

CDC Z4A151

Medical Materiel Journeyman

Volume 1. Fundamentals of Medical Materiel



Air Force Career Development Academy
The Air University
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CDC Z4A151, Medical Materiel Journeyman, consists of four volumes. Volume 1 gives general information you will need as a Medical Materiel journeyman. In volume 2, you'll study the customer support operations, and in volume 3, storage and distribution. In the last volume, you'll learn about three specialized Medical Materiel operations—equipment management, war reserve materiel, and contingency operations.

Volume 1 consists of four units covering the fundamentals of Medical Materiel. Unit 1 provides information on the supply chain, supply discipline, the accountable officer, and office administration. Unit 2 gives you insight on the roles of different support activities and types of funding. Unit 3 will familiarize you with DMLSS server operations and Unit 4 will focus on various aspects of environment of care, such as quality assurance and safety programs.

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 (STQ) and unit review exercises (URE). 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.

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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.

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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 12 hours and 4 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.

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Unit 1. Supply Chain, Discipline, Accountability and Office Administration

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CONGRATULATIONS! YOU’VE EMBARKED ON THE NEXT JOURNEY up the career ladder to becoming more self-sufficient in your Medical Materiel duties. This is a big step for you and your supervisor. For you, it signifies moving from a semiskilled to a skilled duty status. To your supervisor, it means you’ll attain the knowledge and skills required to perform more complex tasks. The key to successfully completing your career development courses (CDC) lies with fully understanding the material. Regardless of how well you progress in upgrade training, feel free to ask your supervisor and trainer lots of questions. Contact your CDC writer if you have any comments on the information in a lesson or just need clarification. As we say in technical school, *no question is unimportant if it’s important to you*. Your input will help your CDC writer improve this course.

It’s important that you gain a thorough understanding of the material in this course. Not only will the information aid in your upgrade training, but you’ll also be able to use it when preparing for the specialty knowledge test (SKT) for promotion to staff sergeant.

To reach the next step of the career ladder, you must be more proficient at your job and know more about the terms, procedures, and tasks that you’re faced with. The purpose of this CDC is to provide you knowledge of those terms, procedures, and tasks and enable you to become a Medical Materiel Journeyman with an Air Force specialty of 4A151.

1–1. Supply Chain, Discipline, and Accountability

Medical Materiel Journeymen are the backbone of Medical Logistics. You’re responsible for the acquisition, storage, distribution, and coordination of all medical supplies and equipment required by your medical treatment facility (MTF). Without your support, it would be impossible for medical personnel to provide quality patient care. The first lesson of this unit will help develop your knowledge and understanding of the supply chain (SC) cycle and where Medical Materiel fits in the cycle. The second lesson covers the principles of supply discipline. The third lesson clarifies the roles and responsibilities of the accountable officer.

001. Demonstrate supply chain cycle

The Air Force requires supplies and material to properly support its weapons systems, facilities, and people. You, as an Air Force member, must effectively manage the acquisition, storage, and distribution of these material resources from the time you order them until you release them to the using activities. Effective “supply chain management” (SCM) is the key to your success as a Medical Materiel Journeyman. This lesson covers the supply chain, the supply chain cycle, and SCM.

Supply chain

There are two types of supply chains used in Medical Logistics: external and internal. The *external* chain focuses on acquisition and movement of medical supplies from point of origin (e.g., manufacturer) to Medical Materiel. This supply chain consists of a partnership between Medical Materiel, retail suppliers,

distribution depots, prime vendors, transportation channels, and commercial distributors and suppliers to include manufacturers.

The *internal* supply chain involves the many elements of the Medical Logistics flight and focuses on the acquisition and movement of medical supplies from Medical Materiel, to the MTF and finally to the end user. Within an MTF, the internal supply chain consists of using activities, customer service (CS), acquisitions management, inventory management (IM), and storage and distribution (S&D).

Supply chain cycle

Medical Materiel, as the center of the supply chain, must orchestrate the internal supply chain from end to end. Figure 1-1 illustrates the back-to-back process of ordering, shipping, receiving, storing, and issuing material to the using activities; this is the “supply chain cycle.” To simplify the process, the SC cycle begins when the customer identifies a requirement and submits the request either to customer service or through Defense Medical Logistics Standard Support (DMLSS). If the item is not stocked by us, the acquisitions element will order the item from prime vendor, electronic catalog (ECAT), or a commercial distributor. Acquisitions will also track and follow-up on the item, while in-transit, if there are any unanticipated delays. Once it reaches your warehouse it will be received, shelved if no due-outs exist, and then issued and delivered to the customer. The SC cycle begins all over again with the customer’s next requirement.

