Quality assurance surveillance plan.
    b. Statement of objectives.
    c. Quality control plan.
    d. Statement of work.

31. (212) Which contracting method of surveillance is most appropriate for frequently recurring tasks?
    a. 100% inspection.
    b. Random sampling.
    c. Periodic surveillance.
    d. Customer complaint.

32. (212) Which contracting document is used by the contractor to ensure services conform to contract requirements?
    a. Quality assurance surveillance plan.
    b. Statement of objectives.
    c. Quality control plan.
    d. Statement of work.

33. (213) Which entity is considered to be a customer focused multifunctional team that plans and manages service contracts throughout the life of the requirement?
    a. Business Requirements and Advisory Group.
    b. Functional directors.
    c. Contracting office.
    d. Medical logistics.

34. (213) Who serves as the installation business advisor and is responsible for forming the business requirements and advisory group?
    a. Chief of Air Force contracting office.
    b. Senior contracting officer.
    c. Installation comptroller.
    d. Resource advisor.

35. (213) Who is primarily responsible for the actual performance of a given service?
    a. Medical logistics.
    b. Functional director.
    c. Contracting officer.
    d. Functional Requirements Evaluator.

36. (214) Which system is used by many bases to submit their purchase requests to contracting?
    a. Automated Business Service System.
    b. Military Interdepartmental Purchase Request.
    c. Wide Area Work Flow.
    d. Defense Medical Logistics Standard Support.

37. (214) The Automated Business Service System (ABSS) interfaces with which other system?
    a. Decentralized Procurement Accounting System.
    b. Defense Medical Logistics Standard Support.
    c. Integrated Accounts Payable System
    d. Wide Area Work Flow.

38. (214) When coordinating service requests, who certifies availability of operations and maintenance (O&M) funding?
    a. Budget office.
    b. Medical logistics.
    c. Resource advisor.
    d. Contracting official.

39. (215) Which contracting system provides a method for transferring funds from one government branch to another?
    a. Central Procurement.
    b. Automated Business Services.
    c. Defense Medical Logistics Standard Support.
    d. Military Interdepartmental Purchase Request.

40. (215) Which term defines the *administrative* reservation of funds in anticipation of a future debt?
    a. Commitment.
    b. Reimbursement.
    c. Direct citation.
    d. Obligation.

41. (215) Which term defines the *legal* reservation of funds to make a future payment?
    a. Obligation.
    b. Commitment.
    c. Direct citation.
    d. Reimbursement.

**Please read the unit menu for unit 3 and continue ➔**

# Student Notes

# Unit 3. Controlled Medical Items



THE CONTROLLED Substance Act (CSA), Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, is the government's legal foundation to fight against the abuse of drugs and other substances. The Drug Enforcement Administration (DEA) determines the designation of drugs as controlled substances, and their assignment to one of five drug schedules. The schedule of a substance is determined by its medicinal value, harmfulness, and potential for abuse or addiction. The MTF commander or MLFC may designate additional items to be accounted for and stored as prescribed for controlled item inventory code (CIIC) R and Q items. This unit covers procedures for managing controlled items and precious metals falling under CIIC R.

## 3–1. Controlled Item Identification and DEA Registration

The DEA designates certain drugs as being controlled. These drugs are controlled in that a complete chain of custody must be maintained through the item's entire life. Each professional entity, from manufacturer to distributor and physician, must be registered with the DEA. This section will focus on the procedures associated with identifying, storing, and safeguarding the types of items. Additionally, we will look at the DEA and the requirement for a power of attorney.

### 216. Identifying, storing, and safeguarding controlled items

Controlled items have a high potential for abuse and pilferage. Therefore, it is important these items be immediately identified and placed within a controlled setting from the moment they are received to the time they are issued to an authorized customer.

#### Identifying

The term "controlled medical items" includes all controlled item identification code (CIIC) R and Q items as described in the following paragraphs.

##### *Controlled item identification code R items*

Schedule I and II items are coded as CIIC R items within DMLSS. It is highly unlikely you will encounter C–I items within the military medical system. However, this code also applies to C–II items; such as ethyl alcohol, medicinal whiskey, wine, brandy; precious metals, such as gold, silver (except silver alloy) and platinum; and narcotic drugs or other substances with a high potential for abuse. Schedule II drugs are identified by the symbol II or C–II, which is prominently displayed (usually in red) on the label by the manufacturer. CIIC R items are characterized as shown in the table below:

| CIIC R ITEMS | | |
|---|---|---|
| **Schedule/Symbol** | **Characteristics** | **Examples** |
| I or C–I | • High potential for abuse.<br>• Currently no accepted medical use for treatment in the United States.<br>• There is lack of accepted safety for use under medical supervision. | Heroin, marijuana, and lysergic acid diethylamide LSD. |

| CIIC R ITEMS | | |
|---|---|---|
| **Schedule/Symbol** | **Characteristics** | **Examples** |
| II or C–II | • High potential for abuse.<br>• Currently has accepted medical use for treatment in the United States or is currently accepted for medical use with severe restrictions.<br>• Abuse may lead to severe psychological or physical dependence. | Ethyl alcohol, whiskey, wine, brandy; precious metals, such as gold, silver (except silver alloy); and platinum, narcotics, amphetamines, and barbiturates (dihydrocodeine, fentanyl, methadone). |

### *Controlled item identification code Q items*

CIIC Q items identify drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances under the Controlled Substances Act (CSA). Drugs in this group are identified by the symbols III or C–III, IV or C–IV, and V or C–V, which are prominently displayed on the manufacturer's label. The characteristics of CIIC Q items are shown below:

| CIIC Q ITEMS | | |
|---|---|---|
| **Schedule/Symbol** | **Characteristics** | **Examples** |
| III or C–III | • Potential for abuse less than the drugs or substances in Schedules I and II.<br>• Currently accepted medical use for treatment in the United States.<br>• Abuse may lead to moderate or low physical dependence or high psychological dependence. | Non-barbiturate sedatives, non-amphetamine stimulants, and medications containing a limited quantity of certain narcotics (anabolic steroids). |
| IV or C–IV | • Low potential for abuse relative to the drugs and substances in Schedule III.<br>• Currently accepted medical use for treatment in the United States.<br>• Abuse may lead to limited physical or psychological dependence relative to the drugs or other substances in Schedule III. | Barbital, methyphenobarbital, and phenobarbital. |
| V or C–V | • Low potential for abuse relative to the drugs and substances in Schedule IV.<br>• Currently accepted medical use for treatment in the United States.<br>• Abuse may lead to limited physical or psychological dependence relative to the drugs or other substances in Schedule IV. | Antitussives or antidiarrheals that contain small amounts of narcotics, such as codeine. |

## Safeguarding

All controlled medical items require special protection. The MLFC ensures controlled items are properly stored. The adequacy of the vault or caged area is evaluated by the MLFC. At the request of the MLFC, the Chief of Security Forces and the Base Civil Engineer may assist in performing this evaluation. Deficiencies are reported to the MTF commander for corrective action.

The controlled medical items custodian (CMIC) must also test the vault's alarm system in coordination with Security Forces at least every 90 days. The testing results must be documented on an AF Form 2530, Alarm System Test Record, and be made available for inspection.

As a minimum, take the following precautions in safeguarding the storage and issue of controlled medical items—CIIC R and Q (except alcohol and alcoholic beverages):

1. Use a vault or safe protected by a combination-type lock that is constructed as an integral part of the vault door or by a combination padlock or equal. When a combination padlock is used, the clasp to which the padlock is fastened must be securely attached to the door and frame in such a manner as to preclude jimmying or prying.
2. Limit those who have knowledge of the combination to the primary CMIC, the alternate, and the MLFC only. Also, 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. The cabinet cannot be used to store TOP SECRET material and must provide the same degree of protection as the controlled medical item storage area. The MTF commander designates the location of the container for the combination; however, it must be a location other than the storage location for controlled substances. No other copies of the combination are permitted.
3. Store medicinal alcohol (including ethyl alcohol, medicinal whiskey, wine, and brandy) in a vault or safe when space is available. When vault or safe space is limited, alcohol/alcoholic beverages may be stored in locked cages or secure rooms.

MTFs lacking sufficient vault/safe storage space to store CIIC Q items should initiate action to obtain sufficient vault/safe storage.

Storage control records will be maintained in the same manner as the controlled items. They will not be removed from the vault storage area or other storage area, except under the supervision of the CMIC.

### Storing CIIC R and Q items

CIIC R items *must* be stored in a safe or vault. Maintain the storage control records for these items in the area where the materiel is stored.

Take precautions in storing CIIC Q items. Storage in safes or vaults is desirable. If space limitations preclude this type of storage, the items must be stored in locked cages or in secure rooms with access limited to selected individuals.

The CMIC maintains and secures all accountable transactions affecting controlled item record balances. The CMIC also maintains a signed copy of all delivery lists for items with CIIC R and Q. It is suggested the CMIC perform periodic reviews of due-in statuses for controlled items on backorder. If the review indicates that an item was shipped and it has not been received in the normal time required, initiate tracer action.

## 217. Maintaining DEA registration and documentation

Air Force medical activities in the 50 states within the United States and its territories must have a DEA registration before they can procure Schedule II drugs, per 21 Code of Federal Regulation (CFR), Section 1301, *Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances*. Federal policy requires each individual activity (i.e., pharmacy, Medical Logistics, etc.) to have their own DEA registration number. The various types of registrations include:

- Hospital/clinic registration—Used by the MTF pharmacy.
- Retail registration—Used by the satellite pharmacies.
- Hospital/clinic or practitioner registration—Used by other patient care activities.
- Distributor registration—Used by Medical Logistics activities.

There are no fees charged to government activities for the initial DEA registration or renewal. The registration must be renewed every three years or when there is a change of name or address. Registrations may be renewed through the DEA's Office of Diversion Control website at https://www.deadiversion.usdoj.gov.

### Power of attorney

The MTF commander will grant power of attorney (POA) to primary and alternate approving officials (AO) for procurement of C–II substances. The AOs will review and sign the DEA Form 222, Official Order Form for Schedule I and II. The primary AO will be the accountable base medical supply officer (ABMSO). Alternates may include the MLFC (if not appointed as the ABMSO) and assigned registered pharmacists. The MTF commander must initiate a new POA when the name or address changes or the person delegated the POA changes.

### Documentation

You must be familiar with the following registration forms:

- DEA Form 224, New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner—This form is used for initial applications and can be obtained from the DEA.
- DEA Form 224A, Renewal Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner—This form is used for renewals and is normally mailed to the registrant 60 days before the expiration date of the registration. The registrant must notify the DEA to request a renewal application if the form is not received within 45 days before the expiration date.

As mentioned above, you must use the DEA Form 222 or approved electronic equivalent to purchase schedule II controlled substances. You must prepare the form according to the instructions. When you receive the materiel, enter the date and the number of packages received on the copy you retained for your files. All completed forms (including unaccepted or defective) must be kept for two years. A tracking log should be maintained to include the serial number of all used and unused forms along with the date of use. If an entire book is lost or stolen, you must report lost or stolen order forms to the DEA to include the serial number or date of issuance if an entire book is lost or stolen. You must also notify DEA if you recover any lost or stolen forms.

DEA requirements dictate when making *any* controlled item exchanges, purchases, or issues, a DEA 222 must be used to document the transfer. This means activies such as the pharmacy must submit a DEA 222 to Medical Logistics with their C–II orders. Medical Logistics must then report all issues, receipts, distributions, and destructions of C–IIs using the DEA's Automation of Reports and Consolidated Orders System (ARCOS), either monthly or quarterly. Efforts are being made to allow DMLSS to automatically interface with the DEA's tracking system.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 216. Identifying, storing, and safeguarding controlled items

1. What controlled item identification code is used for C–I and C–II items?

2. How are Schedule II drugs identified?

3. What are the characteristics for Schedule II items?

4. Which controlled item Schedules are included under controlled item identification code CIIC Q?

5. What types of items are classified as C–III?

6. What Schedule classification is given to items such as barbital, methyphenobarbital, and phenobarbital?

7. If an item has a small amount of codeine in it, such as in a cough syrup, what Schedule will it most likely fall under?

8. Who is responsible for evaluating the adequacy of your vault?

9. Who may *assist* in performing an assessment of the vault's adequacy?

10. When controlled item storage deficiencies are identified, to whom must the results be reported for corrective action?

11. Vaults must be protected by what type of lock?

12. Which individuals should be allowed to know the vault's combination?

13. How should you store a backup copy of the vault's combination?

14. Who designates the location of the container which will store the backup combination?

15. When vault space is limited, where may medicinal alcohol be stored?

16. Where must CIIC R items be stored?

17. If vault space is unavailable, where may CIIC Q items be stored?

18. Who must maintain signed delivery lists for all issued R and Q coded items?

## 217. Maintaining DEA registration and documentation

1. What must Air Force medical activities in the 50 states within the United States and its territories have before they can procure Schedule II drugs?

2. What type of DEA registration should an MTF pharmacy be using?

3. Which activities should have a DEA distributor registration?

4. When must a DEA registration be renewed?

5. Who must grant a POA for the procurement of C–II items?

6. Who should be the primary DEA 222 approving official?

7. List the positions that may be authorized to be alternate DEA 222 approving officials?

8. Which form is used for initial DEA registration applications?

9. Which DEA form is used to renew your registration?

10. How is the DEA 222 used?

11. How long must you retain all completed DEA 222 forms?

12. To whom must you report lost or stolen order forms?

## 3–2. Inventory management

Controlled items require additional management techniques and more stringent controls because of their susceptibility to misuse and theft. Management techniques/controls include special inventory accounting procedures, ordering, receiving, and issuing precautions. Never take lightly the administrative and physical control of these items. The procedures for controlled medical items covered here are required, along with all others previously discussed in this career development course.

### 218. Ordering, receiving, and issuing

C-II classified controlled items are ordered, received, and issued in a similar fashion to other orders with a few important exceptions that allow for chain of custody and further reduce the potential for pilferage.

#### Ordering

When ordering controlled item, both Q and R type orders should be placed using their own individual call numbers, separate from all other routine calls and separate from each other. This is especially important when the orders are received by the warehouse. Controlled and routine items should not be commingled. It is important for controlled items to be quickly identified, taken into custody by the controlled items custodian, and promptly secured.

##### *Controlled items—Schedule II*

C-II's include those substances that have a high potential for abuse. They must, therefore, be carefully controlled and monitored by the Drug Enforcement Administration (DEA) Office of Diversion Control. These items require the additional use of a DEA 222, Official Order Form for Schedule I and II. The DEA 222 must be carefully and completely filled out. Errors or corrections will cause either all or some of your order to be rejected. All completed order forms, to include unaccepted or defective, must be maintained for two years.

##### *Processing*

After submitting the C-II R order through Log Orders, print the DD Form 1155 and submit it to the commercial vendor along with the DEA Form 222. The vendor will not process the order until the DEA Form 222 is received. New processes may soon be available that replace the hard-copy DEA 222 with an electronic on-line ordering and confirmation system. However, you should continue to follow current local and AF guidances.

#### Receiving

Controlled material should be received only by or under the direct supervision of the CMIC or MLFC. It is also strongly suggested more than one person be present when opening controlled item packages. A witness can be handy if something is missing when the package is opened.

Supply sources normally ship Schedule II material by registered mail. However, it may also be shipped by rail express, air express or armored service. On occasion, some local purchase vendors may ship the items by regular mail and use no special precautions.

Regardless of the mode of shipment, you are normally required to sign a separate receipt for each shipping container. Be extremely careful when you sign for controlled supplies. Always compare the registry number on the shipping container with the registry number on the carrier's receipt if it is available. Secondly, count the number of containers. If these numbers do not agree, do not sign the receipt. Tell the carrier that a correction must be made to the delivery document. Also, check the exterior container very carefully for signs of damage or pilfering. This includes checking the package for evidence of any tampering such as resealing. Annotate the receiver's document with any discrepancies noted during your examination before you sign the carrier's delivery document.

On DLA shipments of CIIC R items and other items subject to pilferage, the receiving document normally is placed inside the number "1" box of the shipment. Additionally, item identification is not shown. Words like "drugs" or "dental supplies" are substituted instead. However, stock numbers, unit packaging, and content quantity remain unchanged.

Unpack the shipment and annotate the receipt document in the normal manner. Check each unit to be sure the manufacturer's seal is intact. If it is not intact, a report of item discrepancy is required. When you complete the in-checking procedure, immediately place the material in the security/controlled item storage area.

**CAUTION:** Never leave controlled material unsecured.

After you place the material in the security/controlled storage area, you should update the manual storage control records (AF Form 105F-2, Stock Record Card [Cost Category II])) if they are being used. Otherwise, it is recommended that you annotate the total on-hand balance of the item in the margin of the receipt. Then, as you place the item in storage, you can compare the physical on-hand balance with the annotated balance. If you have an error in updating, you probably will spot it at this time and correct it immediately. This extra precaution could save you much research during the monthly inventory.

### Issuing

As mentioned previously, the MLFC is responsible for managing controlled medical items. This responsibility will not be delegated; however, the MFLC may designate a CMIC to maintain all accountable transactions affecting record balances and copies of all delivery lists with issue and receipt signatures. The CMIC uses the delivery list to account for all issue transactions of CIIC R and Q items and ensures that required and authorized custodian signatures are obtained for all issue transactions on the list. All CIIC issue transactions must be processed through DMLSS *before* they are delivered to the customer. After printing the delivery list, the CMIC will:

- Post the issues to the storage control records before delivering the item to the customer.
- Signs the delivery list to indicate that the issues have been posted to the storage control records.
- Obtains the authorized representative's signature on the customer's delivery list upon delivery of the items to the customer.

**NOTE**: It is important to maintain a complete record of the chain of custody. This means anytime a different person handles or accepts controlled items they must both inventory and sign for it. Should anything turn up missing, the chain of custody will be used for investigative purposes.

Activities authorized in DMLSS to order and receive controlled items may submit issue requests from customer area inventory management (CAIM) manually, automatically, or via the hand-held terminal (HHT) replenishment modes. Once the issue requirements are processed, medical logistics personnel can generate the issues or backorders from the inventory management (IM) application. Within IM, logistics personnel must process the issues by selecting the ISSUE icon or selecting LOG ROUTINE ISSSUES from the NAVIGATE, ISSUE menu. Select a customer(s) and generate the picklist. Only items with available balances will be displayed on the picklist. Items that are backordered are coded for LOG ORDERS. The CMIC uses the picklist to confirm actual available quantities and confirm the picklist count. All picklist items must be confirmed before a delivery list can be generated. If nothing is entered on the confirm picks window, DMLSS logic takes the position that the counts are correct. The CMIC uses the delivery list from Log to record the delivery of the controlled items to the section controlled item custodian.

## 219. Inventorying

Due to their high potential for theft and abuse, controlled medical items must be well guarded and inventoried frequently. This lesson will cover the requirements to conduct monthly inventories along with the unique biennial inventory.

### Routine inventory

At least monthly, a disinterested officer will inventory all controlled drug items located in the Operating and WRM inventory stratifications. The MTF commander appoints the disinterested officer, a SNCO or higher, or civilian (GS–7 or above), to perform the monthly inventory. The MTF commander or MTF orderly room provides the inventory officer written instructions and medical technical information necessary to complete the inventory. The inventory officer alone certifies the correctness of the inventory. When finished, the inventory officer reports the results of the inventory in writing to the MTF commander.

The CMIC must coordinate with the inventory officer to ensure the monthly inventory is completed no later than the 10$^{th}$ calendar day of each month. It is common practice for the CMIC to conduct a pre-inventory and to review applicable inventory documentation before the monthly inventory. This is also a good time to prepare yourself for any questions the inventory officer may have.

To conduct the inventory, the CMIC prints the DMLSS Controlled Item Transaction Register (for both OPR and WRM) from the IM REPORTS module on the day of the inventory. To print the report, select REPORTS from the horizontal toolbar, scroll down and select TRANSACTION REGISTER. DMLSS will display the transaction register criteria window. In this window, select the IM scope (OPR and WRM), report type (controlled items), and the CIIC code (Q or R). You must also select the from/to date range for the report (usually the first through the last day of the month) at the bottom of the window. Click the OK button and DMLSS will display the controlled item transaction register report view window. Print the report by clicking on the PRINT button on the vertical toolbar.

The inventory process will require the inventory officer to perform physical counts of all on-hand controlled items and then compare those counts to the final balances as shown on the Transaction Register (TR).

Once the inventory is complete, if no discrepancies are found, stamp or write the “Inventoried--Found Correct” statement on the TR’s. The inventory officer will annotate the date and print/sign their name and rank. Ensure that their name is legible.

If descrepancies are found, you should:

- Review AFI 41-209, *Medical Logistics Support*, chapter 5.
- Line through the balance shown on the TR and annotate the physical count inventoried.
- Stamp or write the “Inventoried--Discrepancy Noted” statement
- Report any discrepancies that cannot be corrected on the spot to the MLFC and MTF commander.

Below is a recommended checklist for you to use for inventorying controlled medical items.

| Checklist for Inventorying Controlled Medical Items | |
|---|---|
| 1. | Has the inventory officer reviewed sections of AFI 41–209, 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 item ID? |
| 3. | Is suspended stock segregated from serviceable stock and clearly marked? |
| 4. | Is stock awaiting delivery segregated from on-hand inventories and stored with the Delivery List? |
| 5. | Are the manual storage control records, if used, accurately maintained to permit item identification and accurate entries of inventory results? |

### Biennial inventory of controlled substances

In addition to the monthly inventory, you are required by the Comprehensive Drug Abuse Prevention and Control Act of 1970 to perform a biennial inventory (every two years) of all controlled substances stored in medical logistics. Use the 30 April Controlled Item Transaction Register. Follow the procedures described above to print the report. It is worthwhile to keep in mind that while you have this two-year requirement, you are also obligated to inventory all on-hand assets during the annual inventory; and, CIIC R items, at a minimum, must be inventoried monthly. Generally, most MLFCs direct that all Schedule III, IV, and V (CIIC Q) items be inventoried monthly along with CIIC R items.

If CIIC R and Q items are inventoried monthly, the biennial inventory does not require an additional inventory. It only requires that you document the 30 April Controlled Item Transaction Register to indicate that it was performed. Annotate the transaction register with the date of inventory, signature of the person performing the inventory, and the MLFC. Additionally, the following statements must be added to the documentation:

- The inventory was taken as of opening of business.
- The inventory was taken as of closing of business.
- Required by Title 21 CFR.

The Inventory Certificate requires the following information:

- DEA registration number.
- Date of inventory.
- Printed name/signature & rank from both the Inventory Officer and ABMSO.

The Inventory Certificate is not needed if all required documentation is annotated on the transaction registers.