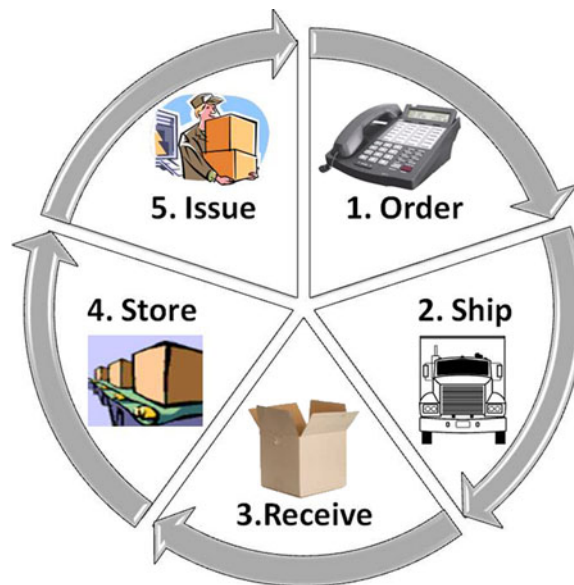


Figure 1-1. Supply chain cycle.

Supply chain management

An important objective of any logistics provider is to build and maintain a SC cycle. If you are to rapidly meet the needs of your customer in today’s fast-paced environment, you will have to take a modern, flexible, and responsive approach. In the past, the approach was to maintain a large inventory for just-in-case situations. The primary reason for this was simply because the external supply chain could not get our requirements to us in a reasonable amount of time. However, this vast amount of stocked material carried with it a hefty risk along with large amounts of manpower, time, and space needed to track, manage, and store the inventory. This approach was obviously expensive and inefficient. As a result of transformation efforts to reduce the size of the military footprint and to stress rapid deployment capabilities, the supply chain has moved to a smaller, more highly focused team-approach where the focal point is on buying only what we need, when we need it. The reason this “just-in-time” concept can work is because of vast improvements within the transportation world along with major advancements in digital communications. However, in order for this process to work, someone has to effectively manage all of the

supply chain's moving parts. The expeditionary Medical Logistics (EML) concept of operations (CONOPS) defines supply chain management as follows:

Supply chain management is the management of all internal and external processes necessary to satisfy a customer's order—from acquisition, through shipment, to delivery to the customer. All partners in the total medical supply chain are tightly linked through communication networks and enabled by the rapid and multi-directional flow of information...the supply chain is dynamic and quickly responds to unpredictable demand.

The SCM definition given above addresses both EML and peacetime operations. Under both conditions, the Medical Logistics flight serves as the SCM center for all activities within the MTF. SCM primarily focuses on a *reactive “pull” process* (e.g., meeting a customer's demand only upon their request). However, one of our many goals is to establish a *proactive “push” system*, whenever possible, where we anticipate and deliver needed supplies to the customer before they are even aware of their own requirements.

Finally, it is critical that the flow of information between all supply chain partners be quick and unimpeded. It is even more important to have total asset visibility (TAV) of material that is on-hand, on-order, and in-transit. We would have a difficult time doing our jobs if we did not accurately track both our due-ins and due-outs. In addition, if the supply chain is to operate effectively and efficiently, it must have flexibility and distribution reliability. Medical Materiel must be flexible in order to be agile and responsive in meeting customer requirements. To be flexible, each Medical Materiel account must establish procedures for emergency procurements, ensure availability of critical items, optimize inventory, coordinate the return and redistribution of material, and ensure material quality. We must also maintain “distribution reliability,” that is, the ability of the supply chain to deliver the right material, at the right time, to the right customer. With reliability, we foster an environment of trust where the end users no longer feel the need to maintain additional back-up stock. Distribution reliability is achieved through TAV, implementation of a robust follow-up program, reduction of customer wait times, and avoidance of transportation bottlenecks.