## 220. Researching discrepancies and initiating corrective actions

If you discover any discrepancies during your pre-inventory you will need to research and correct the error, or at least identify the cause of the discrepancy so you can explain it to the inventory officer. Common causes for discrepancies are misplaced documentation and quantity errors caused by miscounting or mis-stocking. Use the delivery lists, controlled item transaction register, Issue/Turn-in Summary, receipts, shipping documentation, and IM TRANSACTION HISTORY search results to aid in researching balance discrepancies. Depending on the type of discrepancy (shortage or overage), you may need to review all the transactions that were processed on the item with the discrepancy. In most cases, you will be able to correct or explain the discrepancy under one of the causes mentioned above. By researching these discrepancies before the formal inventory, you should have ample time to ensure the proper documentation has either been located or completed.

Again, the preinventory is *not* a mandatory requirement; however, if you take a little extra time to correct any updating errors and stray marks before the formal inventory, you will present a more professional image. Also, the inspector is less likely to search for ghost errors. When working with controlled item records, do *not* remove the records from the vault storage area or other storage area, except under the personal supervision of the MLFC or CMIC.

### Reporting inventory discrepancies

Any time a discrepancy is noted on storage control records, immediately investigate and resolve the problem. The first step is to verify that the discrepancy is not caused by an updating error (i.e., receipt, issue, etc.). Once that has been determined, proceed accordingly.

DD Form 200, Financial Liability Investigation of Property Loss, supports shortage adjustments involving Schedule II drugs. A DD Form 200 may also support shortage adjustments involving other CIIC R items (other than Schedule II drugs) at the discretion of the MTF commander.

When a loss or theft of controlled substances is determined, the MLFC immediately prepares DEA Form 106, *Report of Theft or Loss of Controlled Substances*, or online equivalent, and forwards it to the nearest DEA regional office. Additionally, both your local OSI detachment and MTF commander must be notified.

## Adjustments

Discrepancies requiring adjustments via a DMLSS gain or loss transaction are supported by the presence of an inventory adjustment voucher (IAV) signed by the IAV approval authority.

### *Adjusting discrepancies for CIIC R items from a source of supply source*

For any discrepancies of CIIC R items received from the prime vendor, contact the prime vendor immediately. If the discrepancy cannot be resolved and it is determined that the carrier is not at fault, the MLFC will immediately prepare a DEA Form 106. The MLFC will submit the DEA Form 106 to the nearest DEA regional office. Under no circumstances should you run a full receipt for a short item; instead, process the item as a partial. Once a missing item is gained onto record, it will be difficult to prove to investigators that you never had it.

### *Adjusting discrepancies for CIIC R items attributable to the carrier*

Shortages or damages attributable to a carrier, regardless of the dollar value, are adjusted according to AFI 41–209.

If a shortage is found, immediately suspend the shipment and place the material in segregated secure storage. Mark the shipment to indicate suspension. Indicate the shortage and the notation “See attached discrepancy report” on the receiving report and attach a copy of the discrepancy report. Notify the transportation management office (TMO) when the shortage occurs in shipment transported by common carrier on a government bill of lading (GBL) or commercial bill of lading (CBL) and Air Force funds are charged for the transportation.TMO prepares the applicable discrepancy report (DD Form 361, Transportation Discrepancy Report) and notifies the carrier.

- Medical logistics notifies base contracting for items procured through the contracting activity and furnishes documentation to verify the shortage. A copy of the TMO discrepancy report and an annotated GBL or CBL is generally acceptable documentation.
- Initially, situations involving prime vendor deliveries should be resolved through the prime vendor and the carrier. If you are unable to resolve the problem, prepare a SF 364, *Supply Discrepancy Report* (SDR), or online equivalent, and contact DLA with the details of the problem.

When you complete all notification, certification, and documentation, release the material from suspended storage and process the partial receipt. If the investigation of the shortage indicates that the shipper packed and shipped the missing item and it was not lost during shipment but may have been removed in an unauthorized manner at the receiving point, medical logistics initiates a report of survey (ROS) by submitting a DD Form 200, Financial Liability Investigation of Property Loss to your unit’s ROS monitor.

Annotate the receipt document with an asterisk (*) by the item quantity on all copies. Based on local management procedures, somewhere on the document you should enter a discrepancy statement including all facts regarding the damage. Attach a copy of the SF 361, which is prepared by the TMO, to the receipt document.

### *Overages, shortages, or damages attributable to the shipper*

Regardless of dollar value, if the overage or shortage originated at a DLA depot, notify DLA of all the facts concerning the discrepancy by the quickest mode of communication. Prepare an SF 364, as a secondary form of notification and adjustment action. Request a billing or credit adjustment action, regardless of the dollar value, for overages or shortages. For activities outside the United States, DLA responsibility for losses or damages ceases with delivery to the point of embarkation (designated site for outshipments from USA to other locations).

For shipments other than DLA, notify the shipper of all the facts concerning the discrepancy by the quickest mode of communication. Follow up your communication with an SF 364. If the shipper accepts responsibility, the shipper should provide a corrected release/receipt document to the consignee. Upon receipt, annotate the original release/receipt document with the statement "See adjustment document, Document No. _____," and show the quantity actually received. Process the receipt transaction as we discussed earlier.

Use SF 364 as supporting documentation for all data record adjustments involving CIIC R discrepancies. Provide a copy of the adjustment to the shipper. When the discrepancy involves schedule II controlled substances, send a copy of the adjustment document to the nearest DEA field office.

When items are damaged in shipment, annotate the receipt document with an asterisk (*) by the shipped quantity (of the damaged line item(s)) on all copies. Based on local management procedures, somewhere on the document enter a discrepancy statement including all facts regarding the damage. Attach a copy of the SF 364 to the receipt document.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

**218. Ordering, receiving, and issuing**

1. Q and R type orders should be placed using their own individual call numbers, separate from what?

2. C–II orders require the additional use of what document?

3. After submitting the C–II (R) order through Log Orders, what form should be printed and submitted to the vendor along with the DEA 222?

4. Controlled material should be received only by or under the direct supervision of whom?

5. During the receiving process, each bottle or unit should be physically checked to make sure what is intact?

6. If you are using AF Form 105F–2s, as you place an item in storage you should compare the physical on-hand balance with what?

7. What should be obtained by the CMIC for all controlled issued transactions when the item is being delivered?

8. What should happen when a different person handles or accepts controlled items?

## 219. Inventorying

1. Which inventory stratifications must be inventoried monthly by a disinterested officer?

2. What are the rank/grade requirements for the disinterested inventory officer?

3. When finished, to whom does the inventory officer report the findings of the controlled items inventory?

4. Monthly inventory must be completed by what date?

5. Which document needs to be printed on the day of the inventory and provided to the disinterested officer?

6. While in the transaction register criteria window, aside from the date range, which three criteria must be selected?

7. The inventory process will require the inventory officer to do what?

8. If no discrepancies are found, what should be stamped on the transaction registers?

9. If discrepancies are found, what should be written on the applicable transaction register?

10. Which monthly controlled items transaction register is used for the biennial inventory?

11. List the statements that need to be added to the biennial inventory documentation?

12. List the three items of information that need to be annotated on the biennial inventory certificate?

## 220. Researching discrepancies and initiating corrective actions

1. Which documents should you use to aid you when researching controlled item balance discrepancies?

2. What is the benefit to researching discrepancies before a formal inventory?

3. What is the first step when researching a discrepancy noted on storage control records?

4. Which *non-DMLSS* form is used to support a DMLSS inventory adjustment involving C–II items?

5. Which form is used to report a loss or theft of a controlled substance to the DEA?

6. Aside from the DEA, who else must be notified of a loss of controlled substances?

7. Discrepancies requiring adjustments via a DMLSS gain or loss transaction are supported by the presence of what DMLSS-generated document?

8. What initial step should be taken when a CIIC R item is received as a shortage from a PV source?

9. What initial steps should you take when receiving a short or damaged controlled item attributable to the carrier?

10. Who should you notify when a shortage occurs in a shipment transported by common carrier on a GBL?

11. What should you do if you are unable to resolve a troubled delivery through the PV or carrier?

12. What should you do if your investigation of a shortage indicates that it may have been removed in an unauthorized manner at the receiving point?

13. When a shortage or overage originates from a DLA depot, what type of action should you request from DLA?

14. What supporting documentation should be used for adjustments involving CIIC R discrepancies attributable to the shipper?

## Answers to Self-Test Questions

**216.**

1. R.
2. The symbol II or C-II is prominently displayed (usually in red) on the label by the manufacturer.
3. (1) High potential for abuse.
   (2) Currently has accepted medical use for treatment in the US or is currently accepted for medical use with severe restrictions.
   (3) Abuse may lead to severe psychological or physical dependence.
4. C–III, C–IV, and C–V.
5. Non-barbiturate sedatives, non-amphetamine stimulants, and medications that contain a limited quantity of certain narcotics (anabolic steroids).
6. C–IV.
7. C–V.
8. The MLFC.
9. Chief of Security Forces and the Base Civil Engineer.
10. The MTF commander.
11. A combination-type lock that is constructed as an integral part of the vault door or by a combination padlock.
12. The CMIC, the alternate, and the MLFC only.
13. 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.
14. MTF commander.
15. In locked cages or secure rooms.
16. In a safe or vault.
17. In locked cages or in secure rooms with access limited to selected individuals.
18. CMIC.

**217.**

1. A DEA registration.
2. Hospital/Clinic.
3. Medical Logistics.
4. Every three years or when there is a change of name or address.
5. The MTF commander.
6. ABMSO.
7. MLFC and assigned registered pharmacists.
8. DEA Form 224.
9. DEA Form 224A.
10. To purchase Schedule II controlled substances.

11. Two years.
12. The DEA.

**218.**

1. All other routine calls and separate from each other.
2. DEA–222, *Official Order Form for Schedule I and II Controlled Substances.*
3. DD Form 1155.
4. The CMIC or MLFC.
5. The manufacturer's seal.
6. The annotated balance.
7. Required and authorized custodian signatures.
8. They must both inventory and sign for it.

**219.**

1. Operating and WRM.
2. SNCO or higher, or civilian (GS–7 or above).
3. The MTF commander.
4. No later than the 10th calendar day of each month.
5. DMLSS Controlled Item Transaction Register.
6. IM scope, report type, and the CIIC code.
7. Perform physical counts of all on-hand controlled items and then compare those counts to the final balances as shown on the Transaction Register.
8. Inventoried--Found Correct.
9. Inventoried--Discrepancy Noted.
10. 30 April.
11. (1) The inventory was taken as of opening of business.
    (2) The inventory was taken as of closing of business.
    (3) Required by Title 21 CFR.
12. (1) DEA registration number.
    (2) Date of inventory.
    (3) Printed name/signature & rank from both the Inventory Officer and ABMSO.

**220.**

1. Delivery lists, controlled item transaction register, Issue/Turn-in Summary, IM TRANSACTION HISTORY search results, receipts, and shipping documentation.
2. You should have ample time to ensure the proper documentation has either been located or completed.
3. Verify that the discrepancy is not caused by an updating error.
4. DD Form 200.
5. DEA Form 106, or online equivalent.
6. Local OSI detachment and MTF commander.
7. IAV.
8. Contact the prime vendor immediately.
9. Immediately suspend the shipment and place the material in segregated secure storage.
10. TMO.
11. Prepare a SF 364, *Supply Discrepancy Report* (SDR), or online equivalent, and contact DLA with the details of the problem.
12. Initiate a ROS by submitting a DD Form 200, Financial Liability Investigation of Property Loss, to your unit's ROS monitor.
13. Billing or credit adjustment action, regardless of the dollar value.

14. SF 364.

**Complete the unit review exercises before going to the next unit.**

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter.

42. (216) The adequacy of the warehouse's controlled items vault or caged area is evaluated by whom?
    a. Medical Logistics Flight Commander.
    b. Chief of Security Forces.
    c. Base Civil Engineer.
    d. MTF commander

43. (216) How frequently must the controlled medical items custodian test the vault's alarm system?
    a. Weekly.
    b. Monthly.
    c. Every two months.
    d. Every three months.

44. (216) A copy of the vault combination should be stored in an envelope displaying which markings?
    a. Classified.
    b. Top Secret.
    c. For use in emergency only.
    d. For Medical Logistics use only.

45. (217) Who should be granted power of attorney to be the *primary* approving official for C-II controlled items?
    a. Accountable base medical supply officer.
    b. Medical Logistics flight commander.
    c. Pharmacy commander.
    d. Senior pharmacist.

46. (218) What *must* vendors receive from the ordering activity before they will process a C-II order?
    a. DEA Form 222
    b. DEA Form 224
    c. Separate call number.
    d. Electronic confirmation.

47. (218) When receiving "R" coded items, what additional step should you take during the in-checking process?
    a. Open while inside vault.
    b. Count adjusted units of issue.
    c. Ensure manufacturer seal is not broken.
    d. Open package in front of security camera.

48. (218) What concept describes the procedure whereby a different person handles or accepts controlled items they must inventory and sign for?
    a. Commingling.
    b. Chain of custody.
    c. Diversion control.
    d. Standard operating procedures.

49. (219) By what calendar day of each month should the inventory officer complete controlled item inventories?
    a. Third.
    b. Fifth.
    c. Seventh.
    d. Tenth.

50. (219) What information or statement must be added to the biennial controlled substance inventory certificate?
    a. Required by Title 27 CFR.
    b. Controlled medical items custodian (CMIC) signature.
    c. Drug Enforcement Administration (DEA) registration number.
    d. Inventoried IAW the Comprehensive Drug Abuse Prevention and Control Act of 1970.

51. (220) Conducting a controlled items pre-inventory *before* the formal monthly inventory gives you more time to do what?
    a. Issue shortages.
    b. Clean up the vault.
    c. Locate proper documentation.
    d. Remove records from storage area.

52. (220) Who should prepare and submit the DEA Form 106, *Report of* ***Theft*** *or Loss of* ***Controlled*** *Substances,* to the nearest DEA office after a loss or theft has been determined?
    a. Accountable base medical supply officer.
    b. Controlled medical items custodian.
    c. Disinterested inventory officer.
    d. Medical logistics flight commander.

53. (220) What action should you take after identifying a controlled items shortage received from your prime vendor?
    a. Annotate shortage on manual control records.
    b. Issue difference to requestor.
    c. Process receipt as partial.
    d. Process full receipt.

**Please read the unit menu for unit 4 and continue ➔**

# Student Notes

# Unit 4. Medical Contingency Operations



CONTINGENCY medical materiel is one of the most important—if not the most important—type of supply items maintained by medical logistics. Contingency materiel programs include war reserve materiel (WRM), medical counter-chemical biological radiological and nuclear (MC-CBRN) assets, mass casualty kits and patient movement items (PMI). Often we overlook or underestimate the importance of our wartime medical support supplies and how significant they really are to overall mission accomplishment. We must all remember that, from the medical logistics standpoint, WRM is at the heart of the AFMS mission. This unit covers the areas of WRM to include planning, levels, procurement, and asset management.

## 4–1. War Reserve Materiel Planning

WRM is the additional materiel needed to support the forces, missions, and activities reflected in USAF operation plans and specified in DOD programs. Certainly, by now in your career you know what WRM is and how it relates to you and to the tasks you perform. But, what else do you know about this program? In the next two lessons, you will learn about the different levels of roles and responsibilities involved in the management and planning of contingency medical materiel.

### 221. Roles and responsibilities

The objective of the medical WRM program is to identify, acquire, pre-position, and maintain the materiel needed to support the forces and missions specified in applicable operations plans. In today's ever-changing Air Force, one thing has not changed—*our mission to be equipped and trained for military conflict*. As the Air Force continues to make tough spending cuts and reductions in forces, our wartime mission remains unchanged. In this lesson, you will first look at some of the roles and responsibilities associated with the management of Contingency Medical Materiel.

If you have WRM assemblages (projects) assigned to your stock record account, you may inherently have certain roles and responsibilities already. The ability of your MTF to deploy fully capable medical assemblages in support of contingency operations is directly related to the quality of the management and maintenance a WRM assemblage receives while in garrison (storage). As such, there is a hierarchy of levels of responsibility to ensure all medical assemblages are fully capable if called to deploy. The following are the basic levels of oversight you need to be familiar with.

## External oversight

The following oversight levels are at the top of the chain and are considered to be strategic in nature.

### *Air Force Surgeon General*

The AF Surgeon General (AF/SG) implements medical programs to support DOD and AF objectives, develops policies and procedures for managing these programs, consolidates WRM requirements, and approves Program Objective Memorandum (POM) requirements.

### *Air Force Surgeon General Functional Area Manager*

The AF/SG Functional Area Manager (FAM) annually publishes medical WRM and MC-CBRN contingency materiel requirements through the AFMS Medical Resources Letter (MRL) based on medical WRM pre-positioning objectives. USAF/SG FAM also designates manpower and equipment force packaging (MEFPAK) responsible agencies (MRA) to develop and maintain detailed data on unit type codes (UTC) for use throughout the Air Force.

### *Air Force Medical Operations Agency, Medical Logistics Division*

AFMOA/SGAL provides overall logistical policy, procedures, and management for medical contingency materiel programs. AFMOA/SGALX (Medical Logistics Readiness office) also manages and distributes WRM procurement and sustainment funds, provides oversight for medical allowance standards (AS), and manages the SG-managed materiel program.

### *MAJCOM Surgeon General*

Major command (MAJCOM) SGs develop and implement command-unique policies and procedures for managing contingency medical materiel at their bases.

### *Air Mobility Command Surgeon General*

As the AF/SG-designated lead and MRA for PMI, the Air Mobility Command Surgeon General (AMC/SG) provides worldwide subject matter expert (SME) policy, procedures, and management information for the PMI Program. AMC/SG also provides management assistance to PMI centers/cells, aeromedical evacuation squadrons (AES), and other medical units using PMI assets.

### *Air Force Forces Surgeon*

The Air Force Forces Surgeon (AFFOR/SG) establishes equipment and supply policies to aid deployed commanders in meeting mission requirements. They also request assignment of medical logistics and biomedical equipment maintenance manpower augmentation teams, to any node within the supply chain. Locations include aerial ports of embarkation (APOE); aerial ports of debarkation (APOD); theater lead agents for medical materiel (TLAMM) distribution centers; deployment distribution operations center; regional MERCs; loaner, repair, and return centers (LRRC); PMI centers; cells; nodes; and AE hubs.

### *Air Force Medical Logistics Operations Center*

The Air Force Medical Logistics Operations Center (AFMLOC), located at Fort Detrick, Maryland, acts as the primary POC for the combined air operations center (CAOC), deployed units, and the sustaining bases on medical materiel and supply chain issues. AFMLOC coordinates and monitors Class VIII (medical materiel, not including blood products) supply chain processes and transportation funding requirements associated with deployed medical logistics supply chain support, and requests activation or revision of contingency medical logistics accounts.

## Internal oversight

The last two oversight levels are located within the MTF.

### *Medical treatment facility commander*

The MTF commander appoints a medical WRM project officer by name—normally the accountable base medical supply officer (ABMSO) but can be a MSgt or above, or GS–09 or higher civilian working in the logistics flight. These criteria can be waivered by AFMOA/SGAL for accounts with no eligible personnel assigned. The MTF commander also approves any loan of WRM materiel, and ensures assigned contingency medical materiel programs are established and maintained to support assigned missions.

### *Medical war reserve materiel project officer*

The responsibilities of the medical WRM project officer is where the "rubber hits the road"—the day-to-day maintenance to ensure the readiness of all assigned WRM programs. Primary responsibilities of the WRM project officer include:

- Ensure all authorized contingency medical materiel assemblages are established and levels loaded in the DMLSS system.
- Maintain and deploy all contingency materiel assemblages in the highest state of materiel readiness.
- Ensure all assigned contingency medical materiel assemblages are inventoried IAW published guidance and policy.
- Provide information on materiel status of all assigned contingency medical materiel projects IAW AFI 41–106, *Medical Readiness Program Management*, to team chiefs and the medical readiness committee (MRC).
- Review and validate assigned assemblages as listed (annually) on the AFMS MRL and units designed operational capability (DOC) statement.
- Ensure the proper storage of all assigned WRM assemblages
- Develop activation checklists for medical logistics contingency response activities.

The WRM project officer functions as the contracting officer technical representative (COTR) at MTFs with full time medical WRM in-garrison maintenance (IGM) contract personnel assigned. As the COTR, the WRM project officer evaluates the performance of the contract personnel on a monthly basis, certifies the reports of time worked, and maintains certified timesheets for work accomplished. The COTR monitors the IGM traveling team's schedule to ensure all MTFs within the COTR's area of responsibility receive contract support in accordance with the IGM contract statement of work.

## 222. Ancillary planning

This lesson will cover the basics of the MTF's medical readiness committee (MRC), formerly known as the medical readiness support function (MRSF). You will also look at the importance of the medical contingency response plan (MCRP), manpower and equipment force packaging system, and pilot units.

### Medical readiness committee

The MRC is a committee providing executive oversight at an MTF for all medical readiness issues to include the organizing, training, and equipping of all assigned personnel, and to ensure the unit is able to meet its assigned wartime, humanitarian assistance, homeland security/defense, and disaster response missions. MRC responsibilities are to provide:

- Status of resources and training system (SORTS) updates to include UTC manning, training, and WRM status.
- Training and exercise schedule updates.
- Deployment after-action reports.
- Results of inspections.

- Status of medical unit readiness training.
- AFSC-specific training status update.
- Status of deployed personnel.

If you are assigned to WRM, you or your noncommissioned officer in charge (NCOIC) will routinely need to brief the status of all assigned WRM assets at the MRC. Your assistance may also be required to help brief the status of assigned customer-owned assemblages. During the MRC, Medical Logistics will provide detailed, critical, total materiel availability percentage (MAP), and other limiting factors (LIMFACs) for all assigned contingency assemblages.

**NOTE:** SORTS and Air Expeditionary Reporting Tool (ART) calculations use critical percentages. The "Gross" MAP may be used for SORTS reporting; the "Gross" MAP is taken from DMLSS Assemblage Status Rollup Report. If the assemblage does not have critical items, then use the readiness percentage.

### Medical contingency response plan

Medical Contingency Response Plan (MCRP) outlines the criteria for a facility's medical response to victims of major accidents, natural disasters, and wartime contingency operations. The plan provides overall guidelines for operating during peacetime and wartime contingencies.

The Medical Readiness Flight has overall responsibility for your unit's MCRP. However, each Annex is assigned an office of personal responsibility (OPR). The MCRP team chiefs are normally assigned as the OPRs for contingency team tabs found under the appropriate appendix. MRC members and team chiefs must review the entire plan annually and coordinate updates with the Medical Readiness office and any other teams that may be affected.

Each team chief must provide an annex to the MCRP detailing how he or she would operate during a contingency. His or her plan must detail all critical requirements and how they will be satisfied. For example, if a team cannot operate manually without a computer, do they have a laptop computer on standby? Is it loaded with the required software? Where is it stored? Who can access the storage area? How many personnel do you need to function? What is your alternate operating location? How will you get there? These questions, and many more, must be explained in detail in the applicable annex. Typically, the plan is detailed in the annex and then followed by a checklist to use during an actual contingency.

Medical Materiel personnel will typically be most concerned with two specific annexes:

- Medical Logistics Team—Details procurement and distribution of medical supplies and activation of WRM assets.
- Transportation—Lists primary assignment of vehicles to include alternate utilizations and procedures for placing urgent vehicle requests through the base transportation office.

### Manpower and Equipment Force Packaging System

The MEFPAK supports the Air Force in developing and describing standard, predefined manpower and equipment force capabilities, and determining the deployment characteristics of these force capabilities. MEFPAK was established to provide standard descriptions of the units and elements to be used for wartime, contingency, and force planning at all levels of command. MEFPAK details are contained in both the Manpower Force Packaging System (MANFOR) and Logistics Force Packaging System (LOGFOR).

#### *Unit type code*

Force packages are uniquely identified in MEFPAK with a five-character alphanumeric designator called a unit type code (UTC). A UTC becomes usable when it appears in the MEFPAK. Because MEFPAK data are distributed service-wide, using a precoordinated UTC, at any stage in its development, reduces the amount of detailed planning and coordination needed during operation plan

(OPLAN) development, review, and execution. This process should greatly reduce the use of "Z99" nonstandard UTCs. The UTC will be considered complete only when registered in the Joint Type Unit Characteristics (TUCHA).

### *MEFPAK responsible agency*

The formal MEFPAK responsible agency (MRA) designation is only held by three Air Force MAJCOMS, each owning aspects unique to its area of responsibility. Within the medical service, each of the three MAJCOMs has oversight of the following:

- Air Combat Command (ACC)—Ground Medical.
- Air Mobility Command (AMC)—Air Evacuation.
- Air Force Special Operations Command (AFSOC)—Special Operations Forces.

Each MRA is responsible for reviewing, validating, and enhancing current UTC capabilities. They must also coordinate, develop, and propose new UTCs. When new UTCs are established, they will appoint a pilot init based on the UTC criteria. MRA personnel must also work closely with Air Staff, pilot unit, theater planners, and others to review new technologies, equipment, supply items, and personnel requirements. They must additionally draft changes as needed to update planning systems (i.e., MANFOR, logistics detail [LOGDET], ASs, concept of operations/tactics, techniques, and procedures [CONOPs/TTPs], training plans, etc.). Meanwhile, MRAs must coordinate all changes and additions to existing UTCs (manpower, equipment, etc.) with using commands. These changes include the development and maintenance of standard data (e.g., mission capability statements) for each assigned UTC. Finally, they provide a centralized POC for nonpilot units, MEFPAKs, and Air Staff regarding specific capabilities.

### Pilot unit

A pilot unit is the base selected to develop and maintain the LOGDET and AS for a UTC. This function is integral to the LOGFOR. The LOGDET defines the standard movement requirements for the UTC, including data detailed to the national stock number/item ID level. Information such as weight, dimensions, and cargo category code is part of the LOGDET and must be consistent with the current AS. The goal is to develop a uniform package for all units that use the UTC. The important work of pilot units directly supports the Contingency Operations/Mobility Planning and Execution System (COMPES) and the Joint Planning and Execution System (JOPES). The pilot unit responsibilities include:

- Submit and coordinate UTC/AS changes through its MAJCOM.
- Develop manpower detail in conjunction with the MEFPAK responsible command.
- Develop LOGDET using the appropriate AS as the source document, based on the mission capability of the UTC.
- Coordinate recommended changes to LOGDET and manpower detail with nonpilot units.

Pilot units must formally review the AS for their UTC(s) at least annually and validate the LOGDET twice a year (5 Apr/5 Oct) for bases east of the Mississippi, and 5 Jan/5 Jul for bases west of the Mississippi. Pilot units must work closely with their base logistics personnel to ensure proper data updates. Additionally, they are required to annually review the mission capability statement (MISCAP), manpower detail, CONOPS, and training plan for their UTC(s) not later than 31 December.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 221. Roles and responsibilities

1. What are the AF/SG's responsibilities?

2. What are the responsibilities of the AF/SG FAM?

3. What does AFMOA/SGAL provide in regards to medical contingency materiel programs?

4. Which AFMOA office manages and distributes WRM procurement and sustainment funds?

5. Who is the designated lead and MEFPAK responsible agency for PMI?

6. To where may the AFFOR/SG request the assignment of medical logistics and biomedical equipment maintenance manpower teams?

7. Who acts as the primary POC for the CAOC, deployed units, and the sustaining bases on medical materiel and supply chain issues?

8. Who appoints the medical WRM project officer?

9. Who is responsible for briefing the materiel status of assigned contingency medical materiel projects to team chiefs and the MRC?

10. As the COTR for WRM in-garrison maintenance, what are the duties of the WRM project officer?

## 222. Ancillary planning

1. What group provides executive oversight at an MTF for contingency-related matters, to include the training and equipping of assigned personnel?

2. During the MRC, Medical Logistics will provide what information for all assigned contingency assemblages?

3. The “gross” MAP is pulled from DMLSS by using which report?

4. During SORTS reporting, when should you use *readiness* percentages?

5. What does the MCRP outline?

6. Who has overall responsibility for your unit’s MCRP?

7. How frequently must team chiefs review the entire MCRP?

8. Medical Materiel personnel will typically be most concerned with which two annexes?

9. What was the MEFPAK system established to provide?

10. What is the name of the five-character alphanumeric designator used to identify force packages in MEFPAK?

11. List the three MEFPAK responsible agencies and their medical responsibility.

12. What is a pilot unit?

13. The LOGDET defines the standard movement requirements for the UTC, including data detailed to what level?

14. How frequently must pilot units formally review the AS for their UTC?

15. No later than the end of each calendar year, pilot units must review which four documents?

## 4–2. Levels and Procurement

Every WRM assemblage contains specific supplies and equipment unique to its assigned mission. It is important you understand how to determine the materiel requirements for these projects. Once the requirements are known, shortages can be identified and funds requested. As funding occurs, you will be responsible for obtaining or replacing those items and building assemblages that are fully capable of performing their designated wartime mission. This section explains that process to you.

### 223. Computing levels and requirements

When working with your assigned WRM projects you will need to be able to identify what you have and what you are missing. Each assemblage has its own assemblage standard (AS) that lists each of the required items along with the necessary quantities. When comparing what you need against what you have, you may find you are missing certain items and have items or quantities you no longer require. The first part of this lesson introduces you to the various factors affecting your overall WRM requirements and leads you through the process of determining your WRM requirements. The second part of this lesson deals with taking your list of shortages and developing a strategic purchasing plan, or spend plan. That plan, also called “purchasing capability,” will allow you to buy the most important items first when you are not given enough funding to purchase all of your shortages at one time.

#### Determining WRM requirements

Selection of the items to support the wartime medical mission is of utmost importance. Items are approved as WRM only if they are essential to the operational effectiveness of combat forces or required for the survival of military personnel. Nonessential and luxury items are *not* authorized and are *not* in the medical service WRM program. Funds to support medical WRM inventories are often difficult to obtain. Therefore, you should be prudent as you select items for funding. You can do this by making sure the items declared as shortages and the items purchased are, in fact, the items you need to fill requirements of your projects.

Before you can fund, procure, or replace materiel, you must first identify your requirements. Requirements are essentially the difference between your level and what you already have on hand or due in. The AM modules Replenishment List function is used for this task.

#### Using the Replenishment List function

The Replenishment List function is used to review LOG-owned assemblage shortages and to determine a replenishment method to satisfy those shortages. Prior to using, screen available excess and review in-house assets to make sure required items are not already available elsewhere.

The Replenishment List function is accessed through the AM navigate menu. Select ORDERS and then REPLENISHMENT LIST. You may also click on the REPLENISH button located on the horizontal toolbar while in the AM module.

Use the following Replenishment List search tools to retrieve the desired listings:

- ORG—Identify the organization that owns the assemblage being replenished.
- Available Assemblages—Select one or more assemblages for replenishment.

- Rollup Requirements—Check this indicator to “roll-up” multiple requirements for the same item ID into a single replenishment requirement.
- Item ID—Enter Item ID if looking to replenish a single item.
- Stock Target Criteria—Used to identify what percentage of noncritical items you wish to procure; critical items must be set to 100% before procuring noncritical items. Alternatively, a target dollar amount may be entered.
- Select Allow Qty—Used to produce a replenishment list based on new or old allowance quantities.
- LOG Order—Used for emergency deployments only; allows operating stocks to be used to fill shortages.

Once the applicable search criteria are identified, click on the SEARCH icon. All shortages meeting the criteria are displayed in the Replenishment List window. This list also provides dollar figures that identify critical shortage dollars, total order critical shortage dollars, total shortage dollars, and total order dollars. These figures could be helpful when determining your WRM budget requirements or when requesting additional funds.

Before you start figuring out your spend plan, there are a few more concepts you should understand. These concepts include prime-substitute relationships and deferred procurement.

### *Prime-substitute relationships*

Often times, you can substitute one item for another (i.e., different manufacturer) or you can substitute one item for several items (i.e., different sizes and strengths). A prime-substitute relationship is used to create a link between a new item listed on the AS and an older item.

### *Deferred procurement*

The primary objective of the deferred procurement (DP) program is to maximize readiness responsiveness while minimizing investment in on-hand inventories. Deferred procurement is a program that gives the medical WRM project officer the ability to delay the purchase of selected items in your WRM assemblages. The items authorized for DP are often high-cost items with short shelf-life dates. Items approved for DP will be identified on the AS.

## War reserve materiel spend plans

AFI 41–209, *Medical Logistics Support*, requires medical WRM project officers to develop a WRM purchasing (spend) plan in advance of funding allocation to ensure funding is allocated in the proper sequence and produces the best increase in capability. Medical Logistics should develop spend plans for all assigned WRM programs, and they should be constantly updated. Also, MAJCOMs may request them to prepare an allocation requirement and spending strategy. There are various reports/inquiries in DMLSS to assist you with your spend plans and actual spending of money. Properly coded catalog records in DMLSS (e.g., critical item indicator, valid deferred procurement indicators, and prime/substitute links) and accurate records are necessary to provide valid information. Let’s look at some of the most important of these reports/inquiries.

### *Assemblage Funds Requirements Estimate report*

The Assemblage Funds Requirements Estimate report primarily identifies, by selected assemblage(s), the funding required to bring materiel availability percentages up to the selected critical and noncritical percentages. It also identifies the value of all deferred items, by deferment reason; the value of all centrally procured items; and the value of all required other procurement (OP) items. This report is required as part of the annual WRM budget requirement and is used to forecast your shortages in WRM for the next fiscal year (FY).

### *Detailed Dated Items Report*

The Detailed Dated Items Report identifies each item in an assemblage that will expire in the selected time period (nine months is recommended). You must produce this report semiannually, during June and December, and use it during the annual WRM budget requirement.

### *Dated Items Summary*

The Dated Items Summary identifies, by assemblage, the total dollar value of items that will expire in the selected time frame. Use these lists to do up-front research so you are ready to buy when the money arrives.

The amount of time you spend on computing WRM levels and program requirements will determine the accuracy of your WRM budget and the amount of funds you receive to purchase the shortages for you assemblages.

### Surgeon General managed equipment

The allowance standard for each project will identify the Surgeon General managed equipment (SGME). Shortages in SGME should be identified and reported to AFMOA/SGALX prior to the first quarter of the FY. This allows the SGME Manager to develop an execution plan that takes into consideration restratification of excess, consolidation of requirements for a centralized purchase, and planning with DLA/Service Depot Item Managers to ensure that requirements are identified/forecasted to minimize procurement lead times. For a list of SGME, refer to the AFML website, Readiness Menu, SGME section.

## 224. Funding, procuring, and replacing items

Now that you know what your requirements are and have a plan to replace your shortages, you need some funding so that you can put that plan into action. This lesson covers the funding and acquisition phases of WRM management.

### Funding for WRM

In DMLSS, you control AM funds through the SYSTEM SERVICES (SS) application. Users update funds by selecting AM FUNDS from the SS NAVIGATE menu when AFMOA/SGALX furnishes the authorized procurement fund target (load sheet) for specific WRM assemblages. View established assemblages by searching a specific MTF/unit and FY in the AM FUNDING–SEARCH window. If you enter additional information in the nonrequired fields, you can narrow your searches. Double-click on an assemblage from the list that appears in the lower half of the window to open the SS AM FUNDING–REVISED window to view the assemblage's funding target, commitments, obligations, receipts, available balance, fund number, funding type, fund source, R-sales, and returns. In this window, you can revise, associate, and disassociate fund targets. To associate and disassociate fund targets to an assemblage, check the box under the ASSOC column.

After receiving a funding load sheet, open the appropriate assemblage/Fund Number. From the AM FUNDING–REVISED window, enter the amount to update exactly as indicated on the load sheet and select the INCREASE or DECREASE buttons as applicable. Verify that the updated TARGET in DMLSS matches the TARGET as indicated on the load sheet.

### Producing a Replenishment List and placing the order

After your account receives funds and you have updated the AM funding targets in DMLSS, you should initiate the procurement process for requisitioning your shortages. To initiate the process, you should process a Replenishment List to view the items that are short within an assemblage and determine a replenishment method.

### *Replenishment List*

The Replenishment List displays all line items for a specified assemblage that requires replenishment up to the AS allowance quantity. This list also provides dollar figures for total critical shortage

dollars, total order critical shortage dollars, total shortage dollars, and total order dollars. You can use this window to determine your WRM budget requirements or for requesting additional funding from AFMOA.

To process a Replenishment List, in the NAVIGATE menu, select ORDERS, and then Replenishment List. This action will open the REPLENISHMENT LIST CRITERIA window where you will select the organization and the fund number for the dropdown list. You can also enter an item ID if you are targeting a specific item in an assemblage. You may also need to modify your search based on available AM funds. To do this, modify your stock target criteria by entering the available funds in the target amount field. DMLSS will calculate replenishment quantities to meet a target dollar amount by sorting all critical shortage items from lowest to highest cost. DMLSS will then suggest ordering one of each critical item until the dollar cost exceeds the available amount; DMLSS will follow an initial concept of ordering one of each critical item starting at the lowest cost and continuing until there are insufficient funds to order any remaining shortages or they are all ordered. If funds remain after all critical shortages are satisfied, DMLSS repeats the process with the noncritical shortages until they are all filled or funds are spent.

#### *Asset review*

The AM ASSET REVIEW window allows users to review assemblage AS requirements for the selected assemblage that have an overage/shortage. This window also allows for transferring assets between activities by comparing item IDs to other assemblages and/or operating stock for asset restratification. Restratification of assets is important to ensure excess is minimized.

Access the ASSET REVIEW window by pointing to NAVIGATE and ORDERS and then clicking on ASSET REVIEW. The ASSET REVIEW CRITERIA window opens so that you can search by organization and selected search criteria:

- WRM—Lists only WRM items with matching item IDs and overage/shortage conditions.
- WRM & Operating—Includes WRM with Logistics (Log) operating stock levels and special projects.

Once you make your criteria, click the SEARCH button and DMLSS will display the ASSET REVIEW window. The ASSET REVIEW window lists all records with the potential for restratification in item ID sequence and lists the first record of the selected assemblage with VCR buttons that you can use to scroll to other records in the assemblage. The upper half of the window displays a list of item details; the bottom half lists other WRM assemblages matching the selected criteria. In this window, you can also transfer assets internally between assemblages.

### Other procurement options

These “other” procurement options are unique because they are used for items not funded or procured in the same manner as the rest of the WRM inventory.

As mentioned previously, deferred procurement gives WRM project officers the ability to prudently delay the procurement of selected WRM line items in their various WRM assemblages until you actually need these items. Items that have a short shelf life are prime candidates.

### Managing replacement items

When a medical WRM AS indicates an on-hand item has been replaced by a new item, retain the replaced item as long as it is serviceable and supports the requirement. Retain replaced nonmedical WRM items as substitutes as long as they are serviceable and perform similar functions.

Information on items being replaced is retained in the AS for one year after the items have been replaced. After that time, they are no longer listed in the AS. It is the responsibility of the WRM project officer to maintain the prime-sub relationships as long as the WRM items are appropriate substitutes.

## 225. Force health protection asset management

Some medical assemblages are based on the population of supported units instead of on a pre-established AS. This means the levels are determined from the number of eligible personnel in those units or the numbers that are supported, also known as the population at risk (PAR). Special or annual reviews may dictate a change to the levels, based on a change to the mission or a significant increase/decrease to the PAR. The mass-casualty first aid kits, biological warfare/chemical warfare antidotes (BW/CW) and the antimalaria programs are examples of population-driven allowances. You can find the formulas for these unique programs on the AFML website. Let's take a closer look at one of these assemblages–the BW/CW antidote program.

### Biological warfare/chemical warfare antidotes

These assets are referred to as force health protection prescription (FHPP) items and are stocked on a per-eligible-person basis. Overseas, the total eligible strength includes active duty personnel, mission essential civilians employed by the DOD, TDY personnel without home station, BW/CW, and family members of those active duty and civilian personnel that are unable to evacuate according to noncombatant evacuation operation plans. In the CONUS, materiel is stocked for all authorized active and reserve military personnel designated for overseas deployment in wartime.

The basis of issue and allowance planning factors for these FHPP programs can be found on the AFML website. Levels are calculated by AFMOA/SGALX for every Air and Space Expeditionary Force (AEF) cycle, and adjustments are forwarded to units. Upon notification of level adjustments, units will process DMLSS AM updates within 30 days and file the guidance document in the continuity binder. These requirements are based on eligible personnel strengths information provided by the MAJCOM.

Normally, depending on your base, you may have to calculate BW/CW levels for one or two programs: clinician-administered and self-administered. To help you calculate your BW/CW levels, AFMOA posted a calculator on the AFML website. Make sure you use it—it will save you time! You only have to enter your strength figures, and the calculator will calculate your total requirement for each item in the program.

### Special handling requirements for WRM narcotic/controlled medical items

You must control narcotic items that are part of a deployed WRM assemblage in the same manner as in-garrison assets. At a minimum, you must store WRM-controlled items in locked rooms or containers. Diazepam (a convulsion antidote for nerve agents—CANA) is a controlled item that is part of the BW/CW assemblage and requires appropriate safeguards when issued to a deploying unit. This item may be issued in bulk to the troop commander when a large number of deployers are leaving together. When individuals are deploying in small numbers or by themselves, the force health protection prescription (FHPP) kits, to include CANA, are prescribed by the member's medical provider and dispensed by the servicing pharmacy. The issuing activity must brief the troop commander or individual on the procedures for controlling/safeguarding controlled items. The troop commander assumes full responsibility for maintaining a complete audit trail for the receipt and delivery of the issued controlled items upon signing the issue document.

The troop commander must safeguard the Diazepam against theft or improper use and must protect the item from prolonged exposure to extreme heat or cold (below 59° F and above 89° F). If the temperature cannot be maintained, the troop commander must document the storage temperature, duration of the exposure, and other relevant environmental conditions, and report this information to the medical activity at the deployed location. The troop commander must also be aware of any actual usage of the item.

## 226. Distributing force health protection assets

The host stock-record account is responsible for managing and distributing WRM assets to include BW/CW antidotes. You must account for all assemblages on an individual component line-item basis.

Issues of BW/CW antidotes will be simulated during exercises. 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. The simulated BW/CW materiel should also be moved to the mobility line so actual space requirements can be determined. You will physically issue BW/CW items only during an actual deployment. Issues can be made on an individual basis to deploying personnel or via bulk issue to troop commanders. The troop commander acts only as a courier to deliver the assets to the medical logistics function at the deployed location. The deployed medical logistics function must sign for the materiel. The troop commander or individual returning the item to the medical logistics activity must retain documentation as proof of the return. All BW/CW asset issues must be documented.

The issue document provides two key functions; (1) it serves as a hand receipt and (2) provides a complete audit trail of the assets. The troop commander must turn-in all BW/CW assets to the deployed medical logistics activity after arriving at the deployed location. The troop commander must obtain documented proof of turn-in to be relieved of accountability. Upon redeployment, the troop commander will turn the documentation into his or her home station medical logistics activity to complete the audit trail.

### Self-administered BW/CW program

The following list highlights the broad requirements for the self-administered BW/CW program:

1. Antidote Treatment Nerve Agent Auto-injector (ATNAA)—The ATNAA dual chamber autoinjector includes 2.1mg/0.7ml Atropine and 600mg/2ml Pralidoxime Chloride. A total of 3 auto-injectors are authorized for each eligible individual.
2. Pyridostigmine (P-tabs)—Each authorized individual receives a unit dose of 42 tablets for self-administration.
3. Diazepam—Each authorized individual receives one automatic injection device (2 ml per injector) for self-administration. (This drug also is referred to as a CANA auto-injector.)

**NOTE:** Diazepam is classified as a controlled medical item and has additional storage and handling restrictions.

4. Ciprofloxacin—Each authorized individual receives 60 (500 mg) tablets, 60 doses. Based upon mission requirements and MAJCOM guidance, each organization must determine whether to store ciprofloxacin in unit dose or bulk. Bulk ciprofloxacin requires small plastic bags for issue to individuals.
5. Doxycycline—In addition to meeting 100 percent of the ciprofloxacin requirement (60 tablets per individual, 100 mg), doxycycline requirements are calculated for those individuals who are ciprofloxacin intolerant. Based on clinical trials, this represents 5 percent of the authorized population.

*For example:*

If you support 100 authorized personnel, multiply 100 by 0.05 (0.05 equals 5 percent) to find your program requirement for doxycycline.

$$100 \times 0.05 = 5$$

Then multiply that number by 60 because each authorized individual receives 60 (100 mg) tablets — 60 doses.

$$5 \times 60 = 300$$

300 is your gross tablet requirement for doxycycline.

Again, remember to use the BW/CW calculator posted on the AFML website to help you calculate your levels. The host medical logistics activity is responsible for acquiring and maintaining self-administered items on WRM records.

### Clinician-administered BW/CW program

The clinician-administered BW/CW program (assemblage BCWB) is authorized only for outside the continental United States (OCONUS) bases within geographic areas identified as medium or high risk for attack with nuclear, biological, and chemical weapons. Items in this program are pre-positioned. The table below shows the item requirements for this program:

| ITEM DESCRIPTION | REQUIREMENT |
|---|---|
| Atropine | 10 milligrams per individual |
| Atropine 3cc syringe and needle | 5 each per individual |
| Isopropyl-impregnated gauze pad | 12 each per individual |
| Pralidoxime chloride | 1 gram per individual |
| Pralidoxime chloride 20ml syringe and needle | 1 each per individual |
| Sterile water for injection | 4 each, 5 ml ampules per individual |

### Anti-malaria prophylaxis program

This program is designed for commands with mobility requirements to deploy to areas where malaria is suspected. Items in this program are also referred to as force health protection (FHP) items. Requirements for the anti-malaria program are determined at each MAJCOM. The planning factor is based on 25 percent of all primary mobility positions.