002. Principles of supply discipline

Now that you have a general understanding of the processes involved with getting supplies into the MTF, let's discuss some of the inherent responsibilities associated with managing these supplies. This lesson addresses the definition and principles of supply discipline as they relate to your responsibilities in managing AF property. Keep in mind everyone must adhere to these basic principles.

Supply discipline

Discipline is defined as the quality of self-control, orderliness, efficiency, character, and willing acceptance of authority and control. When we refer to supply discipline, we simply mean the proper use and care of government property. An inspector once checked a desk and discovered an excessive amount of pencils, pens, and other office items. The inspector also checked the supply storage room and found an overstocked supply of exam gloves, adhesive tape, and bandages that were needed by other outpatient clinics. There are many desks and storage rooms in the Air Force. How many of these do you think have items stashed away for future use? Do you think this practice helps or hinders the Air Force mission? While the cost of each individual item may be small, when multiplied on an AF-wide scale, the amount of money is staggering. The way to prevent such a situation is through the practice of supply discipline.

Principles

As the Air Force continues to reduce its annual budget, it becomes even more important that each of us ensures each dollar is spent wisely. The Air Force requires that equipment and supplies be maintained in the best possible condition, operationally ready, and stocked in the minimum quantities required to meet mission requirements. The following principles of supply discipline are strongly connected to the concept of fraud, waste, and abuse (FW&A) prevention:

1. Accurately maintain government property records to reflect current inventory balances.
2. Ensure that unaccounted property is promptly identified and recorded on property books.

3. Adjust records to reflect discovered shortages and make adjustments accordingly.
4. Requisition priority codes must coincide with urgency of need.
5. Enforce economical use and safeguarding of government property.
6. Exercise supply discipline to ensure requests for supplies and equipment are valid.
7. Requests for supplies and equipment must be the minimum amount necessary.
8. Use government property for authorized purposes only.
9. Provide adequate security, protection, and storage for all government property.

It is also important to help ensure that personnel are familiar with the regulations that prescribe care and use of government property. Most people have a tendency to keep more supplies than are actually required. This causes overages in some organizations and shortages in others. Returning these items to supply channels helps prevent funds from being spent unnecessarily, and balances shortages with overages. Additionally, ensure that local Medical Materiel procedures are established to out-process property custodians before they depart for permanent change of station (PCS), or are absent from duty or on temporary duty (TDY), leave, and so forth, for *more than 45 calendar days*.

Finally, strive to prevent instances of FW&A by identifying property management deficiencies. Promptly report these discrepancies to the organization responsible for correcting the deficiency. By encouraging responsible use and accurate accountability of government assets, you help ensure availability of supplies and equipment when they are needed most.

003. Roles and responsibilities of the accountable officer

This lesson defines for you property responsibility and gives you a brief overview of the accountable officer's role in maintaining a Medical Logistics stock record account (SRA). Keep in mind that property responsibility is everyone's business.

Property responsibility

Property responsibility means that each individual is obligated to take proper care of AF property, whether or not such property is issued with a receipt and regardless of duty assignment or level of supervision. Property management responsibilities limit the use of government property to official purposes.

Compare property responsibility in the Air Force to an example in your personal life—purchasing an article of clothing from a retail store. The moment a sales clerk completes a transaction, the store drops its accountability, and the article of clothing becomes your property. You are accountable and responsible for whatever use is made of it. The difference with issuing AF items is that you *do not* become the owner; the Air Force retains ownership but you *assume* responsibility for the care, protection, and use of the item; as required by applicable directives.

The property you use in your duty—whether it's a desk, a typewriter, or a computer—is your responsibility. No matter how inexpensive the item is, and regardless of whether the Air Force retains records on the item after it's been issued, you are still obligated to take proper care of the item and use it for its intended purpose only.

The terms public property, government property, AF property, or military property are used interchangeably. Whatever term you use, this property includes everything owned by the US government—from aspirin to aircraft. To ensure that all public property is correctly accounted for and properly used, protected, and safeguarded, Congress passed laws placing responsibility for public property directly on all government employees—both military and civilian.

Air Force Working Capital Fund/medical dental division (AFWCF/MDD) assets refer to medical items that are procured by Medical Logistics using DMLSS. For these items, additional accountability is assumed by those individuals specifically appointed.