Major commands designate specific bases to maintain the following items for deploying personnel:

- Chloroquine phosphate tablets (500 mg/500 per bottle)—One tablet per week (23 tablets total) is required per authorized individual assigned to an area where exposure to malaria is probable. Stock one tablet per individual at the departure base, and store the remaining in theater requirements in the deploying medical assemblage. This requirement allows for one tablet per week prior to deployment, one tablet per week during deployment, and one tablet per week for four weeks after return.
- Melfloquine hydrochloride tablets (250 mg/packages of 25 and individually sealed)—This is to be administered to personnel, except flight crewmembers, deploying to areas where there is a risk of exposure to chloroquine-resistant malaria. For planning purposes, allow 23 tablets per individual, except for flight crew personnel. Allow one tablet per individual upon departure, one per week during deployment, and one tablet per week for four weeks after return.
- Doxycycline (100 mg/50 or 500 per bottle)—This is administered to flight crew members only. It is used in lieu of mefloquine hydrochloride. Dosage is one tablet per person per day, beginning 2 days before exposure and continuing for 28 days after return. For planning purposes, allow 150 tablets per person.

You must ensure that WRM funds are not used to procure Primaquine required for follow-on treatment of personnel returning from a malarias area. Instead, use operations and maintenance (O&M) funds only. Do not classify these items as WRM.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

### 223. Computing levels and requirements

1. Which DMLSS function is used to calculate your requirements by identifying the difference between your level and what you have on hand or due in?

2. The Replenishment List function is used to review and determine what two things?

3. Prior to using the Replenish List function, what two things should you do first?

4. Which Replenishment List search tool is used to combine multiple requirements for the same item ID into a single replenishment requirement?

5. For what is the *Stock Target Criteria* search tool used?

6. Which search tool is only used in emergencies and allows operating stocks to be used to fill shortages?

7. List the five types of data that are displayed in the Replenishment List window.

8. What is the effect of creating a prime-substitute relationship?

9. What is the primary objective of the DP program?

10. Define the deferred procurement program.

11. What items are often authorized for deferred procurement?

12. How do you know which items are approved for deferred procurement?

13. What does the Assemblage Funds Requirements Estimate report primarily identify?

14. Which report identifies each item in an assemblage that will expire in the selected time period?

15. What does the Dated Items Summary report identify for each assemblage?

### 224. Funding, procuring, and replacing items

1. Which DMLSS application is used to control AM funding?

2. Which AFMOA section provides WRM load sheets?

3. What *information* is visible from the AM FUNDING–REVISED window?

4. What *actions* can you execute from the AM FUNDING–REVISED window?

5. Which two buttons are used from the AM FUNDING–REVISED window to modify an assemblage's current target?

6. What should you verify when finished loading AM funds?

7. What process should be initiated after you receive and load AM funds?

8. Which AM listing is used to view the items that are short within an assemblage?

9. What does the Replenishment List display?

10. What is requested using the Replenishment List window?

11. When retrieving a Replenishment List with a limited available funds stock target, what will DMLSS calculate for you?

12. When funding is limited, DMLSS will recommend an initial order plan following what concept?

13. What DMLSS window allows users to review assemblage AS requirements for specific assemblages that have shortages?

14. The AM ASSET REVIEW window allows what to occur between activities?

15. What should you do when an AS indicates that an on-hand item has been replaced by a new item?

### 225. Force health protection asset management

1. What term is used to refer to the number of eligible personnel covered by a specific medical assemblage?

2. List three examples of population-driven assemblages.

3. For the *overseas* BW/CW program, who is included in the total eligible strength calculations?

4. For the *CONUS* BW/CW program, material is stocked for which individuals?

5. Within how many days must BW/CW adjustments be made after notification from AFMOA?

6. Which BW/CW item is a controlled item and requires special handling and storage?

7. When a large number of deployers are leaving together, how should the CANA injectors be issued?

8. How are force health protection assets issued when individuals are deploying in small numbers or by themselves?

9. Who assumes full responsibility for maintaining a complete audit trail for the receipt and delivery of bulk-issued controlled items upon signing the issue document?

10. When issued in bulk, what should the troop commander do if they cannot protect the assets from extreme temperatures?

### 226. Distributing force health protection assets

1. Who is responsible for managing and distributing WRM assets to include BW/CW antidotes?

2. When will issues of BW/CW antidotes be simulated?

3. During exercises, how can you measure the workload associated with pulling BW/CW assets without using real stock?

4. When will you physically issue BW/CW items?

5. What is the purpose of a troop commander?

6. List the two key functions of a BW/CW issue document.

7. Upon redeployment, to whom will the troop commander turn-in BW/CW transfer documentation necessary to close-out the audit trail?

8. How many ATNAA are authorized for each individual?

9. How many P-tabs are authorized per individual?

10. How many Diazepam (CANA) are authorized per deploying individual?

11. When authorized, how many ciprofloxacin tablets are authorized per individual?

12. When calculating clinician-administered BW/CW program requirements, how many milligrams of a*tropine* are needed per individual?

13. When calculating clinician-administered BW/CW program requirements, how many grams of *pralidoxime chloride* are needed per individual?

14. When issuing items for the anti-malaria program, to whom is Doxycycline issued?

15. What funding must be used to procure Primaquine for anti-malaria follow-on treatment?

## 4–3. Asset Management

This section of the contingency medical materiel management unit is a transition from knowing about the different WRM assemblages and filling shortages to actually having the materiel in your assemblage and managing those items as on-hand WRM assets. There are several aspects to this type of responsibility, from utilizing allowance standards, accurately maintaining data records, monitoring reports and managing expiration dated items. Finally, you will read about WRM inventories and assemblage transfers to complete your knowledge of WRM asset management.

### 227. Allowance standards

As you know, the AS is the framework for project identification and for standardization of project contents. However, to use the AS concept effectively with DMLSS, you need to understand the codes used to identify individual projects and their related management data. After you read and study the next few paragraphs, you should have a better understanding of these codes.

#### Understanding DMLSS allowance source codes

The military services and Defense Logistics Agency (DLA) assign Military Standard Requisitioning and Issue Procedures (MILSTRIP) AS codes. These AS codes identify different military WRM *projects* by use of a three-position number. For example, an AS project code of 916 identifies Preventive Aerospace Medicine (PAM); 938 identifies the Expeditionary Medical System (EMEDS). A single alpha character is placed *after* the AS project code to identify the project's *increment.* A second alpha character follows, indicating the sub-assemblage. Finally, the *version* is listed as a single number immediately following the increment; this is useful if an account has more than one of the same project.

As an example, you may already know that the EMEDS has three primary increments: EMEDS basic, EMEDS +10, and EMEDS +25. The assembly increment, with the project code, is used to designate the different assemblage standards. For example, AS 938 can be broken down into three main assemblages:

1. 938A, EMEDS basic.
2. 938B, EMEDS +10.
3. 938C, EMEDS +25.

In addition to the AS project code and increment, there are two additional parts of the AS code that identify the subassembly and quantity. The subassembly code identifies the specific section within an increment. Meanwhile, the number of assemblages for the same AS that a base has is identified by a numeral. For example, AS 938BA1 can be deciphered as shown in the following table:

| Allowance Standard | Identification |
|---|---|
| **938** | EMEDS |
| **B** | +10 increment |
| **A** | Emergency room subassemblage. |

| Allowance Standard | Identification |
|---|---|
| 1 | You have one of these assemblages. (If you had two, the number in this code would be 2.) |

### Establishing WRM levels

Regardless of whether your WRM levels (or allowances) are based on the population at risk (PAR) or come from an AS with fixed quantities, the item identification and allowance quantity are loaded into DMLSS. You can obtain the most recently published AS levels from the Allowance Standard Management System (ASMS), which is available through the AFML website. You should process assemblage updates promptly to ensure that your unit's assemblages reflect the most current information as well as accurate readiness percentages.

In DMLSS, you can manage your assemblage allowances from the ITEM ALLOWANCE CHANGE window. You can open this window from the AM NAVIGATE menu. The ITEM ALLOWANCE CHANGE window is useful when only a few items in an assemblage require allowance changes. This window contains two tabs. The tabs are populated once you enter an item ID.

#### *Assemblages Containing Item tab*

This tab is primarily used to retrieve a list of all assemblages having an existing allowance for the entered item ID. The tab also lists information relevant to an assemblage's allowance detail such as prime/sub relationships and on-hand, due in, and current allowance quantities. This tab allows you to enter the new allowance authorization quantity and manage the allowance locally. You can add multiple allowance quantities by selecting the assemblage and entering the new allowance quantity in the appropriate field. You also have the option to add and remove allowances from a selected assemblage

#### *Assemblages Not Containing Item tab*

This tab lists all remaining assemblages that do *not* contain an allowance for the selected item ID. If you are adding an allowance to one or more of these assemblages, you can enter the allowance quantity in the corresponding NEW ALLOWANCE field for each assemblage. If you want to update all the assemblages, you can click the SELECT ALL button and enter the allowance quantity in the NEW ALLOWANCE field at the top of the window. Click the APPLY button to update the field and when you complete all your updates, click the SAVE button to update the data for the assemblage. If you want to manage the allowance locally for the new allowance that you loaded, you will have to return to the ASSEMBLAGE CONTAINING ITEM tab, select the assemblage(s) and click the checkbox under the LOCALLY MANAGED field.

If the item ID that you entered for the new item does not exist in the MTF Catalog, DMLSS will prompt you to create the record. DMLSS will display the MTF CATALOG NEW–SUPPLY ITEM window. After you create the MTF Catalog record, you will have to associate the new allowance to the applicable assemblage.

## 228. Maintaining assemblage record data

Managing contingency medical materiel is our top priority. Being prepared and equipped to support military conflict both stateside and overseas is our medical materiel mission. Accurate recordkeeping is essential to achieving this mission. While in a stored mode, you must maintain complete and accurate data records for your WRM assets. To ensure you can rapidly deploy WRM assets, the WRM project officer will ensure personnel are proficient in processing the required actions needed to establish and update assemblage records. You will use DMLSS to maintain total on-hand balances (serviceable, suspended, and reparable), due-in balance, and allowance quantities for WRM assets.

The ASSEMBLAGE RECORD DATA window allows users to completely manage WRM assemblage-item data records from one location. From here, users can view all the items in an assemblage, add or change locations, and perform gain and loss functions. You can revise/complete quality assurance (QA) data, re-stratify inventories, or change location codes to ensure proper storage and deployment of an assemblage. Users also have the ability to access additional item information by clicking the JUMP TO button to access the MTF CATALOG or scrolling through other assemblage item records using the back/forward (<, >) buttons at the top of the screen.

To access the ASSEMBLAGE RECORD DATA window, click NAVIGATE on the horizontal toolbar and select ASSEMBLAGE RECORD DATA. The ASSEMBLAGE RECORD DATA CRITERIA window opens. In this window, select the organization and assemblage. In the Item ID field, select the item from the dropdown list for the assemblage you selected, and click on the SEARCH button on the vertical toolbar after you enter your search criteria. DMLSS will display the AM ASSEMBLAGE RECORD DATA window.

Use the back/forward buttons at the top of the screen to view other items within the selected assemblage without having to reopen the window. You can also see the number of the record you are viewing and the total number of records in the assemblage.

To change the inventory stratification for the total quantity of an item, click STRAT STATE and select a new classification from the dropdown menu. Then make your changes, and click SAVE to apply your changes. The STRATIFICATION STATE window displays the new information. You can only change the stratification state when the record is coded as complete (checkbox under the incomplete flag [INC FLG] field is not checked). This means the QA data is present in the record.

If you double click anywhere in the Item ID section of the window, DMLSS opens a separate window displaying information such as substitute, end, and support items related to the record data your are viewing.

To view additional record information for an item ID, click the JUMP TO button to the left of the item ID so that you can view the MTF CATALOG window from within the AM module. You can use this window and related tabs to make changes to most fields; these fields are identified with a white background. If another user locks a record, the information is still available for you to view; however, DMLL will not permit you to process updates. Changes that affect catalog actions appear in the transaction history file.

If you look at the ASSEMBLAGE RECORD DATA CRITERIA window you'll notice that at the bottom of the screen there is a "Delete location record when the on-hand quantity is zero" section. This field is a management tool that allows you to automatically delete location codes when the assemblage data record for a line item is zero. The default is set according to your settings in the System Services application for the MM SERVICE DETAIL window. This function will not work unless the checkbox next to the "AM Location Delete Indicator" field is checked. When the default is set to "Yes", DMLSS will automatically delete the location code when the on-hand quantity is zero.

### *Searching for assemblage record data*

To search for an assemblage record data, from the NAVIGATE menu, click ASSEMBLAGE RECORD DATA. Select an organization from the dropdown list in the ASSEMBLAGE RECORD DATA CRITERIA window. Select an assemblage from the list provided in the window, and select an item ID from the dropdown list. The ASSEMBLAGE RECORD DATA window displays the search results.

### *Adding a location to the assemblage record data*

Adding a location is similar to processing gains and losses with the following exceptions:

- "Gaining" a location adds a new location record for the item to the assemblage; this new location record is an incomplete record. Users complete the QA data, and uncheck the incomplete box to conclude the process.
- "Losing" a location takes the item out of the project and deletes all QA record data. Highlight the record and click the DELETE button on the vertical toolbar to remove the record "shell" from the project completely.

To add a new location to an assemblage record, open the ASSEMBLAGE RECORD DATA window, click ADD LOC button on the vertical toolbar, and enter the quantity to gain (**NOTE:** The calculator button next to the "OH Qty" field allows you to make quick calculations when processing gains and losses to an assemblage). DMLSS will display the GAIN TYPE SELECT window. Select the reason for the gain transaction from the window and click OK. Make sure the gain transaction reason that you select is accurate because it determines the mandatory fields that you must complete for the record. Enter any additional information in the ASSEMBLAGE RECORD DATA window, and click OK. The LOC ID field defaults to "NONE" and DMLSS updates the on-hand (O/H) quantity to reflect the gained quantity. In the LOC ID field dropdown list, select the location for the item. Edit other fields as necessary, such as the QA data for the item, and click the SAVE button to update the record. Select OK in the SUCCESSFUL UPDATE window.

### *Making location changes to an assemblage record data*

In the ASSEMBLAGE RECORD DATA window, you have several methods to make changes to the location of an item in an assemblage. You make these changes by using the following buttons on the vertical toolbar:

1. ADD LOC—This button (covered above) is actually a gain location process. This option allows you to gain inventory to a new location in an assemblage.
2. DELETE LOC—This button allows you to manually remove location codes that are no longer required for an assemblage. This option also allows you to lose inventory from an assemblage. Use this process when the location code indicator is not set in SS. To delete a location, select it and click the button.
3. SPLIT LOC—This button allows you to insert additional locations for an assemblage data record. Use this option when a location exceeds its storage capacity and you need to move that stock to another location. To use this option, select the items you want to split, click on the button and enter the quantity you are moving. DMLSS reduces the current location quantities and creates a new location position for the quantity you entered. You must then update the management date for the new record. The changes will not take effect until you click the SAVE button.
4. MERGE LOC—This button allows you to merge locations for an item in an assemblage. Use this option when two or more locations are merging into one to save storage space. You can merge all or partial quantities of stock based on storage requirements. To merge locations, select the record, click on the button and enter the quantity to merge.

You can make several changes to an assemblage data record without having to save the data each time. You can save the data at anytime or DMLSS will compile and save the changes when you close the window. Two exceptions to this are when changing on-hand quantities and stratification states. A change to either of these two fields locks the record until you save the data.

### *Maintaining locations/sub-locations for assemblages*

At times, you will have to add new location/sub-location codes into DMLSS. Normally, when establishing new data records you can select a location code from the dropdown list. If DMLSS does not list a location/sub-location, you will have to add it. To add a new location/sub-location code, take the following steps:

1. On the horizontal toolbar menu, select UTILITIES, and click on MAINTAIN LOCATION to open the LOCATION/SUBLOCATION MAINTENANCE window. In this window, you can view and maintain the list of locations within a location where you store assemblages. You can ADD, DELETE, and EDIT location/sub-location codes.
2. Select the appropriate button (ADD, DELETE, EDIT) under the location or sub-location sections to process the transactions. A location name consists of up to 13 characters and a sublocation up to 9.
3. Click OK to close the data entry window, then click DONE to close the window.

### *Processing assemblage item gains/losses*

At times, an assemblage may need additional items and you may have to move items from an assemblage with excess items to one with a shortage. To accomplish this task, you will use the ITEM GAINS/LOSSES module of AM to increase or decrease the number of items in an assemblage. You can also use this function to transfer items and equipment from one location to another.

To access the ITEM GAINS/LOSSES module, from the NAVIGATE menu, click on ITEM GAINS/LOSSES to open the ITEM GAINS/LOSSES CRITERIA window. The organization ID determines which assemblages belong to the facility and the assemblage ID identifies and tracks transactions against your assemblages. Select an organization to view a list of associated assemblages. You can only view one assemblage at a time. Click SEARCH to view all items in an assemblage, or you can enter additional search criteria to minimize the search. Additional search criteria that you can enter to minimize the search are:

- Item ID—Enter the specific item ID from the assemblage that you are processing the gain or loss against. You may also select the Item ID from the dropdown list.
- Location ID—Select a location from the dropdown list to view all items associated with the selected location.
- Sub-location—Selecting a location will allow you to search further in the assemblage by sub-location. Select a sub-location from the dropdown list to view all items associated with the selected sub-location.

After you have selected your search criteria and clicked the SEARCH button, DMLSS will display the AM ITEM GAINS/LOSSES window and a list of the results of your search.

The ITEM GAINS/LOSSES window shows all items matching your search criteria along with allowance, due-in, and on-hand quantities as well as assemblage and record location data. The gains' and losses' reason and quantity fields are the only fields that you are able to update in this window. You can update the information for single line items or process a mass update by clicking the "Select All" button and selecting a gain/loss reason from the dropdown menu at the top of the screen. Use the mass update only if the same gain/loss reason applies to all the records.

To process multiple gains and losses other than all, select the item ID and the transaction reason for each individual item. After each transaction DMLSS will prompt you to complete the ITEM GAINS/LOSSES transaction window before proceeding. After you have completed all actions, click the SAVE button from the vertical toolbar to complete the process.

In the ITEM GAINS/LOSSES window, you also have the option to add an item to an assemblage. For example, an item may not exist in an assemblage because of new assemblage AS requirements or you may be adding a substitute item. To add the item to the assemblage, click the ADD ITEM button on the vertical toolbar to open the INVENTORY ADD ITEM–LOCATION DATA window.

In this window, enter the Item ID and press the enter key. If the item does not exist in the MTF Catalog, DMLSS will prompt you create a new MTF/Catalog record. If the MTF Catalog record exists, DMLSS will display additional fields populated with the items record data. Enter the quantity you are gaining and complete the remainder of the QA data. If you do not have the QA information at

the time of the gain, leave the incomplete check box checked. Click the SAVE button on the toolbar to process the gain.

### *Managing quality assurance data for assemblages*

As mentioned previously, you maintain assemblage records by organization and assemblage. In addition to location data, such as section and box number, these records also contain levels, manufacturer, lot number, expiration date, and maintenance data. While there is only one balance record, you may maintain multiple location records for that same item to track certain data necessary for QA purposes.

DMLSS allows you to establish suspended item records for WRM items based on drug recalls and suspension notices generated internally or from outside sources. During the processing of receipts or gain transactions, DMLSS compares the item ID to items indicated as suspended and places a checkmark in the QA field in the RECEIPTS window to indicate that a suspended item record exists. During processing, a message box also alerts you that the item ID you are processing is on the suspended item file. This type of notification allows you to verify the quality of the item you are receiving.

You should initially enter QA data when prompted during the receipt process for WRM items. When DMLSS identifies an item in the QA process, and the item is coded as WRM, DMLSS posts a pending action and transaction date to the AM INBOX. If the AM INBOX is not open, click on the UTILITIES menu from the horizontal toolbar and then click INBOX.

There are three QA reports that will post to the AM INBOX:

1. QA Alert. WRM Supply Item. Qty Required.
2. AM QA Delinquency Notice. Supply Item Qty WRM.
3. AM QA Review Only. No Action Required (WRM).

When a QA alert message is processed in IM for an item with an AS, DMLSS will notify you via the “QA Alert. WRM Supply Item. Qty Required” report in the AM INBOX. To open the report, select it from the INBOX and click the JUMP TO button at the bottom of the screen. DMLSS will open the QA RECORD SEARCH window and defaults to the QA DETAILS tab. This tab contains the QA record data from the QA message and a list of all assemblages that maintain an allowance quantity for the item. Check all the assemblages listed in the QA RECORD SEARCH window to compare the stock against the QA alert message. Click the lot-number button to view a list of lot numbers from the QA alert message and the lot numbers maintained in the assemblage data records. The assemblage lot numbers will change as you view the different assemblages. In the “Notify Quantity” column, enter the total number of items matching the QA message data. If the quantity found is zero, you must enter a “0” in the field to record the action is complete.

After you finish entering the quantities in the search window, click the SAVE button to process your actions. If you entered data for a record, DMLSS will remove it from the window view. The “QA Alert. WRM Supply Item. Qty Required” notification will remain in the INBOX until you process all the items.

Once you have resolved all QA delinquency notices, DMLSS automatically deletes the action-pending notice from the inbox, and updates the status in the master QA file.

## 229. Managing reports

There are a number of WRM reports you should become more familiar with. If you use these reports to manage your WRM assets, you will have better oversight of your entire WRM program, plus you will be able to precisely locate irregularities in specific items and assemblages.