Commanders

Commanders are responsible for ensuring that only qualified personnel are selected and assigned as accountable officers. They are also responsible for ensuring that adequate space is provided for proper storage of medical supplies and equipment, prescribed records are maintained, and supply discipline is understood and exercised. Commanders promptly address all individual recommendations for preventing or correcting FW&A actions and notify the individual or organization responsible for correcting deficiencies. An accountable individual is officially designated and imposed by law, lawful order, or regulation with the duty to maintain accurate records of property or documents. Normally, within the MTF this task is given to the Medical Logistics flight commander (MLFC).

Accountable base medical supply officer

A Medical Service Corps (MSC) officer, typically the MLFC, is appointed by the MTF commander (MTFC) to maintain accountability for the medical SRA. This individual is the accountable officer and is also referred to as the accountable base medical supply officer (ABMSO). The ABMSO is accountable for all AFWCF/MDD assets located on the medical SRA. This includes all supplies and equipment that are accounted for in DMLSS including on-hand assets, war reserve materiel (WRM), and in-use equipment. Additional responsibilities include:

1. Fully utilizing DMLSS when procuring all AFWCF/MDD supplies and equipment.
2. Acquisition and issuing of all medical supplies and equipment for both medical and nonmedical organizations on base.
3. Issuing medical materiel to nonmedical units *only* with the approval of the MTFC (or designated representative).
4. Providing job qualification training for Medical Logistics personnel not assigned to an SRA (e.g., Air Reserve Component personnel).
5. Appointing a noncommissioned officer (NCO) or a GS-04 or higher civilian as the MTF linen supply officer.

The ABMSO's accountability of AFWCF/MDD-owned assets extends until the material is consumed, transferred, or authorized final disposition terminates accountability. Therefore, the ABMSO must transfer the SRA prior to PCSing. Additionally, the ABMSO is held liable when loss, damage, or destruction of assets results from negligence, willful misconduct, or deliberate unauthorized use.

It's very important that you support your ABMSO in the proper accountability of SRA assets. With your assistance, the ABMSO must place specific emphasis on the following duties, to minimize the occurrences of fraud, negligence, theft, and so forth:

1. Complete all inventories within required timeframes and adjust accountable records as necessary.
2. Maintain adequate levels of security for stored assets (operating inventory, WRM, and controlled items).
3. Comply with procurement processes that minimize opportunity for fraud (i.e., the same individual shall not order, receive, and issue materiel).

It is important to keep in mind that even though prescribed regulations detail the responsibilities of the ABMSO and MLFC, as medical logisticians *we* are the ones who execute the prescribed actions on their behalf. In other words, while they maintain accountability for the account, the responsibility to complete the daily tasks is delegated to each individual airman under their control.

Self-Test Questions

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

001. Demonstrate supply chain cycle

1. Match the terms in column B with the statements in column A. Place the letter for the term from column B in the space provided in column A. Each term may be used once, more than once, or not at all.

Column A

- ____ (1) Pro-active delivery system.
- ____ (2) Peacetime supply chain management center.
- ____ (3) Involves movement from origin to Medical Materiel.
- ____ (4) Movement from Medical Materiel to the end user.
- ____ (5) Medical Materiel, transportation providers, distributors.
- ____ (6) Using activities, customer service, acquisitions, S&D.

Column B

- a. Pull system.
- b. Push system.
- c. Medical Logistics.
- d. Supply chain cycle.
- e. Internal supply chain.
- f. External supply chain.

2. List the steps involved in the supply chain cycle.
3. What is the main problem with maintaining large amounts of on-hand stock?
4. What is the basic definition of supply chain management according to the EML CONOPS?
5. Who serves as the SCM center for all activities within an MTF?
6. Define distribution reliability.

002. Principles of supply discipline

1. Define supply discipline.
2. How does the Air Force require equipment and supplies be maintained?
3. The principles of supply discipline are strongly connected to what other concept?

4. Property custodians should be out-processed if they will be gone for how many days?

003. Roles and responsibilities of the accountable officer

1. What are the four terms used to describe property that is owned by the US government?
2. Who appoints the ABMSO?
3. Who is typically appointed to be the ABMSO?
4. Where are SRA property, equipment, and financial records maintained?