You can view a list of the AM reports available to you by clicking on the AM NAVIGATE menu and selecting REPORTS to access the REPORTS module. When you access the REPORTS module, you

can select a report from the display list. You are then able to qualify the report by selecting criteria unique to each report. Once you have opened a report, you have the options to view it on the screen, save it to a file, or print it. The reports identified in the following table are WRM reports in DMLSS that you can use to manage your WRM assemblages:

| Title | Usage |
|---|---|
| *Assemblage Allowance Change* | This report identifies, by item and assemblage, the old and current allowance quantities for allowance changes that happened during the selected time period. |
| *Assemblage Funds Requirements Estimate* | This report identifies by selected assemblage(s) the funding required to bring materiel availability percentages (MAP) up to the selected critical and noncritical percentages. It also identifies the value of all deferred items by deferment reason, the value of all required centrally procured items, and the value of all required other procurement items. |
| *Assemblage Funds Status Report* | This report shows by assemblage; the target amount; available balance; and committed, obligated, receipts, r-sales; and return amounts for the current FY. |
| *Assemblage Status Report* | The Assemblage Status Report lists items in the selected assemblage that meet the report selection criteria. It shows the critical quantity, unit of sale (U/S), U/S price, on-hand serviceable, on-hand other than serviceable, deferred quantity, due-in, allowance quantity, value on-hand, value due-in, value over/short, and the percent of allowance on hand for each item. The last page of the report lists summary information by commodity class and overall materiel availability percentages. |
| *Assemblage Status Rollup* | This report is essentially the same format as the Assemblage Status Report, but it allows selection of multiple assemblages for side-by-side comparison of balance information. Balances from all selected assemblages are listed for each Item ID matching the selection criteria. |
| *Assemblage Status Summary* | This report is essentially the same as the last page of an Assemblage Status Report. |
| *Assemblages Managed* | This report identifies the number and type of assemblages owned by all organizations. |
| *Detail Stock Items* | This report provides essentially the same information as an Assemblage Status Report, but it provides additional details for each item. |
| *Organization Status Report* | This report lists all assemblages owned by the selected organization, and provides an overall summary for each balance line, due-in line, dollar value on hand, dollar value due-in, dollar value over/short, and MAP. |

## 230. Dated items management

The quality of the inventory on hand can be more important than the quantity. By now you should appreciate the importance of the quality assurance/risk management (QA/RM) program. Because QA can involve life or death situations and affects the readiness posture of your assemblages, you need to know the procedures for managing a sound WRM QA program. In addition, it is an ongoing process; and you will accomplish it as you receive, issue, store, and ship contingency materiel. As you read this lesson, you will notice that most of the criteria for maintaining dated and deteriorative (D&D) items and QA covered in this lesson also apply to your operating stock; however, it is your contingency stock where you will have to apply these principles more often. In this lesson, you will learn about the management of expiration dated WRM items.

**NOTE**: There is no margin for error in the QA of medical supplies, so attention to detail is critical.

## Quality Assurance program

The term QA, as used in this lesson, is the process of ensuring materiel is suitable for issue. Suspend from use materiel that is determined to be unserviceable or suspected to be unserviceable. The suspended materiel *must* be segregated from serviceable stock.

The QA program involves many tasks, to include:

- Managing D&D and non-deteriorative items.
- Carrying out responsibilities of materiel inspectors.
- Initiating medical materiel complaints.
- Maintaining the QA/RM file to include actions taken on DOD Medical Materiel Quality Control (MMQC) messages.
- Taking action on suspended stocks and on-destruction notifications.

While each of the areas mentioned above deserve equal space, we are limiting this lesson on QA to stock rotation, expired materiel, and the dated item extension process.

### *Stock rotation*

Stock rotation is a very important part of QA. You must rotate all medical materiel stocks to the maximum extent possible and give particular attention to those items with an expiration date. This practice helps prevent having items in your inventory expire or lose potency or serviceability.

The procedures for completing stock rotations are developed locally at each materiel account. AFMOA/SGAL provides general guidance for rotation of WRM assemblage stock, including the two following key factors:

1. Commingle operating and WRM stock to the greatest extent possible. Commingling means that all stock is mixed or stored in one location. For example, if you maintain potency-dated items in operating inventory and in WRM, store the two types of stock together. This procedure helps you to ensure that the items with the oldest manufacture or expiration dates are issued first. Commingling of items reported as excess is optional.
2. Stocks are stored in such a way to ensure the oldest stock (based on manufacturer date or expiration date) is issued, consumed, or replaced first. This concept is known as first-in first-out (FIFO). When restocking loose-issue storage items, place new stocks with longer expiration dates or newer manufacturer dates at the back of the storage shelves, and issue stock from the front. Store bulk stock that has a later expiration date at the bottom of the stack (pallet storage), and issue from the top, using the item that expires first or has the oldest manufacturer date. If you place bulk containers on a shelf, the same instructions for loose storage apply.

### *Managing shelf-life (dated) items*

Accounting for the eventual expiration of dated items in your WRM inventory is a significant part of identifying future requirements. With the maximized use of the PV program and the major emphasis to decrease on-hand stock, some materiel accounts have extensively reduced the quantity of expiration-dated operating stock for which they maintain. That is a significant achievement, but the proper management of dated items continues to be a critical part of our WRM mission.

#### *Shelf-life items*

In broad terms, shelf life applies to potency and items having expiration dates. Specifically, shelf life is defined as “the total period of time beginning with the date of manufacture, cure, assemblage, or pack that an item may remain in the combined wholesale (including manufacture) and retail storage system and still remain suitable for issue or use by the end user.”

The Defense Health Agency Medical Logistics Division (DHA MEDLOG) codes all standardized medical items with a predetermined shelf life. The office determines the shelf-life code, first and re-

inspection periods, and definitive inspection criteria. The exceptions to this policy are items coded with an estimated storage life (ESL) and non-deteriorative items coded as zero (0) shelf life in the medical cataloging data.

There are two types of shelf-life items:

- Type I shelf-life item—This is a *medical* item that has a definite (usually non-extendable) storage time that is based on materiel-deteriorative characteristics. This definite storage time terminates on a specific "expiration date." Type I expiration-dated items may be extended through the Food and Drug Administration (FDA)/DOD Shelf Life Extension Program (SLEP).
- Type II shelf-life item—This *supply* item has an assigned storage period that can be extended after the completion of prescribed inspection and/or restorative action.

### *Dated item management*

It is possible to manage or replace dated items without requesting funding for new materiel, once the item surpasses its expiration date. You have two options for replacing materiel that has surpassed its expiration date:

- The first option is through a credit returns program in which PV or third-party vendors take expired or nearly expired items in exchange for credits that you can use to replace WRM requirements. Always consult the responsible commander before returning drugs for credit, as there may be a period of time when materiel availability percentages are reduced.
- The second is the Shelf Life Extension Program (SLEP), which is managed through the DHA MEDLOG, or the AF SLEP Manager, in coordination with the FDA. Through SLEP, WRM expiration dates are extended to reduce replacement requirements and costs. AFMOA/SGALX posts extension data on the Air Force Medical Logistics (AFML) website; however, stock *must* be stored IAW manufacturer's recommended storage conditions to qualify for extension.

**NOTE**: Extensions are applicable to WRM and operating stock only; you cannot order replacements for items undergoing FDA testing.

### *Expired WRM*

Bases maintain all outdated WRM materiel within each assemblage until replacement stocks are received. For health and legal reasons, do not use outdated WRM during peacetime. However, utilize outdated WRM in wartime when authorized by the commanding physician. The intent of this policy is not to lessen the responsibility of obtaining replacement stock; all levels of command must continue to take action to ensure replacement of expired WRM items in the most expeditious manner possible.

Work with your prime vendor to return non-extendable expired items and items nearing expiration on a one-for-one replacement basis. If the prime vendor will not accept the items, attempt to return them through a commercial credit returns program. If only partial credit is allowed for any return, determine if the benefits of partial credit and partial replacement outweigh the benefits of retaining the expired stock.

## 231. Managing Shelf Life Extension Program

The DOD/FDA SLEP focus is to defer drug replacement costs of date-sensitive, pre-positioned WRM by extending its useful life. Two primary organizations participate in the program: FDA and DHA MEDLOG. The FDA evaluates candidate materiel for shelf-life extension by testing samples submitted from the four services, while the DHA MEDLOG coordinates the program and acts as the interface between the services and FDA.

### History

Before the introduction of the program, the Services were investing significant funds in replacement costs for potency-dated war reserve and depot-stocked pharmaceuticals. Replacement costs for these drugs in 1986 totaled $2.5 million. One of the methods suggested to limit and defer these costs was testing for potential extension of useful life.

In July 1985, representatives from the USAF Surgeon General's Office and the FDA met to determine the feasibility of testing drugs for extension. An agreement was reached at this meeting to establish a pilot project for testing. The Air Force identified a list of items representing stock that cost $3,000 or more and was within 12–18 months of its expiration. The FDA screened the list and determined establishment of test protocols for 56 of the listed items. Samples of the items were sent to the FDA for testing. After eight months of testing, the final results exceeded expectations. A total of 80 percent of the items were tested, and 84 percent of all lots tested were extended. Although the FDA was conservative in its estimates, some of the tested items were granted three-year extensions.

### FDA testing

The FDA, as the proponent for quality control of medical materiel for DOD, performs required testing of all items entered into the FDA/DOD SLEP. The FDA will not test all items presented to it as program candidates. Biological products, nutritional products, and products with a history of testing failures (e.g., water purification tablets and Mefloquine) are not accepted for testing.

The testing conducted by the FDA is comprehensive and scientifically sound. The FDA bases its expiration-date extensions on conservative estimates of the useful life of the product as substantiated by its test results. The FDA grants the extensions for all DOD facilities having the materiel as specified by lot number, expiration date, and manufacturer that has been stored under appropriate conditions, not just for one specific facility.

### Current SLEP process

DHA MEDLOG, with input from the service agencies, identifies items to be SLEP tested. An item must have at least $10,000 worth of stock for it to be economically feasible to test. This does not mean each individual base needs $10,000 worth of stock. The service POCs view the total stockage from a service-wide perspective.

Service SLEP managers can request items be tested through DHA MEDLOG for consideration (this can be done via an e-mail). Normally, this is done on a quarterly basis or if it is an emergency it can be requested as a priority.

The items are placed in the SLEP program. Once this happens, the SLEP website inventory will be updated via a Joint Medical Asset Repository (JMAR) push from DMLSS data. JMAR pushes data into the SLEP website every Tuesday evening. The SLEP candidate NSN listing is updated by DHA MEDLOG at least quarterly. From there, the FDA schedules testing dates by lot number. DHA MEDLOG then requests samples from service managers via the SLEP website. The Service Manager determines which account will send the sample (based on inventory in the SLEP website). E-mail notifications are sent to the selected site via e-mail message through SLEP website and follow-up email from the AF SLEP Manager. So it is imperative that your inventories are accurate and your SLEP program is maintained regularly. Department of Defense Activity Address Codes **(**DODAACs), that are designated, will ship samples as requested to the FDA (samples must be sent to the FDA within in five business days of the date requested or the lot number will be permanently deleted from the SLEP). Products are tested and results are reported to DHA MEDLOG. Testing may take from 60–90 days.

DHA MEDLOG updates the SLEP website, computes financial benefit and cost, orders labels, and distributes the information to all registered SLEP website users. Once an item is tested, it continues to be tested upon expiration until all products are used or the product fails testing. The AF SLEP manager is also responsible for ensuring funding is budgeted for this program.

### Data integrity

Automated systems require accurate information input for quality outcomes. The SLEP database is no exception to this rule. It is absolutely critical that data is entered accurately in all of the required fields in the database. Each piece of information is vital to the results of the testing process.

### Program guidelines

Only drugs in federal supply classification (FSC) 6505 are eligible for the FDA/DOD SLEP. Additional guidelines are as follows:

1. Ensure all outdated materiel (including assets being retained for SLEP testing) 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.
2. Expiration-dated pharmaceuticals may be extended through the FDA/DOD SLEP. The following factors are considered to determine the cost effectiveness of testing a lot: quantity, dollar value, replacement cost, test cost, and credit returns availability. To get a complete listing of what is in the SLEP, visit the DOD/FDA SLEP website (https:slep.dmsbfda.army.mil/).
3. Do not destroy SLEP items that are undergoing FDA testing. When the original date is exceeded, do not issue stock. Place in "FDA Test" stratification state until test results are posted on the SLEP website.
4. If the date is extended, review requirements for the materiel and re- stratify the materiel based on the new expiration date.
5. If the date is not extended, destroy or process through credit returns program if required.
6. Stock stratified in "FDA Test" will not be destroyed or replaced until final disposition instructions are provided by the FDA and published on the DOD/SLEP website.
7. Keep AFMOA/SGALX informed of changes to quantities on hand.

The FDA/DOD SLEP has been a successful quad-service program since its introduction. Since 1992, the program has allowed the services to avoid annual medication replacement costs of more than $1 billion.

### Re-marking expiration-dated materiel

All items issued must be relabeled prior to releasing them from medical logistics. SLEP items extended by the FDA will be relabeled, down to the unit of issue, within 90 days of receiving notification of extension. If labels are not received within 45 days of notification, contact the AF SLEP manager for authorization to relabel locally. Locally procured labels must cover the current expiration date, have a permanent adhesive that will pull off all printing when removed, and contain the lot number, FDA test project number, and new expiration date. Labels do not need to match the font or color of the original label. Labels must be affixed directly to the individual unit of issue, unless otherwise directed by the FDA. Special relabeling requirements apply to Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP), ATNAA, and Diazepam Auto-injectors; contact the AF SLEP manager for those requirements.

Because SLEP FDA testing is continuous, each account must develop a relabeling plan that supports any SLEP item, lot number, and quantity. The relabeling plan will ensure materiel is available and properly labeled to support mobility taskings. (**Note:** The development of the relabeling plan does not replace the requirement to relabel extended items within 90 days of notification.) If a deployment occurs prior to the 90-day deadline, the relabeling plan must detail how medical logistics will meet the most stringent marshalling time requirements identified in the wing's Installation Deployment Plan (DOC) statement. The plan should address the source, location of where the relabeling will take place (processing line is not authorized), number of personnel needed, estimate of the maximum number of personnel deploying (use most stringent DOC statement marshalling requirements), estimate of how long the relabeling will take, and include responsibilities for relabeling assets for

ARC units. A suggested checklist for the relabeling plan is available on the AFML website. The plan must be approved by the MRC (initially and when revised), and validated and exercised annually.

Tenant units that maintain their own FHP assets are responsible for establishing their own SLEP relabeling procedures.

Centralized storage and distribution centers will relabel 20 percent of SLEP items to the lowest unit of issue and will ensure SLEP items are not outshipped without the appropriate label affixed.

## 232. Performing inventories

As of 19 Aug 14, stored assemblages must be inventoried no less frequently than every 24 months after the previous inventory was completed. Additionally, any assemblages used during an exercise must be reinventoried within 60 days following completion of the exercise — inventory only the sections used. Plan the scheduled inventory program to ensure optimum efficiency and minimum interruption to normal operations.

Prior to the inventory, brief all your personnel on inventory procedures such as:

- Inventory method.
- Computer products used for the inventory.
- Storage locations your activity uses.
- Arrangement of stock.
- Actions to take if they find an item that is not on the inventory list and method for retrieving the item information (item ID, expiration/manufacture date, unit of sale, and location found).
- Action to take on items coded with SOS type of “UNK.”
- Actions to take on packages. Do not open unopened packages unless: someone other than the manufacturer resealed the package; the information on the outside package is not legible or sufficient to indicate the quantity; and there is reason to suspect the contents are damaged or misidentified.

Once you have informed your personnel on the inventory procedures, it is then time to initiate the inventory in DMLSS.

### Initiating the inventory

The first step for initiating an inventory in DMLSS is to select the assemblage to inventory. On the NAVIGATE menu, select PHYSICAL INVENTORY and click SELECT ASSEMBLAGE. The first window you will see is the AM PHYSICAL INVENTORY–SELECT ASSEMBLAGE window. From the dropdown list in the Organization field, select the primary organization where the assemblage you want to inventory resides. Notice that this window has two tabs: Search–AM and Search Results. The default tab is the Search–AM tab and is highlighted, while the Search Results tab is disabled at this time. In the Search–AM tab, you can view a list of the assemblages and the date of the last assemblage inventory. If the date of last inventory field is blank, it indicates that the project has never been formally inventoried in DMLSS.

After you select the assemblage(s) to inventory, click the SEARCH button and DMLSS displays the assemblage you selected in the Search Results tab. The top section of this tab displays the assemblage, and the bottom section displays a list of the items in the assemblage. Preview the list of the items to ensure that no other processes have locked any of the assemblage components and that there are no SOS type codes of “UNK” (unknown) loaded in the project. If these conditions exist for all or some of the components, you will not be able to process the inventory. If a component of the assemblage is locked by another process, determine who has the item locked and why. Close the other processes to process the inventory. If the SOS type code is “UNK,” go to the item catalog record and load a valid SOS against the item. Once you correct all the “UNK” SOS type codes, you are ready to process the inventory. Click the PROCESS IN button on the vertical the toolbar and DMLSS will

lock the records and assign an inventory control number (ICN). The ICN is tied to the inventory segment you created.

### Generating count lists

As mentioned previously, to initiate the inventory you will click on the PROCESS IN button on the vertical toolbar. This action displays the GENERATE COUNT LISTS AND ASSIGN TEAMS CRITERIA window. You can generate the lists at this time or cancel the process and return later. If you want to generate the count list later, from the NAVIGATE menu, select PHYSICAL INVENTORY, GENERATE COUNT LISTS and DMLSS will display the GENERATE COUNT LISTS AND ASSIGN TEAMS CRITERIA window. If you decide to generate the count lists at this time, select the count information, count list breaks, set the count list sort criteria for the inventory segment, and click OK. DMLSS will then display the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window.

In the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window, you can add count teams and the number of segments each will need to inventory. For example, say you have four count teams, but you want six count lists to generate to minimize the number of items on a count list. You would click the ADD COUNT LIST button to add the addition count lists to the segment. You would then click the ADD TEAM button to add the additional two count teams to the inventory segment. You can then assign the inventory teams to a specific count list.

Your next step is to assign a count list number and a team to each line item in the list. You can do this line item by line item or select multiple rows, then select a count list number in the “Change Highlighted Rows To Count List” field and click the APPLY button. This will apply the count list to all the rows you selected. If you want to assign one count list to all line items, click the SELECT ALL button and then click the APPLY button. As you assign the count lists to line items, DMLSS updates the TEAM field next to the count list with the team number. Once you have completed the team and count list assignments, click SAVE and DMLSS will process the updates.

### Printing the inventory count lists

To print the count lists, from the NAVIGATE menu, select PHYSICAL INVENTORY, REPORTS to open the AM PHYSICAL INVENTORY REPORTS window. In this window, select inventory count list and click on the PRINT button on the vertical toolbar. The next window you will see is the SPECIFY REPORT SELECTION CRITERIA–INVENTORY COUNT LIST window. In this window, select the ICN from the dropdown list (if you have multiple ICNs in progress), the specific count list from the AM–Criteria section (or select all) and click OK.

### Checking the status of an inventory

There are two methods available to you to check the status of an inventory. The first method is the STATISTICS button enabled only on the vertical toolbar of the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window. The STATISTICS button allows you to view the total number of item locations and percentages counted by count team or by count list. It gives you a snapshot of the inventory progress at a given point between the start and finalization of the inventory.

The second method is to select the AM NAVIGATE menu, PHYSICAL INVENTORY, CONTROL NUMBER STATUS to open the AM INVENTORY CONTROL NUMBER STATUS window. The control number status identifies the current status of an active inventory. When in AM, you can only view the control numbers associated with AM. The window lists all active control numbers, current status or process, and the number of records associated with an inventory. You can also view the count list summary information for items with the process status of “Counting” by clicking the DETAIL button or double clicking the ICN. This action opens the COUNT LIST DETAIL FOR ICN window. In the AM INVENTORY CONTROL NUMBER STATUS window, you also have the option to cancel an inventory. For example, if you processed an inventory erroneously, select the inventory from the list and click the CANCEL button on the vertical toolbar. DMLSS prompts you

with a status box to verify your intent to cancel an inventory. You must select YES to cancel the inventory. If you cancel an inventory, you will lose any updates you made during counting and DMLSS will not update the “Date of last inventory” field.

### Entering inventory counts

When the count teams return the count lists with the physical counts, you must enter the quantities from the count lists into DMLSS. To accomplish this, from the AM NAVIGATE menu, select PHYSICAL INVENTORY, ENTER COUNTS to open the AM CRITERIA FOR ENTERING PHYSICAL INVENTORY COUNTS window. In this window, select the ICN from the dropdown list (if you have multiple inventories in progress), and in the AM–Optional Criteria section, select the count list by double-clicking or using the VCR (< >) buttons. Click SEARCH and DMLSS will display the AM ENTER COUNTS FOR PHYSICAL INVENTORY (ICN) window. This window displays the count lists in sequence and both count lists and count window are in item ID/detail sequence. Click the SAVE button after you enter all the counts. Counts that match the DMLSS balance quantity will not require a recount. If an out-of-balance condition exists after two counts of the same quantity, DMLSS considers the matching quantities as valid and moves the record to the “Research Discrepancies” category. Two counts must match to consider the count as valid. There is no reason to recount an item if the first count matches the DMLSS on-hand balance. After first counts, two other counts must match to consider the inventory count as valid. Any out-of-balance conditions after third counts will require research.

In the AM ENTER COUNTS FOR PHYSICAL INVENTORY (ICN) window you can update the item assemblage detail information for each line item. Part of the AM inventory process is to validate the manufacturer, manufacture date, expiration dates, and lot numbers of each line item in the assemblage. You can also change or update an item’s information in this window, and DMLSS makes these changes and updates to the item detail record. This is also a good opportunity for you to clean up data within the database.

If a team counts an item not on a count list, click the ADD ITEM button on the vertical toolbar to add it to the assemblage. Adding an item to the inventory will generate a recount automatically. You will also have to research this item later on in the inventory process because there was no beginning count.

### Researching discrepancies

Now that you have posted all the counts, it is time to research any discrepancies. To begin the research process, from the AM NAVIGAGE menu, select PHYSICAL INVENTORY, RESEARCH DISCREPANCIES to open the AM CRITERIA FOR ENTERING RESEARCH window. This window lists all discrepancies found during the counting process. This is where you will make all adjustments and final determinations on discrepant items. Select the ICN from the dropdown list (if you have multiple inventories in progress) to view all the items that require research for that ICN. From the list you can select one, some, or all the items to process. After making your selection, click the PROCESS button to initiate the research.

Clicking the PROCESS button opens the AM RESEARCH INVENTORY GAINS AND LOSSES FOR AM INVENTORY: ICN window. DMLSS displays the first record you selected. If you selected multiple records, VCR buttons will appear at the top of the window. These buttons will allow you to scroll through the remainder of your list.

Keep in mind that the AM physical inventory deals with the entire count total for a line item. One line item may have several detail records associated for different locations or manufactures. As you select an item in the upper section, the lower section displays the detail records for the item. The total of all these detail records must match the on-hand balance records. After your research, enter a “Final Count for Detail” (lower section) and “Adjustment Reason” in the upper section (if necessary). If you find that the counts were incorrect, enter the actual quantity found. DMLSS will process the adjustment if different from the quantity on hand. If the final quantity matches the quantity on hand, no adjustment will process. (**NOTE:** The “Adjustment Reason” needs to be specific and reflect the

actions you performed. DMLSS prints this information on the Inventory Adjustment Voucher.) Once you process all the research actions, DMLSS will delete the item from the discrepancy list.

In the AM RESEARCH INVENTORY GAINS AND LOSSES window, you also have access to the following buttons on the vertical toolbar:

- BALANCES—This button allows you to view on-hand balances for the assemblage, other assemblages, and LOG.
- POST-INVENTORY ACTIONS—This button allows you to enter additional information found during research. You can use it to annotate inventory discrepancies caused during day-to-day business to identify additional training. DMLSS compiles all Post-Inventory Actions during the finalizing of the inventory process. You can access a report of any Post-Inventory Actions by ICN from the AM Physical Inventory Reports module.