1-2. Office Administration

Just as you must maintain auditable documents to support your annual income tax filings, the supporting documents used by Medical Logistics—that identify every transaction processed through DMLSS—must also be maintained. The effective operation of a medical stock record account depends on keeping complete, current, and accurate property accounting records. Inventory and related data records serve as the basic instruments for stock control, record accountability, reporting, and control of issues and purchases. Material accountability is achieved by manual posting or automated processing of information from property accounting documents and maintaining the documents in file to support and verify all property transactions. This is necessary to achieve internal control and establish a clear audit trail of materiel from cradle to grave. This section covers the quality control process and corrective actions; then, briefly touches on file plans and records maintenance.

004. Performing quality control

Quality control (QC) is a means of providing checks and balances to ensure the integrity of automated and manually documented transactions. During the QC process, you will be comparing source documents (i.e., receipts, shipping invoices, etc.) to the Source Document Control Report (SDCR). Because many of our transactions involve the manual keying-in of data, human error is the leading factor for erroneous data processing, which you must discover and mitigate. For example, if a shipping document indicated that 10 packages of syringes were shipped, and the DMLSS generated DD Form 1155, Order for Supplies or Services, indicated that we ordered and received 10 packages, but the SDCR shows that 100 packages were actually gained, we can gather that the last person in the receipt chain probably typed-in one too many zeros. It is your job as the final step in the QC process to catch these errors, question what happened, and seek out a solution to correct the error and prevent similar errors from recurring.

Assigning document numbers

Document numbers are used to identify individual documents and establish an audit trail while providing a logical means to file and retrieve those documents as needed. The use of document numbers is not limited to changes in the quantity of material on accountable records, but extends to other changes that affect the accountability for property or responsibility of material (i.e., transfers, suspensions, stratification changes).

Each document number consists of 14 alpha-numeric characters. The format starts with a 6-position Department of Defense (DOD) activity address code/stock record account number (DODAAC/SRAN) or customer account number, followed by a 4-position Julian date, and a 4-position serial number (fig. 1-2).

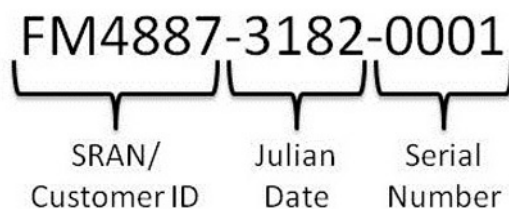


Figure 1-2. Document number.

The DODAAC/SRAN represents your Medical Logistics account and starts with “FMxxxx”. This is often referred to as your “FM account.” Transactions made on behalf of your FM account will start with these characters. Transactions made on behalf of a *customer account* will start with their expense center instead (e.g., 3H5245).

The Julian date assigned to a document number is based on the manual transaction date or the automated DMLSS processing date. The first position of the Julian date is the last character of the current calendar year. The next three positions indicate the current day of the year, *not* the day of the month. For example, if you generate an action requiring a document number and the “as of date” in DMLSS is 1 July 2013, the system will use 3182 for the Julian date portion of the document number. The “3” represents the year 2013, and the “182” represents 1 July, which is the 182nd day of the calendar year.

The third segment of the document number is a 4-position serial number that is either automatically assigned by DMLSS or manually assigned by a user. The serial number is assigned from one of the major serial number blocks for each transaction type as follows:

TRANSACTION TYPE	DOCUMENT BLOCK	
	START	END
Receipt	0001	2999
Issues	3000	6999
Manual Order	7000	7499
Excess	7500	7999
Gains Losses	8000	8499
Catalog	8997	N/A
Internal Transfers	8998	N/A
Inventory Adjustments	8999	N/A
Allowance Changes	9000 *NPF	9099 *NPF
Equipment Changes	9100	9199
Equipment Transfers	9200 *NPF	9499 *NPF
Equipment Gains Losses	9500	9574
Equipment Loans	9575 *NPF	9599 *NPF
Repair Part Transactions	8500 *NPF	9400 *NPF
Fund	F001 *NPF	F999 *NPF
*NPF – Data not passed to finance N/A – Not applicable. These transactions use only one document serial number for a given day even though multiple transactions are processed.		

These serial number blocks relate to broad categories of transactions (due-ins, issues, gains, losses, etc.). Each major block is further divided based on specific types of transactions. This method uniquely identifies each transaction processed and allows for sequential filing of all supporting documents for a specific type of transaction in the same folder. For example, all issues for a specific day are maintained in one folder and all receipts for that same day are filed in a different folder.

The number of transactions processed on a specific day cannot exceed the numeric limitation for a serial number block in DMLSS. When all document serial numbers for a specific document block have been used and additional document serial numbers are needed for the same Julian calendar date, the system begins assigning numbers from the beginning of the document block using the next Julian calendar date.

Computer assigned document numbers

In most cases, DMLSS assigns a document number to transactions as they process through the system. The first transaction processed each day is assigned the first serial number from the appropriate block and, as more transactions of the same type are processed during the day, the serial number is incremented by one. For example, the first issue processed each day is assigned a serial number of 3000; the next issue is assigned 3001, and so on. Some transactions only use one serial number, even if multiple transactions are processed. These transactions include:

1. Catalog—assigned serial number 8997.
2. Internal transfers—assigned serial number 8998.
3. Inventory adjustments—all inventory adjustment loss and gain (IAL/IAG) transactions are assigned serial number 8999.

Manually assigned document numbers

In some instances you may need to manually assign a document number to a document or transaction before you process it in DMLSS. For example, say you have an item that you physically ordered before you could process the transaction. In this case you can manually assign a document number using the 7000–7499 (manual order) serial block. You must record all manually assigned document numbers on an informal document register such as an AF Form 36, Supply Document Register (Manual), an equivalent form, or an electronic spreadsheet. This will eliminate the possibility of duplicating assigned document numbers. When you manually assign a document number to a requisition, the Julian date you assign should be the date you forwarded the requisition to the procurement source; remember from earlier, this is your *manual transaction date*.

Source documents

A medical supply source document is an accounting document that identifies an authorized property transaction such as a requisition, receipt, shipment, issue, transfer, or adjustment. It is filed to support formal or informal property accounting records and is subject to potential inspections and/or audits. Formal records that are subject to audits and inspections include all records for materiel inventory and equipment management. Informal records can also be subject to inspection, but not necessarily to audit, and are provided upon the inspector's request. Each document, formal or informal, must contain enough information to enable inspectors and auditors to trace the listed property's history through the supply chain cycle and verify the validity of each transaction. You should file backup or explanatory material with the document to which it pertains. This material must be retained as long as needed but not longer than the related document.

Before you place a source or supporting document in the permanent file, QC personnel must check it for validity and completeness. The MLFC is ultimately responsible for ensuring the validity and completeness of all documents before they are placed in file. Supporting documents must be compared to the SDCR for accuracy prior to filing them in the permanent document file. If invalid documents are discovered during the quality control process you must hold them in suspense pending their completion, validation, or correction. The MLFC ensures prompt action is taken to fix invalid documents. A document may be *invalid* for reasons such as the following:

1. Absence of required signature or initials.
2. Lack of required approval or comments.
3. Lack of fund citation or fund code.
4. Incomplete or missing additional supporting documents.

Source Document Control Report

The SDCR is a DMLSS computer product that lists all transactions that have been assigned a document number and have processed in DMLSS since the previous end-of-day (EOD) and should be both requested and worked daily. The SDCR can be printed by clicking on REPORTS in the IM module and selecting the SDCR from the list of options. Enter a date range and/or scope to limit the results per local procedures. Transactions appear on the report in document number sequence within each part.

Transaction totals are available on the last page of each part. Medical equipment transactions are not included in the SDCR and should be compared to the Medical Equipment Management Office (MEMO) document register prior to filing in the permanent document file. This report is available under the Standard Inquiry section of the Equipment Management (EM) Reports module.

The SDCR is produced in four parts (listed below) and the selection criterion includes an option to print all four parts if required.

1. Receipts/Cancellations.
2. Orders.
3. Gains/Losses.
4. Funds.

Quality control

Quality control is performed by verifying each source document against the SDCR or document register. At a minimum, check each document for validity and completeness. Compare the source documents to the document register for accuracy and verification that each transaction was completed successfully. Annotate the document number and processing date on the supporting documentation to help with proper filling, research, and the audit process. Stamp or mark each source document as having been QC'd along with the QC date and the signature or initials of the person performing the quality control.