Now that you have completed all the research, the next step is to finalize the inventory.

### Finalizing the inventory

Finalizing the inventory processes all actions and unlocks all records from inventory. To finalize the inventory, from the NAVIGATE menu, select PHYSICAL INVENTORY, FINALIZE INVENTORY to open the AM FINALIZE INVENTORIES, POST TRANSACTIONS window. In this window, select the inventory control number and click the FINALIZE button on the vertical toolbar. After verifying that you want to finalize the inventory, print any IAVs produced as a result of the inventory and file them with your inventory documents to certify the inventory.

### Physical inventory reports

The PHYSICAL INVENTORY, REPORTS module contains all the reports and lists associated with the physical inventory. Because DMLSS is a supply system as well as an electronic storage system with archive capability, it is really not necessary for you to print and maintain hardcopies of some of the inventory documents. You can always retrieve them from the REPORTS module. In addition, if you wish to provide copies of documents to agencies/offices outside of the Logistics office, you can print any of the inventory reports from this module by ICN.

Let’s review some of the reports available to you from the AM PHYSICAL INVENTORY REPORTS window:

- Inventory Accuracy Analysis—Lists the inventory segment, physical and on-hand counts, adjustments, and accuracy for the inventory by ICN.
- Inventory Adjustment Voucher (IAV)—If you do not print an IAV when you finalize the inventory, you can reprint it from here. The voucher lists the item’s management data, adjustment in dollars, and adjustment reason from the inventory. This report requires the certifying and approving official’s signature, and you must maintain it in a permanent file for the inventory.
- Missed Location Count List—This report identifies items that still require a physical count. Check this report to verify that you counted all locations. Were all areas checked during inventory counting?
- Post-Inventory Actions Report—Lists the quantity, transaction code, and description of what caused the inventory discrepancy and identifies actions you will take after you finalize the inventory. This report can help you with an after-inventory analysis to determine if you can eliminate this type of discrepancy through training in day-to-day operations.
- Potential Inventory Discrepancy Report—Check this report before you finalize the inventory to preview your potential discrepancies. It identifies the gain/loss transactions that will result if you finalize the inventory with the currently available count information.

- Preview-Inventory Accuracy Analysis—This reports lists the inventory segment by ICN and allows you to preview the inventory accuracy prior to completing the physical inventory process.

Upon completion of an inventory, establish a project file containing: the DMLSS Inventory Accuracy Analysis Report, the WRM Inventory Summary Report, annotated copies of all count lists (unless PDAs are used), original copies of all approved IAVs, copies of documents forwarded to the ROS monitor for initiation of ROS actions generated as a result of the inventory, and the WRM Medical Maintenance Report (if the inventory was completed by In-Garrison Maintenance [IGM] contractor).

All inventory documents must be retained for two years IAW AFRIMS T 23–08 R 06.00 and T 23–23.

Remember that IAVs require a signature and it is always a good practice to include a post Inventory Accuracy Analysis report to show the results of the inventory. Your Commander may wish to see the documents associated with the inventory. Keep this in mind when preparing for an inventory.

## 233. Transferring assemblages

Occasionally, assemblages are sent from one stock record account to another. These in-shipments and out-shipments require a transfer of assets and accountability. Before you ship an assemblage to another stock record account, you are required to inventory the assemblage, process any inventory adjustments, update the item and QA records, and process the assemblage out-shipment in DMLSS. The following paragraphs outline the procedures you will need to follow to process an in-shipment (gain) or out-shipment (loss) of an assemblage in DMLSS.

### Assemblage loss transfer criteria

Prior to processing an assemblage outshipment loss, the following criteria must be met.

1. The assemblage, or any part of the assemblage, is not in inventory freeze status.
2. There are no commingled items in the assemblage.
3. Funds for transfers to other MTFs or field units have been disassociated.
4. Required reports are printed:
    - Assemblage Status Report—This product lists items in the selected assemblage shows the critical quantity, unit of sale, price, on-hand serviceable, on-hand other than serviceable, deferred quantity, due in, allowance quantity, value on hand, value due-in, value over/short, and the percent of allowance on hand for each item.
    - Commingled Picklist—This report lists items in the selected assemblage(s) that have commingled quantities. It shows the IM location and storage area where operating inventories are stored, the commingled quantity, and the AM location and sublocation for the items. Use this report in conjunction with the assemblage transfer process. An assemblage loss will not process if commingled quantities exist in the assemblage. Once commingled items have been placed with the assemblage, use the AM ITEM CODE CHANGE module to remove the commingled codes and quantities from the assemblage. (**NOTE**: DMLSS produces this list when a user attempts to process an AM sale, out-shipment, or war switch transaction.)
    - Incomplete Record Report—This report identifies all assemblage record data items that are marked as incomplete and belong to the selected organization(s).
    - Prime/Sub List—This report identifies each prime item and its associated substitute and ratio in selected assemblages.
    - Packing/Inventory List—You may use this report to inventory selected assemblages or as a packing list with detailed contents of each selected location/sub-location.

- End Item/Consumable Item Relationship Report—This report shows the availability of consumable items for end-items in selected assemblages. For example, a chemistry analyzer (end-item) requires various controls and other items to be fully capable. First, identify that relationship using End/Support Items module and then use this report for a better picture of materiel availability.

After you have completed all the actions and printed the required reports, you are then ready to process the assemblage loss in DMLSS. The assemblage remains visible to the losing organization until you have processed all actions

### Assemblage loss

To initiate the assemblage loss, you must access the ASSEMBLAGE LOSS window. In this window, you can transfer assemblages internally to another organization, or you can deploy them to the field. From the NAVIGATE menu, point to TRANSFERS, and click ASSEMBLAGE LOSS to open the AM ASSEMBLAGE LOSS window, then follow these steps:

1. Select an organization from the dropdown list.
2. Select the type of transfer from the “Process” section. For this example, you will process a “Ship Assm” (ship an assemblage). (**NOTE:** The options available to you in this window will depend on the type of transfer you select.)
3. Enter the code for the “Ship to Org.”
4. Select the “Packing List” checkbox if you want DMLSS to print a packing list. It is recommended that you select the packing list checkbox if you have not printed a current copy.
5. Check the “Archive” checkbox. DMLSS checks this checkbox by default to archive the files that it creates as a result of processing the assemblage loss. During the process, DMLSS will prompt you for a location to save the loss information.
6. Select the assemblage(s) for processing from the assemblage list. If you want to process multiple assemblages without selecting all, use the “Shift” or “Ctrl” keys to make the selections.

**NOTE:** If you want to include a printout of assemblage items with the shipment, select Packing List before processing the assemblage loss.

7. Click the SAVE button to process the out-shipment after you have entered all the required information.
8. Click OK in the ASSEMBLAGE LOSS VERIFICATION window. In the Locate the Drive/Directory for ASSEMBLAGE LOSS window, save the assemblage loss data to the CD/DVD-RW drive (D:/). Click OK in the ASSEMBLAGE LOSS CONFIRMATION window. DMLSS generates a DD Form 1348—1A to support the transfer, and the assemblage(s) no longer appear in the list.
9. Ship the assemblage loss data CD with the assemblage(s). Also, include any supporting reports or lists.

DMLSS transfers the assemblages completely during this process, to include suspended, excess, and incomplete QA balances within the assemblage. Remember, you must disassociate funds for deployed or transferred assemblage losses. In addition, the losing account must coordinate the transfer of materiel still due in at the time of loss with the gaining MTF or field unit.

DMLSS writes the shipment loss (SHL) transaction to the SRIM transaction history with a transaction reason “SFL” (out-shipment loss) to document the out-shipment.

### Assemblage gain

To initiate an assemblage gain, from the AM NAVIGATE menu, select TRANSFERS, ASSEMBLAGE GAIN. If you are processing an assemblage gain from another stock record account, DMLSS will prompt you to select the drive/directory for the in-shipment disk (CD/DVD). Select the

drive/directory where the source files required for processing the assemblage gain are located and click OK. To skip this process, click the CANCEL button and DMLSS will abort the assemblage gain process and will go directly to the ASSEMBLAGE GAIN window. Once you are in this window, you can access the drive/directory prompt again by clicking on the BROWSE button next to the "TRANSFER DIR: field. Once you are in the ASSEMBLAGE GAIN window, you can gain a new assemblage or multiple assemblages.

It is important to ensure that the proper organization ("ORG)" exist in DMLSS before you accept/receive an assemblage. If it does not exist, the "gain" will reject. To create a new "ORG," go to the SYSTEMS SERVICES application and use the NEW MTF/UNIT function.

Now, take the following step to process the in-shipment:

1. In the ASSEMBLAGE GAIN window, complete the mandatory fields by selecting values from the dropdown list in each field.
2. To validate the UDR information on the gained assemblage(s), select VALIDATE DMLSS MASTER OR AM MASTER ASSM.
3. Select UPDATE ALLOWANCE QUANTITIES FROM DMLSS MASTER OR AM MASTER ASSM to ensure allowances are current.
4. Select the assemblage(s) and click SAVE; or to process all assemblages, select the PROCESS ALL checkbox.

In the ASSEMBLAGE GAIN window, you can print a packing list for the transfer process and freeze the gained inventory project to perform physical counts of the project. This feature locks the assemblage until you confirm that all the required items are included in your assemblage.

DMLSS writes the SHG transaction to the SRIM transaction history with a transaction reason "SFG" to document the in-shipment.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of this unit.**

**227. Allowance standards**

1. Which codes are used to identify different military WRM *projects* by use of a three-position number?

2. A single alpha character is placed *after* the AS project code to identify what?

3. How is a project's version identified?

4. Where should you obtain the most recently published AS levels for a project?

5. Which DMLSS AM window is used to manage your assemblage allowances?

6. Which ITEM ALLOWANCE CHANGE tab is primarily used to retrieve a list of all assemblages that have an existing allowance for the entered item ID?

7. When using the Assemblages Not Containing Item tab, which field is used to add an allowance quantity to one or more assemblages?

8. After creating an MTF catalog for a new AS item, what additional step must you take?

### 228. Maintaining assemblage record data

1. Which AM window allows users to completely manage WRM assemblage-item data records from one location?

2. While in the AM ASSEMBLAGE RECORD DATA window, which buttons are used to view other items within the selected assemblage without having to reopen the window?

3. How can you change the inventory stratification for the total quantity of an item from the AM ASSEMBLAGE RECORD DATA window?

4. Which ASSEMBLAGE RECORD DATA CRITERIA section is a management tool that allows you to automatically delete location codes when the assemblage data record for a line item is zero?

5. How do you add a new location to an assemblage record?

6. Which button allows you to manually *remove* location codes that are no longer required for an assemblage?

7. Which button allows you to *insert* additional locations for an assemblage data record?

8. Which button allows you to *merge* locations for an item in an assemblage?

9. Which window is used to add, delete, or edit location and/or sub-location codes that are accessed from the Location Code dropdown menu?

10. Which AM module is used to move items from an assemblage with excess items to one with a shortage?

11. When should you initially enter QA data for WRM items?

12. List the three QA reports that post to the AM inbox.

## 229. Managing reports

1. Match the report title in column B to the correct usage explanation in column A. Each report in column B may be used once, more than once or not at all.

*Column A*

____ (1) Assemblages Managed.
____ (2) Assemblage Funds Status.
____ (3) Assemblage Allowance Change.
____ (4) Organization Status.
____ (5) Assemblage Status Summary.
____ (6) Detail Stock Items.
____ (7) Assemblage Funds Requirements Estimate.
____ (8) Assemblage Status Rollup.

*Column B*

a. Identifies old and current allowance quantities.
b. Shows the funding required to bring MAP to the selected critical and non-critical percentages.
c. Shows target amount; available balance; and committed, obligated, receipts, r-sales; and return amounts for the current FY.
d. Allows selection of multiple assemblages for side-by-side comparison of balance information.
e. Similar to the last page of an Assemblage Status Report.
f. Identifies number and type of assemblages owned.
g. Similar to Assemblage Status Report but provides additional details for each item.
h. Lists all assemblages owned by the selected organization and provides a summary for each line.

## 230. Dated items management

1. List five tasks included in the QA program.

2. List the two key stock rotation factors.

3. Who codes all standardized medical items with a predetermined shelf life?

4. What is the *type* code for a medical item that can be extended through the FDA/DOD SLEP?

5. What is the *type* code for a supply item that can be extended after proper inspection?

6. What are the two options for replacing expired materiel without using new funding?

7. What should bases do with outdated WRM materiel?

8. Why should outdated WRM not be used during peacetime?

### 231. Managing Shelf Life Extension Program

1. Who identifies items to be SLEP tested?

2. An item must have at least what total stock value for it to be economically feasible to test?

3. Who determines which account will send in testing samples?

4. Within how many days after the date of request must samples be shipped to the FDA?

5. How long does extension testing take?

6. Once an item is tested, how long does it continue to be tested upon expiration?

7. What FSC is eligible for FDA/DOD SLEP testing?

8. All outdated materiel, including items being SLEP tested, must be tagged with what form?

9. Expired items undergoing SLEP testing should be placed in which STRAT state?

10. SLEP items extended by the FDA will be relabeled within how many days of receiving notification of extension?

11. The relabeling plan should address what factors?

12. Who must approve the relabeling plan, and how often must it be exercised?

### 232. Performing inventories

1. How frequently must WRM assemblages be inventoried?

2. Within how many days after an exercise must used assemblages be inventoried?

3. What is the first step taken to initiate an inventory in DMLSS?

4. When initiating an inventory, what should you do if the SOS type code for an item is “UNK?

5. How do you later generate counts lists if you decide to cancel the process when generating an inventory?

6. Which window is used to add count teams and the number of segments each will need to inventory?

7. Which two methods are available to check the status of an inventory?

8. Which window is used to enter physical quantities from the count lists?

9. How do you open the AM CRITERIA FOR ENTERING RESEARCH window?

10. Which AM RESEARCH INVENTORY GAINS AND LOSSES window button allows you to view on-hand balances for the assemblage?

11. Which button allows you to enter additional information found during research?

12. Which step processes all actions and unlocks all records from inventory?

13. Which inventory report lists the total dollar adjustment amount and adjustment reasons?

14. Which report identifies items that still require a physical count?

15. Which report allows you to preview the inventory accuracy prior to completing the physical inventory process?

### 233. Transferring assemblages

1. List the four criteria that must be met prior to processing an assemblage out-shipment loss.

2. Which report lists items in the selected assemblage(s) that have commingled quantities?

3. Which report shows the availability of consumable items for end-items in selected assemblages?

4. Which window is used to transfer assemblages to another organization?

5. Where do you save the assemblage loss data?

6. When processing an assemblage gain from another stock record account, DMLSS will prompt you to select the drive/directory where what item is located?

## Answers to Self-Test Questions

**221.**

1. Implements medical programs to support DOD and AF objectives, develops policies and procedures for managing these programs, consolidates WRM requirements, and approves POM requirements.
2. Annually publishes medical WRM and MC-CBRN contingency materiel requirements and designates MEFPAK MRAs to develop and maintain detailed data on UTCs.
3. Overall logistical policy, procedures, and management.
4. SGALX.
5. AMC/SG.
6. To any node within the supply chain.
7. AFMLOC.
8. MTF commander.
9. WRM project officer.
10. Evaluate the performance of contract personnel on a monthly basis, certify the reports of time worked, and maintain certified timesheets for work accomplished.

**222.**

1. MRC.
2. Detailed, critical, total MAP, and other LIMFACs.
3. Assemblage Status Rollup Report.
4. If the assemblage does not have critical items.
5. The criteria for a facility's medical response to victims of major accidents, natural disasters, and wartime contingency operations.
6. The Medical Readiness Flight.
7. Annually.
8. (1) Medical Logistics Team.
   (2) Transportation.
9. Standard descriptions of the units and elements to be used for wartime, contingency, and force planning at all levels of command.
10. UTC.
11. (1) ACC—Ground Medical.
    (2) AMC—Air Evacuation.
    (3) AFSOC—Special Operations Forces.
12. The base that has been selected to develop and maintain the LOGDET and AS for a UTC.
13. National stock number/Item ID.
14. At least annually.
15. (1) MISCAP.
    (2) Manpower detail.
    (3) CONOPS.
    (4) UTC training plan.

**223.**

1. The AM modules Replenishment List.
2. (1) LOG-owned assemblage shortages.
   (2) A replenishment method to satisfy those shortages.
3. Screen available excess and review in-house assets.
4. Rollup Requirements.

5. To identify what percentage of noncritical items you wish to procure; alternatively, a target dollar amount may be entered.
6. LOG Order.
7. (1) All shortages meeting the criteria.
   (2) Dollar figures that identify critical shortage dollars.
   (3) Total order critical shortage dollars.
   (4) Total shortage dollars.
   (5) Total order dollars.
8. Creates a link between a new item listed on the AS and an older item.
9. To maximize readiness responsiveness while minimizing investment in on-hand inventories.
10. A program that gives the medical WRM project officer the ability to delay the purchase of selected items in your WRM assemblages.
11. High-cost items with short shelf-life dates.
12. They will be identified on the AS.
13. By selected assemblage(s), the funding required to bring MAPs up to the selected critical and noncritical percentages.
14. Detailed Dated Items Report.
15. The total dollar value of items that will expire in the selected time frame.

**224.**

1. SS.
2. SGALX.
3. An assemblage's funding target, commitments, obligations, receipts, available balance, fund number, funding type, fund source, R-sales, and returns.
4. Revise, associate, and disassociate fund targets.
5. INCREASE and DECREASE.
6. That the updated TARGET in DMLSS matches the TARGET as indicated on the load sheet.
7. The procurement process for requisitioning shortages.
8. Replenishment List.
9. All line items for a specified assemblage that require replenishment, up to the AS allowance quantity.
10. Additional funding from AFMOA.
11. Replenishment quantities to meet the target dollar amount.
12. Order one of each critical item starting at the lowest cost and continuing until there are insufficient funds to order any remaining shortages or they are all ordered.
13. AM ASSET REVIEW.
14. Transferring of assets.
15. Retain the replaced item as long as it is serviceable and supports the requirement.

**225.**

1. Population at risk.
2. (1) Mass casualty first aid kits.
   (2) BW/CW.
   (3) Anti-malaria.
3. Active duty personnel, mission essential civilians employed by the DOD, TDY personnel without home station, BW/CW, and family members of those active duty and civilian personnel that are unable to evacuate according to noncombatant evacuation operation plans.
4. All authorized active and reserve military personnel designated for overseas deployment in wartime.
5. Thirty.
6. Diazepam (convulsion antidote for nerve agents—CANA).

7. In bulk to the troop commander.
8. They are prescribed by the member's medical provider and dispensed by the servicing pharmacy.
9. The troop commander.
10. They must document the storage temperature, duration of the exposure and other relevant environmental conditions, and report this information to the medical activity at the deployed location.

**226.**

1. The host stock record account.
2. During exercises.
3. Use replicated items that reflect actual size and weight of materiel.
4. Only during an actual deployment.
5. Acts as a courier to deliver the assets to the medical logistics function at the deployed location.
6. (1) Serves as a hand receipt.
   (2) Provides a complete audit trail.
7. Their home station medical logistics activity.
8. Three.
9. 42.
10. One.
11. 60.
12. 10 milligrams.
13. One gram.
14. Flight crewmembers only.
15. O&M only.

**227.**

1. AS.
2. The project's *increment*.
3. It is listed as a single number immediately following the increment.
4. From ASMS which is available through the AFML website.
5. ITEM ALLOWANCE CHANGE.
6. Assemblages Containing Item.
7. NEW ALLOWANCE.
8. You will have to associate the new allowance to the applicable assemblage.

**228.**

1. ASSEMBLAGE RECORD DATA.
2. Back/forward.
3. Click STRAT STATE, and select a new classification from the dropdown menu.
4. Delete location record when the on-hand quantity is zero.
5. Open the ASSEMBLAGE RECORD DATA window, click ADD LOC button on the vertical toolbar, and enter the quantity to gain.
6. DELETE LOC.
7. SPLIT LOC.
8. MERGE LOC.
9. LOCATION/SUBLOCATION MAINTENANCE.
10. ITEM GAINS/LOSSES.
11. When prompted during the receipt process.
12. (1) QA Alert. WRM Supply Item. Qty Required.

(2) AM QA Delinquency Notice. Supply Item Qty WRM.
(3) AM QA Review Only. No Action Required (WRM).

**229.**

1. (1) f.
   (2) c.
   (3) a.
   (4) h.
   (5) e.
   (6) g.
   (7) b.
   (8) d.

**230.**

1. (1) Managing D&D and non-deteriorative items.
   (2) Carrying out responsibilities of materiel inspectors.
   (3) Initiating medical materiel complaints.
   (4) Maintaining the QA/RM file to include actions taken on DOD MMQC messages.
   (5) Taking action on suspended stocks and on destruction notifications.
2. (1) Commingle operating and WRM stock to the greatest extent possible.
   (2) Store stock in such a way to ensure the oldest stock is issued, consumed, or replaced first.
3. DHA MEDLOG.
4. Type I.
5. Type II.
6. (1) PV Credit Returns.
   (2) SLEP.
7. Maintain in the assemblage until replacement stocks are received.
8. For health and legal reasons.

**231.**

1. DHA MEDLOG, with input from the Service Agencies.
2. $10,000.
3. Service Managers.
4. Five business days.
5. 60–90 days.
6. Until all products are used or the product fails testing.
7. 6505.
8. DD Form 1575, Suspended Tag–Materiel.
9. FDA Test.
10. 90 days.
11. The source, location of where the relabeling will take place, number of personnel needed, estimate of the maximum number of personnel deploying, estimate of how long the relabeling will take, and responsibilities for relabeling assets for ARC units.
12. MRC, annually.

**232.**

1. At least every 24 months.
2. 60 days.
3. Select the assemblage to inventory.

4. Go to the item catalog record and load a valid SOS against the item.
5. (1) From the NAVIGATE menu, select PHYSICAL INVENTORY, GENERATE COUNT LISTS.
   (2) Select the count information, count list breaks, set the count list sort criteria for the inventory segment, and click OK.
6. GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN.
7. (1) Use the STATISTICS button on the vertical toolbar of the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window.
   (2) Open the AM INVENTORY CONTROL NUMBER STATUS window by selecting the AM NAVIGATE menu, PHYSICAL INVENTORY, CONTROL NUMBER STATUS.
8. AM ENTER COUNTS FOR PHYSICAL INVENTORY (ICN).
9. From the AM NAVIGAGE menu, select PHYSICAL INVENTORY, RESEARCH DISCREPANCIES.
10. BALANCES.
11. POST-INVENTORY ACTIONS.
12. Finalizing the inventory.
13. Inventory Adjustment Voucher.
14. Missed Location Count List.
15. Preview-Inventory Accuracy Analysis.

**233.**

1. (1) The assemblage, or any part of the assemblage, is not in inventory freeze status.
   (2) There are no commingled items in the assemblage.
   (3) Funds for transfers to other MTFs or field units have been disassociated.
   (4) Required reports are printed.
2. Commingled Picklist.
3. End Item/Consumable Item Relationship Report.
4. AM ASSEMBLAGE LOSS.
5. CD/DVD-RW drive (D:/).
6. The in-shipment disk (CD/DVD).

**Complete the unit review exercises before going to the next unit.**

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter.

54. (221) Which Command Surgeon General is designated as the Air Force lead for patient movement items (PMI)?
    a. Air Combat (ACC)
    b. Air Mobility (AMC).
    c. Air Force Forces (AFFOR).
    d. Air Force Materiel (AFMC).

55. (221) Who acts as the primary POC for deployed units on medical materiel and supply chain issues?
    a. Sustaining bases.
    b. Air Force Medical Operations Agency.
    c. Air Force Medical Logistics Operations Center.
    d. Joint Medical Logistics Functional Development Center.

56. (221) Who must approve the loan of WRM materiel?
    a. Air Force Medical Logistics Operations Center.
    b. Air Force Medical Operations Agency.
    c. Medical Readiness Committee.
    d. Medical treatment facility commander.

57. (222) Which Medical Contingency Response Plan (MCRP) annex should Medical Materiel be *most* concerned with?
    a. Alternate facility.
    b. Contingency operations.
    c. Manpower.
    d. Transportation.

58. (222) What are pilot units selected to develop and maintain?
    a. Assemblages.
    b. Allowance standards.
    c. Logistics Force Packaging Systems.
    d. Medical Contingency Response Plans.

59. (223) Which Assemblage Management (AM) module function is used to identify your war reserve materiel (WRM) requirements?
    a. Replenishment list.
    b. Rollup requirements.
    c. LOG Order.
    d. LOG-owned assemblage shortages.

60. (223) Which program's goal is to minimize investment in on-hand contingency inventories?
    a. Dated items management.
    b. Deferred procurement.
    c. Shelf life extension.
    d. Supply discipline.

61. (224) Which AM FUNDING window is used to revise, associate, and disassociate fund targets?
    a. LOAD.
    b. SEARCH.
    c. REVISED.
    d. UPDATED.

62. (224) DMLSS will calculate replenishment quantities to meet a project's target dollar amount by sorting all critical item shortages and listing them in what order first?
    a. Cheapest cost.
    b. Priority designator.
    c. Smallest unit of issue.
    d. Lowest readiness percentage.

63. (224) When a medical war reserve materiel allowance standard indicates an on-hand item has been replaced by a new item, what should you do with the old item when it is serviceable and supports the requirement?
    a. Keep until replacement arrives.
    b. Remove from assemblage.
    c. Retain as a substitute.
    d. Report as excess.

64. (225) Biological warfare/chemical warfare (BW/CW) projects should be updated within how many days after notification of level adjustments?
    a. 30.
    b. 60.
    c. 90.
    d. 120.

65. (225) Which biological warfare/chemical warfare (BW/CW) assemblage item requires additional safeguards when issuing to a deployed unit?
    a. Pyridostigmine Bromide - tablets.
    b. Convulsion Antidote for Nerve Agent.
    c. Antidote Treatment - Nerve Agent, Auto-Injector.
    d. 2-Pam Chloride.

66. (226) How many Pyridostigmine tablets (P-tabs) are issued to each individual when authorized?
    a. 21.
    b. 30.
    c. 42.
    d. 60.

67. (227) What does the first alpha-character represent when viewing an allowance standard code?
    a. Sub-assemblage.
    b. Increment.
    c. Project.
    d. Version.

68. (227) From where can you obtain the most recently published allowance standard levels for a specific project?
    a. JMAR.
    b. ASMS.
    c. AFMLOC.
    d. USAMMA.

69. (228) The ASSEMBLAGE RECORD DATA CRITERIA window contains a field that allows you to automatically delete location codes when the assemblage data record for a line item is
    a. outdated.
    b. replaced.
    c. excess.
    d. zero.

70. (228) Which ASSEMBLAGE RECORD DATA window location-button should be used when a location exceeds its storage capacity and you need to move stock to another location?
    a. ADD.
    b. SPLIT.
    c. MERGE.
    d. TRANSFER.

71. (229) Which war reserve materiel (WRM) *assemblage* report identifies the total cost required to bring materiel availability percentages (MAP) up to the selected critical and noncritical percentages?
    a. Funding Balance Status Report.
    b. Funds Requirements Estimate.
    c. Organization Status Report.
    d. Detail Stock Items.

72. (230) Who codes all standardized medical items with a predetermined shelf life?
    a. Defense Logistics Agency.
    b. U.S. Army Medical Materiel Agency
    c. Air Force Medical Operations Agency.
    d. Defense Health Agency Medical Logistics Division.

73. (231) Who identifies which items are to be tested under the shelf life extension program (SLEP)?
    a. AFMOA/SGALX.
    b. DHA MEDLOG.
    c. USAMMA.
    d. FDA.

74. (231) What is the service-wide stock value required for a dated item to be economically tested for an extension?
    a. $10,000.
    b. $15,000.
    c. $25,000.
    d. $50,000.

75. (231) Within how many days after receiving notification of an extension must shelf life extension program (SLEP) items be relabeled?
    a. 30.
    b. 45.
    c. 60.
    d. 90.

76. (232) If used during an exercise, within how many days after the exercise must assemblages be inventoried?
    a. 30.
    b. 45.
    c. 60.
    d. 90.

77. (232) What is the first step for initiating a WRM inventory in DMLSS?
    a. Generate count list.
    b. Identify the segments.
    c. Print list of storage locations.
    d. Select the assemblage.

78. (233) Which criteria must be met prior to processing an assemblage outshipment loss?
    a. Required reports are purged.
    b. There cannot be any commingled items.
    c. Equipment items should be cannibalized for parts.
    d. Funds for transfers to other MTFs have been associated.

**Please read the unit menu for unit 5 and continue ➔**

# Unit 5. Special Expeditionary Considerations



THE AIR FORCE MEDICAL Service (AFMS) is tasked with providing medical support to the Air Force throughout the full range and scope of expeditionary operations. Since the end of the Cold War, the AFMS has transformed into a light, lean, life-saving, and mobile expeditionary medical force. By modularizing medical assets, health service support is a properly tailored response in all contingencies. Deployable modular aeromedical evacuation (AE) units provide the interface between the ground-based expeditionary medical contingency support units and the critical care capable AE system. The buildup of AE modular support, concurrent with the buildup of ground-based medical support units, ensures timely evacuation if casualties occurs. The AFMS remains committed to ensuring a uniformed medical service is relevant to supporting the Air Force mission. But how does medical logistics tie into this commitment? In this final unit, you will review some basic concepts related to customer-owned assemblages, expeditionary medical logistics, patient movement items, LOGMOD, and secure/nonsecure device management, all things you may encounter during your involvement with expeditionary and contingency medical materiel operations.

## 234. Customer-owned assemblages

The capability exists in DMLSS for you to manage customer-owned assemblages and LOG-owned assemblages. A customer-owned assemblage is an assemblage purchased with the customer's O&M funds. It is important to understand medical logistics will assist custodians with customer-owned assemblages, but we do not own them and are not accountable for them. Our biggest responsibility is to order the replacement supplies as the custodian requests them.

Before establishing a customer-owned assemblage, verify the SVC/Customer account is established and that the customer has been linked with the appropriate expense center and project center. This action is normally coordinated with resource management office (RMO).

The customers tasked with ownership of an assemblage must have their user IDs associated to their assemblage. The DMLSS systems administrator will need to assign user privileges to each user ID before processing a customer-owned assemblage. Customer-owned assemblages are not limited to AS assemblages. You can use the customer-owned function to manage any assemblage that requires specific guidelines for managing.

### Loading a new customer-owned assemblage

To load a new customer-owned assemblage, access the AFML website and locate the AS. The new AS will be uploaded into DMLSS. DMLSS will prompt a message that all assemblages were created successfully when import is complete.

### Loading a nonstandard assemblage

When no standard assemblage exists, you can build a nonstandard assemblage for a specific purpose or mission. This nonstandard assemblage can be similar to a standard assemblage, or it can be a completely custom-built assemblage containing many different items not found in any of the standard assemblages. To load a nonstandard assemblage, use the LOAD NON-STANDARD ASSEMBLAGE to open the AM NON-STANDARD ASSEMBLAGE LOAD window.

### Customer-owned replenishments

This function looks and works similar to AM replenishments. The main differences are that funding is directly associated to the service customer, and you have the ability to bypass acquisitions and order

materiel directly from the SOS. Before you can use the replenishment process, customer-owned assemblages and allowance standard must exist in DMLSS. Select CUSTOMER OWNED ASSEMBLAGE REPLENISHMENT from the NAVIGATE/ORDERS menu to open the CUSTOMER OWNED ASSEMBLAGE REPLENISHMENT LIST CRITERIA window. In this window, select the customer and the associated assemblage for which you are processing replenishments and click SEARCH. DMLSS will then display the AM CUSTOMER OWNED ASSEMBLAGE REPLENISHMENT LIST window similar to AM replenishments but includes a checkbox for the "Log Issue" field. This box is unchecked by default when DMLSS opens the window. See the below process if the box is checked or unchecked:

- Unchecked—DMLSS calculates the orders and processes them directly to the SOS.
- Checked—DMLSS will check warehouse stock first and create delivery lists for available stock. After completing this check, DMLSS will then calculate the orders by SOS for ordering.

Verify the quantities in the "Order" column and make any adjustments. The EOR FUNDS button on the vertical toolbar provides a funds balance for the service customer associated to the customer-owned assemblage. You should compare this balance to the assemblage total in the replenishment window to verify adequate funds are available. Click the EXCEPTIONS button to view potential problems with the order—the orders will not process until you correct any exceptions. After you have verified the information in this window, click SAVE and DMLSS will process the replenishments.

## 235. Expeditionary Medical Logistics

The Expeditionary Medical Logistics (EML) system is designed to provide time-definite support and sustainment to deployed AEF forces. It also provides tailored logistics support to the deployed medical unit through the use of predetermined supply chains. To meet this requirement, medical logistics personnel must have the knowledge and training to successfully sustain a deployed medical force through the full spectrum of military operations. EML criteria include:

- On time.
- 100 percent fill.
- 96-hour customer wait time (must meet or beat this target).
- Begins within 24–48 hours of deployment.
- "Pull" not "Push" resupply.
- 100 percent positive control of the supply chain.

### Expeditionary Medical Logistics concepts

The EML system consists of two main concepts: focused logistics and agile combat support. Both concepts are required to meet AEF deployment and sustainment challenges.

#### *Focused logistics*

Focused logistics is the combination of information and logistics technologies needed to ensure the right materiel arrives at the right time, at the right place, and in the right quantity, every time. The primary goal of focused logistics is a compression of the customer wait time. To achieve this goal, customers and suppliers must employ effective information management practices and have timely access to reliable and secure telecommunication channels.

The focused logistics supply system uses high-velocity, time-definite transportation to manage mission and logistics requirements while minimizing the reliance on stockpiles. New transportation systems enable the shift from supply-based systems to direct vendor or prime depot delivery.

#### *Agile combat support*

Agile combat support is the second concept supporting EML, and it is crucial to the Air Force philosophy of power-generation—the deployment of Air Force personnel primarily from the CONUS. Agile combat support is the rapid movement of required materiel directly from "factory to flight

line," providing a "reachback" sustainment capability for medical and other deployed personnel, which allows for a much smaller logistical footprint in the operating theater.

### Expeditionary Medical Logistics process

The EML process may use a sustaining base to receive deployed medical unit requirements and to process orders through approved vendors or depots that meet strict Air Force availability, time, and shipping criteria. Commercial transportation is used as far forward as possible, where it then flows into the military transportation system. In a mature theater, there may be a theater lead agent for medical materiel (TLAMM) element linked to the combatant commands, JTF/SG, AFFOR/SG, deployed medical units, sustaining base, and the Air Force Medical Logistics Operations Center (AFMLOC). When a TLAMM is established, it will be the deployed unit's primary POC for materiel and equipment support in theater. The sustaining bases will still be available for emergencies and support when the TLAMM is unable to provide support.

The sustaining base receives requests for materiel from deployed units and takes necessary actions to ensure 100 percent of all requests are transmitted to vendors/depots, and in turn, are immediately purchased, packed, marked, and shipped, so the deployed unit receives the materiel on time. There are many locations, however, where temporary AEFs have evolved into long-term deployments. In these locations, the sustaining base may *not* be the initial base that receives orders; rather, orders may be transmitted to the area of responsibilities (AORs) medical materiel depot.

The number of nodes or hand-offs Air Force Medical Logistics Operation Center (AFMLOC), deployed unit, sustaining base, TLAMM, AOR depot) must be minimized. Meanwhile, consolidation points must be avoided, whenever possible, to allow materiel to flow rapidly and nonstop. Reliable worldwide telecommunication support and internet access are essential to facilitate information flow among system users throughout the supply chain and to ensure in-transit visibility (ITV) of materiel. The EML system is the linking process for a complex supply chain.

#### *Deployed unit*

The deployed unit is a war reserve medical assemblage providing medical support in response to war, contingencies, disasters, humanitarian operations, exercises, or any operation that requires moving the assemblage from storage to operational use. The EML process provides materiel resupply to the deployed units. The foundation of the success of EML is dependent on predeployment actions. Success begins with attention to detail during the day-to-day, peacetime management of the medical assemblage and its associated personnel. Maintaining a high-readiness capability, such as a full complement of supplies, equipment and fully trained personnel, is vital to the success of EML. The deployed unit's primary responsibility upon arrival at the deployed location is to establish a reliable telecommunication link (voice and data) to the sustaining base. Without reliable communications, providing adequate logistics support is difficult.

#### *Sustaining base*

In the employment phase of the operation, the EML process shifts the administrative burden of medical logistics from the deployer to the sustaining base and to other logisticians in the supply chain. The sustaining base is the materiel "lifeline" of the deployed medical unit. By assuming the bulk of the supply chain administrative, sourcing, and tracking functions, the sustaining base augments the deployer's limited logistics resources. Equally important, the sustaining base is the deployed unit's medical materiel information lifeline. The sustaining base's primary function is to receive the deployed unit(s)' requisitions, channel those requisitions to the most appropriate source (based on availability), and monitor the shipment of all materiel to the requesting unit. The Medical Logistics Manpower Augmentation Team (FFLG1) members may deploy, as needed, to supply and distribution nodes along the supply chain to facilitate and expedite the movement of materiel and to assure continuity of operations. The FFLG1 teams may also deploy to the sustaining base, if needed, to augment existing staff.

### *Air Force Medical Logistics Operation Center*

The AFMLOC is the center for Air Force medical supply chain management. The AFMLOC is the focal point for coordinating and integrating medical logistics planning and support. The AFMLOC functions as the supply chain manager and creates and maintains responsive, visible sustainment to the theater combatant commander and to the deploying/deployed forces. The AFMLOC synchronizes information, commercial technology, logistics, and transportation strategies to meet the full spectrum of operational requirements.

### Transportation

The transportation function is outside the direct control of medical logisticians; therefore, medical logistics and the transportation community must work hand in hand to develop executable medical cargo movement plans. Cargo movement throughout the transportation chain will be considered ineffective unless 100 percent in-transit visibility (ITV) is maintained. Medical logisticians must employ existing military information systems and commercial transportation service provider World-Wide-Web tracking sites to monitor and maintain ITV of medical cargo. ITV information is "pushed" to all participants in the supply chain. Each transit point in the cargo flow transmits shipping data to all previous transit points and all planned subsequent transit points. The primary recipient of all movement data should be the deployed unit.

## 236. Patient movement items

Patient movement items (PMIs) are the jointly designated supplies and equipment necessary to support patient movement and AE. Medical logistics personnel manage inventory availability (at PMI centers and cells), asset visibility, and flow of PMI through available transportation methods to meet requirements.

A major factor in the movement of patients through the levels of care is to ensure specific medical equipment and durable supplies designated as PMI are available. The PMI system supports the in-transit patient care capability without removing equipment from patients, exchanges in-kind PMI without degrading medical capabilities, and provides prompt recycling of PMI. The system provides a seamless in-transit patient and/or equipment management process from initial entry into AE to the patient's final destination.

Due to the small footprint of some medical facilities, providing medical supplies and equipment to accompany patients through the evacuation process may be difficult. Therefore, PMI should be coordinated in advance with the AE system, since most items can be provided from the AE staging base. PMI accompanies a patient throughout the chain of evacuation from the originating MTF to the destination MTF. PMI centers "push" equipment to the forward locations where patients encounter the AE system. During contingency operations, the AE cell under the theater combatant commander, directs the PMI activities for that theater.

### Purpose of patient movement items

The main purpose of the PMI program is to prevent degradation of the capabilities of medical elements due to an outflow of PMI with patients. The program manages all PMI assets and provides sufficient assets to sustain AE operations or provide for in-kind exchange when PMI must accompany a patient while in the AE system. The Joint Readiness Clinical Advisory Board (JRCAB) has identified certain core PMIs that are critical to patient care, which are certified for AE operations, and managed under this program. While needs of the other Services may not require all of the items, the USAF program addresses all of them. The objectives of the PMI program are to:

- Retain PMI assets by the military medical services. This is necessary to maintain the overall readiness posture of the medical services and to sustain patient transport/care through the AE system.
- Maintain item serviceability through a structured preventive maintenance program and timely repair services.

To facilitate accomplishing the above objectives, PMI requires an information/data system that is capable of globally tracking the items and providing timely management information. As a result, medical assets are not only being in the right place at the right time but also maintained with appropriate accountability and asset visibility.

### Tracking patient movement items

The PMI system is an in-place concept used to retain, manage, and redistribute PMIs. Without this system in place, there would be a one-way flow of goods out of the respective theaters, thus depleting the capabilities for both the MTFs treating the casualties and the AE system that transports the patients. The tracking system includes asset visibility for military personnel to determine locations of equipment by grouping (i.e., by WRM project), what equipment is at a specific location, and where a specific piece of equipment is to be found.

When an MTF prepares a patient for AE, certain PMI accompanies the patient. It is the losing MTF's responsibility to furnish sufficient, fixed-wing approved PMI necessary to support the patient for the duration of the AE movement. Because the AE system structure to/from and within a theater is normally established before supporting medical logistics services are available, there must be an assurance of PMIs available in sufficient quantities. The PMI program, through its additional assets for AE or as an exchange feature, ensures that MTF capabilities are not unduly diminished (**NOTE:** "MTF" may refer to a forward medical element using PMI for patient care/transport.)

#### *Patient movement items center inventory management*

USAF guidance was developed for the medical logistics management of PMI inventories. Centers receive assets centrally purchased by the Air Force Medical Support Agency (AFMSA) and manage them with the PMI Center considered as another using activity of an MTF. As different makes/models of PMI are brought into the PMI program inventory, PMI centers collocated with an active duty AE squadron that performs routine, scheduled missions should coordinate with the AE unit and perform a one-for-one serviceable item exchange. The purpose is to have the active flying crews use the most current versions (models) of PMI. Exchanged items are retained at the PMI Center and counted as interim capability until those older versions are replaced or deployed for contingency purposes. AMC is responsible for identifying quantities of PMIs for each PMI center and "live mission" active duty AE units and publishes them in an AS.

#### *Manpower demands*

Management intensity and demand for biomedical maintenance of PMI increases significantly during a contingency. Normal staffing levels (peacetime) must be augmented by deployed personnel. UTCs are maintained for packages of deployable medical logistics (4A1X1) and biomedical equipment maintenance (4A2X1) personnel. Medical logistics personnel must be concerned with inventory availability (at centers, cells, and aeromedical staging activities), asset visibility, and flow of PMI through available transportation methods to meet requirements. The biomedical maintenance technicians focus on item serviceability (at a center) and the timeliness and quality of biomedical services.

#### *Patient movement items*

Specific Global Patient Movement Joint Advisory Board (GPMJAB) and Defense Medical Standardization Board (DMSB)-approved medical equipment and durable supplies required to support the patient during evacuation are referred to as PMI. Examples of PMI include ventilators, litters, patient monitors, and pulse oximeters. The items may change due to deletions, modernization replacement, or updates to operational guidance.

#### *Patient movement items: unit type codes*

PMI teams are composed of medical material specialists (FFLG1) and BMETs (Medical Biomedical Equipment Maintenance Team [FFBMM]). Combined, this logistics team provides manpower for operational management of a PMI center. Medical material teams will manage PMI equipment, supplies, and accountability/acquisition of required material, and facilitate equipment recycling,

scanning, and tracking in the Patient Movement Items Tracking System (PMITS). Equipment repair teams support regional maintenance and repair capability for equipment in PMI centers and/or cells. These teams will provide scheduled preventative maintenance and calibration, repair and maintenance services, and updates to the PMI information system. FFBM1 is the deployable medical calibration and maintenance equipment to perform biomedical maintenance on the deployed PMI. FFQP3 is a notional UTC comprised of PMI that can be tailored to a specific need to include whatever PMI equipment/supplies are necessary for a deployed site. FFQP4 is a deployable PMITS used to track PMI in the deployed area. It consists of a backpack, PMITS laptop, external hard drive, and scanners.

## 237. Logistics module

Logistics module (LOGMOD) is a logistics-planning program that receives and maintains the cargo and personnel details for UTCs and taskings. The system is used to maintain detailed cargo records such as those associated with our WRM assemblages. It also provides AF MAJCOMs, base-level logistics planners, and unit deployment managers with the capability to plan and execute deployments supporting the worldwide movement of forces.

LOGMOD's standard input, editing, and storage capabilities produce the materiel, packing, and load lists for base deployment plans. It updates UTC packages after they are tailored to a given contingency and modifies deployment documents to comply with tailored requirements. Deployment officers provide data to their local logistics plans function for input into LOGMOD, and the module produces reports and logistics planning files for higher headquarters and the base-level lists used in deployment operations and exercises.

### Modules

LOGMOD consists of four interconnected modules: LOGFOR, LOGPLAN, DSOE, and UDM.

#### *Logistics Force Packaging*

LOGFOR provides the capability to create and maintain the standard logistics details consisting of supplies and equipment for each UTC in the Air Force. This module provides the planning foundation for strategic airlift requirements. The product generated by LOGFOR is called the Logistics Detail (LOGDET).

LOGDET provides equipment planning data for deploying units and the foundation for individual force capability strategic airlift requirements estimates for planning.

#### *Logistics Planning Module*

Logistics Planning Module (LOGPLAN) provides the capability to customize the unique UTC database of equipment and supplies for each tasking (OPLAN/concept plan [CONPLAN]), which include AF assets. Tailored UTC information developed in LOGPLAN must be manually transferred to Deliberate and Crisis Action Planning and Execution Segments (DCAPES) to ensure Time Phased Force Deployment data (TPFDD) includes correct movement requirements data. This database is called the Logistics Plan File (LPF). LOGPLAN contains two subsystem modules—the deployment schedule of events (DSOE) and unit deployment management (UDM).