Using warehouse receipts as an example, let's first review the receiving process. Then we will focus on the documents that are involved. First, the shipment is delivered to the warehouse; then the invoice is compared to what was physically received. The physical items or invoice are then compared to the DD 1155, Order for Supplies or Services and the DD 1155 is annotated with the correct quantities. The DD 1155 is then used to receive the items in DMLSS (fig. 1-3) and signed upon completion. DMLSS later generates the SDCR based on the processed receipts. During this entire process, three documents are used: invoice/shipping doc, DD 1155, and the SDCR (fig. 1-4).

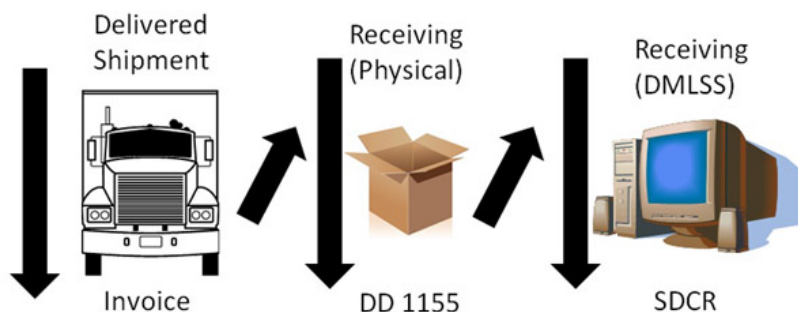


Figure 1-3. Receiving process.

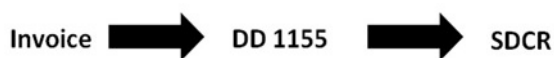


Figure 1-4. Quality control process.

While processing your daily QC, compare the source documents in the same order in which they were used. First, compare the invoice to the annotated and signed DD 1155; then compare the annotated and signed DD 1155 to the SDCR (fig. 1-4). It is critical, when processing your daily QC, that you *not* directly compare *non-QC'd* DMLSS products (i.e., DD 1155 to the SDCR), since both are DMLSS-generated documents based on the same data and will therefore be identical). Rather, as previously mentioned in the case of receipts, source documents—such as invoices and packing lists—should *first* be compared to the DD 1155. This allows you to make sure that what was shipped is the same as what was *annotated* as being physically received. Then, compare the QC'd DD 1155 to the SDCR to *validate* that what was physically received is the same as what was received in DMLSS.

Sites should encourage the use of local forms when processing manual transactions such as reversals and nonroutine issues. This allows QC personnel to compare what the user intended to run with what they actually processed.

005. Performing quality control corrective actions

If you find an error while reviewing the Source Document Control Report, annotate the required corrective action on both the SDCR and the source document (e.g., DD 1155). If the source document is not immediately available, pull the original source document from file or reprint it. After annotating the necessary changes, process the corrections in DMLSS. Use the SDCR produced from the next EOD cycle to verify the corrective action(s) processed.

Missing documents

You must compare the SDCR to the supporting document files daily. If a QC document is missing, first conduct an initial search for the document. The document may not have been turned in; could have been misfiled; or could have been stapled to another document. If you cannot locate the document, it is declared “lost.” You must request a duplicate copy from the initiating activity or prepare a replacement copy.

You may obtain information needed to prepare a copy from suspense files, transportation, contracting, or accounting and finance. If you cannot obtain the information from these sources, you must obtain enough data to identify the document from the SDCR and contact the preparing activity or source of supply for a duplicate copy of the requisition or shipping document. Then use the copy of the document to determine if it processed through the stock record account properly. Take action to process required transactions, if needed. The document number assigned to the original lost document will be reassigned to the facsimile or duplicate copy. Short suspenses should be assigned to individuals when requesting missing documentation. Flight supervision or section noncommissioned officer in charge (NCOIC) should be included on email requests to ensure that the importance of locating missing documentation is not lost on the recipient. Place incomplete documents with missing annotations or signatures into a *suspension file* and deliver to the original user for completion.

Maintaining complete transaction files is a crucial best business practice that will reflect the professionalism of both you and your office during various inspections and audits.