#### *Deployment schedule of events*

DSOE is a LOGPLAN subsystem. This module provides users with an automated capability to plan, schedule, and monitor the deployment actions supporting the movement of forces.

#### *Unit deployment management*

UDM is a LOGPLAN subsystem used by the unit deployment manager in preparation for and execution of deployment taskings.

### Usage

LOGMOD utilizes the Logistics Force Packaging Module (LOGFOR) to create and maintain the standard logistics details, consisting of supplies and equipment, for all AF UTCs having associated supplies and equipment. At the installation/wing level, it provides the capability to schedule, monitor,

and control movement of cargo and personnel via air or surface modes of transportation. Specifically, it provides information to the rest of the Air Force on your WRM projects. LOGMOD allows you to organize your assemblages by specifying your materiel requirements, including the number of 463L pallets, hazardous items, weights, dimensions, and cubes. This information is used to request the appropriate aircraft for transporting the WRM to deployed locations. This system provides packing lists, placards, and other management listings.

### Back-up system

LOGMOD-Stand Alone (LSA) is used as a back up to LOGMOD. This system is a unit-level program that manages personnel and cargo data in an off-line mode. LSA contains similar capabilities as LOGMOD and is a tool available when LOGMOD is not available.

## 238. Secure/nonsecure communication device management

Any classified information must be transmitted by secure means. Situation Reports (SITREPS), medical surveillance, site locations, and compiled patient data are all examples of information that can be classified and needs safeguarding. The types of secure communications equipment usually available include secure telephone units IIIs (STU-III) and various other encryption devices. Medical or casualty information becomes an operations security (OPSEC) issue when linked to a particular military mission or operation. While medical information itself is not normally classified, in the context of a mission, it should be protected as part of the combatant commander's overall OPSEC program to deny information to the enemy. When incorporated, information protection is an integral part of all planning. Information protection is the protection afforded to information systems to preserve the availability, integrity, and confidentiality of the systems and the information contained within the systems. Such protection includes the integrated application of communications security, emissions security, computer security, security awareness, education and training, privacy act, records management, and freedom of information act requirements. The varying degrees of security, which are required for different types of systems, must be considered on an individual basis. Each planning activity, operation, contingency, or other military process must be examined to ensure security is adequate to protect the systems that support the plan. Air Force policy directive (AFPD) 33–2, *Information Assurance (IA) Program*, covers specific responsibilities and contains additional guidance on information protection.

Logistics support planning, for fielded Air Force medical information infrastructures, should define a strategy to place only the required number of equipment sets into the hands of the first responders as well as orchestrating delivery to units conducting personnel training. Simultaneous deployments to different locations or the occurrence of surge operational units will become more self-sufficient and will reduce overall logistics support requirements. Integration of medical logistics support through interoperability with theater information management systems and other support systems through information reach back must be available to provide adequate and responsive healthcare delivery to operational forces.

### Telephone and radios

Secure/nonsecure telephones and radios are other communication devices used with EMEDS. Users must be familiar with the procedures and proper operation of telephone and radios prior to deployment. Secure telephones (STU- IIIs) use an encryption algorithm to encode and decipher voice communications. Users should expect small delays of a few seconds when communicating with these devices.

Land mobile radios (LMRs) are military-specific radio equipment items that are inter-operable with a wide variety of DOD and commercial radios. Use of these radio sets in operation outside the United States and its possessions must be approved through the appropriate theater combatant commander for that particular operation.

### Satellite communication

Satellite communication (SATCOM) assets are deployed with the EMEDS Small Portable Expeditionary Aeromedical Rapid Response (SPEARR) package. Though satellite connectivity is the preferred connection, factors such as bandwidth availability and combatant commander priorities may dictate other than SATCOM usage. Theater deployable communications (TDC) provides other methods for theater communications. In these cases, the theater combatant commander may direct priorities. Telemedicine, medical logistics support, video transmission, and electronic mail require SATCOM capability when there is no local area network/wide-area network (LAN/WAN) connectivity or a TDC network. Satellite communications may be military or commercial systems.

## Self-Test Questions

**After you complete these questions, you may check your answers at the end of the unit.**

### 234. Customer-owned assemblages

1. What is a customer-owned assemblage?

2. What RMO coordinated items should be established and linked before processing a customer-owned assemblage?

3. Customers tasked with ownership of an assemblage must have their user IDs associated to what?

4. When importing a new customer-owned assemblage, from where do you download the AS files?

5. Which window is used to load a nonstandard assemblage?

6. What are the two main differences between AM replenishments and customer-owned replenishments?

### 235. Expeditionary medical logistics

1. What is the EML system designed to do?

2. The EML provides tailored logistics support to deployed medical units through the use of what?

3. How long after deployment does EML begin?

4. The EML system consists of what two main concepts?

5. Define *focused logistics*.

6. Define *agile combat support.*

7. When established, what will be used by deployed units as their primary in-theater materiel and equipment POC?

8. Whenever possible, what should be avoided to allow materiel to flow rapidly and nonstop?

9. The deployed unit's primary responsibility upon arrival at the deployed location is to establish what with the sustaining base?

10. Which team may deploy to supply and distribution nodes along the supply chain to facilitate and expedite the movement of materiel?

11. Which activity is at the center of Air Force medical supply chain management?

12. With whom must Medical Logistics work hand in hand with to develop executable medical cargo movement plans?

**236. Patient movement items**

1. What are PMI?

2. What is a major PMI factor in the movement of patients through the levels of care?

3. PMI centers "push" equipment to which locations?

4. What is the main purpose of the PMI program?

5. Who identifies core PMIs that are critical to patient care, certified for AE operations, and managed under the PMI program?

6. Who is responsible for identifying quantities of PMIs for each PMI Center and “live mission” active duty AE units and publishes them in an AS?

7. What are the main PMI concerns for deployed medical logistics personnel?

8. PMI teams consist of what two UTCs?

### 237. Logistics module

1. What system is a logistics-planning program that receives and maintains the cargo and personnel details for UTC’s and taskings?

2. List the four interconnected modules that make up LOGMOD.

3. Which module provides the planning foundation for strategic airlift requirements?

4. What is the name of the product generated by LOGFOR?

5. Which module provides the capability to customize the unique UTC database of equipment and supplies for each tasking?

6. Which subsystem provides users with an automated capability to plan, schedule, and monitor the deployment actions that support the movement of forces?

7. LOGMOD information is used to request *what* for transporting WRM to deployed locations?

8. What system is used as a back-up to LOGMOD?

**238. Secure/nonsecure communication device management**

1. What is a STU-III?

2. What term is used to describe the protection afforded to information systems to preserve the availability, integrity, and confidentiality of the systems and the information contained within?

3. Which equipment type uses an encryption algorithm to encode and decipher voice communications?

4. Which communication asset is deployed with the EMEDS SPEARR package?

## Answers to Self-Test Questions

**234.**

1. An assemblage that was purchased with the customer's O&M funds.
2. SVC/Customer account, expense center, and project center.
3. Their assemblage.
4. From the AFML website.
5. AM NON-STANDARD ASSEMBLAGE LOAD.
6. (1) Funding is directly associated to the service customer.
   (2) You have the ability to bypass acquisitions and order materiel directly from the SOS.

**235.**

1. Provide time-definite support and sustainment to deployed AEF forces.
2. A predetermined supply chain.
3. Within 24–48 hours.
4. Focused logistics and agile combat support.
5. The combination of information and logistics technologies needed to ensure that the right materiel arrives at the right time, at the right place, and in the right quantity, every time.
6. Rapid movement of required materiel directly from "factory to flight line," providing a "reachback" sustainment capability for medical and other deployed personnel, which allows for a much smaller logistical footprint in the operating theater.
7. TLAMM.
8. Consolidation points.
9. A reliable telecommunication link (voice and data).
10. FFLG1.
11. The AFMLOC.
12. The transportation community.

**236.**

1. The jointly designated supplies and equipment necessary to support patient movement and AE.
2. Ensuring specific medical equipment and durable supplies designated as PMI are available.
3. Forward locations where patients encounter the AE system.

4. To prevent degradation of the capabilities of medical elements due to an outflow of PMI with patients.
5. JRCAB.
6. AMC.
7. Inventory availability, asset visibility, and flow of PMI through available transportation methods.
8. FFLG1 and FFBMM.

**237.**

1. LOGMOD.
2. (1) LOGFOR.
   (2) LOGPLAN.
   (3) DSOE.
   (4) UDM.
3. LOGFOR.
4. LOGDET.
5. LOGPLAN.
6. DSOE.
7. The appropriate aircraft.
8. LSA.

**238.**

1. A secure telephone unit.
2. Information protection.
3. Secure telephones.
4. SATCOM.

**Complete the unit review exercises before going to the next unit.**

## Unit Review Exercises

**Note to Student:** Consider all choices carefully, select the *best* answer to each question, and *circle* the corresponding letter. When you have completed all unit review exercises, transfer your answers to the Field-Scoring Answer Sheet.

**Do not return your answer sheet to the Air Force Career Development Academy (AFCDA).**

79. (234) What funding source is used to purchase assets for a customer-owned assemblages?
    a. AFMOA.
    b. AFWCF.
    c. DHP.
    d. O&M.

80. (234) What can you do in the Customer Owned Replenishment function that you cannot do in Assemblage Management (AM) Replenishments?
    a. Bypass acquisitions.
    b. Use AFWCF/MDD funding.
    c. Order in adjusted units of issue.
    d. Load non-standard assemblages.

81. (235) Expeditionary Medical Logistics should begin within how many hours after deployment?
    a. 6 – 12.
    b. 12 – 24.
    c. 24 – 48.
    d. 48 – 72.

82. (235) Under the Expeditionary Medical Logistics concept, when established, who will be the primary point of contact for in-theater deployed materiel and equipment support?
    a. AFSOC.
    b. TLAMM.
    c. JMLFDC.
    d. USAMMA.

83. (236) During contingency operations, which cell under the theater combatant commander, directs the Patient Movement Item (PMI) activities for that theater?
    a. Aeromedical Evacuation.
    b. Medical Logistics.
    c. Biomedical Maintenance.
    d. Expeditionary Medical Group.

84. (236) Who identifies the core Patient Movement Items (PMI) that are certified for aeromedical evacuation (AE) operations and will be managed under the PMI program?
    a. Air Force Medical Logistics Operation Center.
    b. Air Mobility Command Surgeon General.
    c. Theater Lead Agent for Medical Materiel.
    d. Joint Readiness Clinical Advisory Board.

85. (237) Which system allows you to organize your assemblages by specifying your materiel requirements, including the number of 463L pallets, hazardous items, weights, dimensions, and cubes?
    a. Logistics Detail (LOGDET).
    b. Logistics Module (LOGMOD).
    c. Logistics Planning Module (LOGPLAN).
    d. Logistics Force Packaging Module (LOGFOR).

86. (238) Which communication device uses an encryption algorithm to encode and decipher voice communications?
    a. Land mobile radio (LMR).
    b. Secure telephone (STU III).
    c. Satellite communication (SATCOM).
    d. Theater deployable communication (TDC).

# Glossary

## Terms

**accountable medical supply officer (ABMSO)—**A medical Service Corps officer, civilian GS–11, or fully qualified senior NCO appointed to be accountable for the medical stock record account.

**centrally managed equipment—**Items that are centrally budgeted, centrally acquired, and centrally managed. The complete life cycle of the item is centrally managed for unit requirements.

**Defense Logistics Agency (DLA)—**The agency of the DOD which is responsible for the wholesale management, procurement, and distribution of items of supply common to the military departments.

**Department Of Defense Activity Address Code (DODAAC)—**Identifies the name and address of the activity to which materiel, documentation, and billing are to be mailed. The first character identifies the appropriate military service or the government ownership or sponsorship (MILSTRIP service code). The next five characters identify the name and address of the specific activity, unit, or organization.

**document number—**A 14-digit reference number that is assigned to a requisition or a release/receipt document in order to identify the transaction throughout the logistics system until retirement of the document is authorized in official reports of audit.

**fund code—**A code used to indicate that funds are available to pay the charge when and where the asset is delivered.

**inventory—**The comparison of items and quantities of materiel in storage and/or in-use with that reflected on the accountable records.

**local purchase—**An authorized purchase, from sources outside the DOD, 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.

**LOG-owned—**Refers to a customer area whose inventory is logistics owned. Materiel is obligated/expensed to customer funds upon usage of the item.

**medical materiel—**Those items listed in the Federal Supply Catalog as medical materiel and any similar nonstock listed items.

**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.

**navigate—**A method by which the user moves from one functional process to another functional process within the DMLSS system.

**off-line orders—**Orders created outside of the normal replenishment process (manually put into the system).

**organization—**A unit or activity drawing supplies direct from an AF base.

**organization code—**A code that identifies an organization or internal function of Base Supply.

**organization commander (base level)—**The individual possessing supervisory control (not administrative control, such as supply squadron commander, etc.) of the function, and responsible for success of the assigned mission.

**physical inventory—**A record of property on hand based on a physical count.

**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.

**quality assurance—**The management function involving inspection, sampling, classification, evaluation, and reporting of materiel for ensuring that only serviceable items are issued and in-use or stored for contingency operations

**receipt—**The increase in inventory caused by receipts of incoming shipments or local turn-in.

**stratification—**A procedure for grouping elements of materiel assets and requirements by standardized categories (inventories). These categories are operating, war reserve materiel, special projects, suspended, reparable, FDA test, and unserviceable.

**user—**A person with access to DMLSS.

**using activity—**An organization or element of an organization that requests supplies from the medical logistics activity and/or equipment form the MEMO.

**war reserve materiel (WRM)—**That materiel needed to augment peacetime assets to completely support forces, missions, and activities reflected in USAF war plans.

## Abbreviations and Acronyms

| | |
|---|---|
| **ABMSO** | accountable base medical supply officer |
| **ABSS** | Automated Business Service System |
| **ACC** | Air Combat Command |
| **ACPS** | Automated Contract Preparation System |
| **AE** | aeromedical evacuation |
| **AES** | aeromedical evacuation squadron |
| **AFI** | Air Force instruction |
| **AFFOR/SG** | Air Force Forces Surgeon General |
| **AFMAN** | Air Force manual |
| **AFML** | Air Force Medial Logistics |
| **AFMLOC** | Air Force Medical Logistics Operations Center |
| **AFMOA/SGAL** | Air Force Medical Operations Agency/Medical Logistics division |
| **AFMS** | Air Force Medical Service |
| **AFRIMS** | Air Force Records Information Management System |
| **AF/SG** | Air Force Surgeon General |
| **AFSOC** | Special Operations Forces |
| **AFTR** | Air Force Training Records |
| **AFWCF** | Air Force working capital fund |
| **AMC** | Air Mobility Command |
| **AMC/SG** | Air Mobility Command Surgeon General |
| **AO** | approving official |
| **APOD** | aerial ports of debarkation |
| **APOE** | aerial ports of embarkation |
| **ARCOS** | Automation of Reports and Consolidated Orders System |
| **ART** | Air Expeditionary Reporting Took |
| **AS** | allowance standard |
| **ASMS** | Allowance Standard Management System |
| **ATNAA** | Antidote Treatment Nerve Agent Auto-injectors |
| **BCO** | base contracting office |
| **BMET** | biomedical equipment technician |
| **BO** | Business Objects |
| **BRAG** | Business Requirements and Advisory Group |
| **BW/CW** | biological warfare/chemical warfare |

| | |
|---|---|
| **CAOC** | combined air operations center |
| **CAL** | Custodian Actions List |
| **CANA** | convulsion antidote for nerve agents |
| **CBL** | commercial bill of lading |
| **CC** | carbon copy |
| **CDC** | career development course |
| **CFR** | Code of Federal Regulation |
| **CIIC** | controlled item inventory code |
| **CMIC** | controlled medical items custodian |
| **CN** | cranial nerve |
| **CO** | contracting officer |
| **COMPES** | Contingency Operations/Mobility Planning and Execution System |
| **CONOPS** | concept of operations |
| **COR** | contract officer representative |
| **COTR** | contracting officer technical representative |
| **CPAP** | continuous positive airway pressure |
| **CPAS** | Central Procurement Accounting System |
| **CR/LL** | custodian receipt/location list |
| **CSS** | Commander Support Staff |
| **CSA** | Controlled Substance Act |
| **D&D** | dated and deteriorative |
| **DCAPES** | Deliberate and Crisis Action Planning and Execution Segments |
| **DEA** | Drug Enforcement Administration |
| **DHA** | Department of Health Affairs |
| **DLA** | Defense Logistics Agency |
| **DMLSS** | Defense Medical Logistics Standard Support |
| **DOC** | designed operational capability |
| **DOD** | Department of Defense |
| **DMSB** | Defense Medical Standardization Board |
| **DODMMQC** | DOD medical materiel quality control |
| **DODAAC** | Department of Defense Activity Address Code |
| **DP** | deferred procurement |
| **DRMS** | Defense Reutilization and Marketing System (DLA Disposition Services) |
| **DSOE** | Deployment schedule of events |

| | |
|---|---|
| **DTM** | Distribution and Transportation Module |
| **EAS** | Expense Allocation System |
| **ECN** | equipment control number |
| **EDR** | equipment detail report |
| **EIL** | equipment inventory list |
| **EM** | equipment management |
| **EMEDS** | Expeditionary Medical System |
| **EMGR** | Equipment Manager |
| **EML** | expeditionary medical logistics |
| **EMT** | emergency medical technicians |
| **EOFY** | end of fiscal year |
| **ERAA** | equipment review and authorization activity |
| **FAM** | Functional Area Manager |
| **FAR** | Federal Acquisition Requlation |
| **FDA** | Food and Drug Administration |
| **FD/FC** | functional director/functional commander |
| **FFLG1** | Medical Logistics Manpower Augmentation Team |
| **FHP/FHPP** | force health protection prescription |
| **FRED** | functional requirements evaluator designee |
| **FSC** | federal supply class |
| **GAFS** | General Accounting Finance System |
| **GBL** | government bill of lading |
| **GPMJAB** | Global Patient Movement Joint Advisory Board |
| **GPS** | global positioning system |
| **FY** | fiscal year |
| **HHT** | handheld terminal |
| **HMR** | historical maintenance report |
| **IAD** | inventory adjustment document |
| **IAPS** | Integrated Accounts Payable System |
| **IAV** | Inventory Adjustment Voucher |
| **IAW** | in accordance with |
| **ICN** | inventory control number |
| **IGCE** | independent government cost estimate |
| **IGM** | in-garrison maintenance |
| **IM** | inventory management |
| **ITV** | in-transit visibility |

| | |
|---|---|
| **JMAR** | Joint Medical Asset Repository |
| **JOPES** | Joint Planning and Execution System |
| **JRCAB** | Joint Readiness Clinical Advisory Board |
| **LIMFACs** | limiting factors |
| **LOGDET** | logistics detail |
| **LOGFOR** | Logistics Force Packaging System |
| **LPF** | Logistics Plan File |
| **LRRC** | Loaner, repair and return centers |
| **LSA** | LOGMOD-Stand Alone |
| **LSD** | lysergic acid diethylamide |
| **MAJCOM** | major command |
| **MANFOR** | Manpower Force Packaging System |
| **MAP** | materiel availability percentage |
| **MC-CBRN** | medical contingency to chemical, biological, radiological, and nuclear |
| **MCRP** | Medical Contingency Response Plan |
| **MEDLOG** | Medical Logistics Division |
| **MDD** | Medical Dental Division |
| **MEFPAK** | manpower and equipment force packaging |
| **MEMO** | Medical Equipment Management Office |
| **MFG** | manufacturer |
| **MIPR** | military interdepartmental purchase request |
| **MISCAP** | mission capability statement |
| **MILSTRIP** | Military Standard Requisitioning and Issue Procedures |
| **MLFC** | Medical Logistics Flight commander |
| **MMQC** | Medical Materiel Quality Control |
| **MORD** | Miscellaneous Obligation Reimbursement Document |
| **MRA** | MEFPAK responsible agency |
| **MRC** | medical readiness committee |
| **MRL** | Medical Resources Letter |
| **MRSF** | medical readiness support function |
| **MSC** | medical service core |
| **MTF** | Medical Treatment Facility |
| **NCOIC** | noncommissioned officer in charge |
| **NPSC** | nonpersonal service contract |
| **O&M** | operations and maintenance |

| | |
|---|---|
| **OP** | other procurement |
| **OPLAN** | operation plan |
| **OPR** | operating stock –or– office of personal responsibility |
| **OSI** | Office of Special Investigations |
| **PAR** | population at risk |
| **PACS** | Picture Archive Communication System |
| **PFMR** | project fund management record |
| **PAM** | Preventive Aerospace Medicine |
| **PMI** | patient movement items |
| **PMITS** | Patient Movement Items Tracking System |
| **POA** | power of attorney |
| **POC** | point of contact |
| **POM** | Program Objective Memorandum |
| **PR** | purchase request |
| **PSC** | personal service contract |
| **PV** | prime vendor |
| **PWS** | Performance Work Statement |
| **QA** | Quality Assurance |
| **QA/RM** | Quality Assurance/Risk Management |
| **QASP** | quality assurance surveillance plan |
| **QCP** | quality control plan |
| **RDS** | records disposition schedule |
| **RF** | Radio frequency |
| **RIC** | Routing Identifier Code |
| **RM** | risk manager |
| **RMO** | Resource Management Office |
| **ROS** | report of survey |
| **SAT** | Simplified Acquisitions Threshold |
| **SDCR** | source document control report |
| **SDR** | Supply Discrepancy Report |
| **SDS** | service delivery summary |
| **SG** | Surgeon General |
| **SITREPS** | Situation Reports |
| **SLEP** | Shelf Life Extension Program |
| **SMAS** | Standard Materiel Accounting System |
| **SME** | subject matter expert |

| | |
|---|---|
| **SNAPP** | Soman Nerve Agent Pretreatment Pyridostigmine |
| **SOO** | Statement of Objectives |
| **SORTS** | Status of Resources And Training System |
| **SOS** | source of supply |
| **SOW** | statement of work |
| **SS** | System Services |
| **SVC** | service customer |
| **TDC** | Theater deployable communications |
| **TLAMM** | theater lead agents for medical materiel |
| **TMO** | transportation management office |
| **TIGERS** | The Integrated Global Equipment Request System |
| **TPFDD** | Time Phased Force Deployment Data |
| **TUCHA** | Joint Type Unit Characteristics |
| **TR** | Transaction Register |
| **USAMMA** | US Army Medical Materiel Agency |
| **UTC** | unit type code |
| **VA** | Veterans Administration |
| **WAWF** | Wide Area Work Flow |
| **WRM** | war reserve materiel |

# Student Notes

**AFSC 4A171**
**Z4A171 02 1606**
**Edit Code 03**