Erroneous processing

Transactions that are processed incorrectly need to be corrected as applicable to the specific transaction and error type. If unsure how to correct a transaction seek assistance from your supervisor or trainer. Processing an incorrect fix can make matters more difficult by adding an additional layer of inaccurate data. Often, the best way to correct a transaction is to retrace the transaction history and undo each step in

reverse. The most common errors will be related to warehouse receipts and issues. In this scenario, let's say that while processing QC you identified a receipt that was processed for 10 each instead of 1 each. Since there were pending backorders, all 10 were released to a waiting customer. By working the supply chain cycle in reverse, you could imagine taking the 10 each *back* from the customer and *returning* them to the warehouse shelves; this could be done by processing a customer return for credit. Now that the 10 each is back on record in operating stock, you would need to *remove* them from stock and imagine putting them *back* on the delivery truck; this is done by reversing the receipt. These steps will take you back to just before the initial error was made. Now, you can *rerun* the receipt for the correct amount of 1 each and release the single backorder to the customer. Note that you would not physically deliver the item to the customer if it were already delivered.

By working the problem in reverse, you can undo each step until you reach the point just prior to when the initial error was made.

Brief frequently encountered errors during routine flight meetings or as a part of Medical Materiel refresher training; be sure to document this training for inspection purposes. By sharing these lessons, you can reduce your flight's error rate and create an even better Logistics flight.

006. File plan preparation and records maintenance

Records are either digital or hard-copy informational documents that are created during day-to-day operations by military, civilian, and contracted Air Force employees for official business. These documents must be safeguarded and be easily accessible for reasons to including routine research, auditing, and Freedom of Information Act (FOIA) requests. In order for these documents to be easily accessible we must systematically label, file, and maintain them in an organized manner.

In the Air Force, economical and efficient records management involves scheduling records for either retention or periodic destruction, while also preserving records that reflect the organization's functions, policies, decisions, procedures, and essential transactions. These actions will further help us to preserve records that protect the legal and financial rights of the government and of individuals whom Air Force actions directly affect. Furthermore, we will continue to offer records of enduring value for permanent preservation in the National Archives. Finally, we will ensure prompt and systematic disposition of records of temporary value, while setting up safeguards against illegal removal, loss, or destruction of all sensitive records.

Air Force employees have three basic obligations regarding records: (1) Create records needed to do the business of the agency, record decisions and actions taken, and/or document activities for which they are responsible; (2) manage records by setting up directories, files, and filing materials (in any format) regularly and carefully in a manner that allows safe storage and efficient retrieval when necessary; and (3) ensure records are maintained according to Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of according to the Air Force Records Information Management System (AFRIMS), the records disposition schedule (RDS), and related federal regulations and legal requirements.

File plan

A file plan is a roadmap of sorts that lists where specific documents are to be maintained. It is used by all personnel who file documents to ensure the documents are placed where they belong. The file plan can also be used by anyone who needs to search for a specific type of document by indicating where they need to look. The file plan is created, approved, and maintained in AFRIMS which is a mandatory government-owned, Web-based tool suite designed to enhance and standardize Air Force records management and procedures.

Records disposition schedule

The RDS, which is maintained in AFRIMS, is the authoritative source for record dispositions. The RDS contains various tables and rules that list how different types of documents need to be maintained.

Electronic records management

Electronic records management (ERM) is the digital equivalent of a paper-based filing system. With ERM, the contents of a computer's directory or the sum of its electronic folders may be equated to the traditional file drawer. Each computer data subdirectory or electronic folder is equivalent to a paper file folder. Files in directories or folders are equivalent to individual documents in the physical folders. Directory or folder names are equivalent to file folder labels to identify the broad functional category of the information contained in them. Primary folder names contain filing instructions. Labeling, naming, and filing conventions for electronic records should be simple. Promotion of an effective electronic filing system will be enhanced by like documents in the same place (on the same labeled disc or in the same directory on a hard drive) to avoid the necessity of rummaging through a drawer full of discs or searching through multiple directories on hard drives to find needed documents.

Filing supporting documents

File supporting documents in sequence by type, then Julian date, then serial number. Maintain separate folders or filing areas for each type, block, or sub-block (e.g., one folder or drawer for serial number block 0001–2999 [receipts] and another for serial block 7500–7999 [excess]).

Temporary listings

Some DMLSS system output is classified as *temporary* and the distribution instructions for these items are designed to be flexible enough to satisfy local procedures and conditions. Temporary listings can be found in the different reports modules and DMLSS inboxes (e.g., the IM Status Edits Report). Each of these reports normally requires some sort of DMLSS corrective action. These working-type listings are maintained in a temporary file until corrective actions have been completed and verified or until a new, corrected list is received according to AFRIMS T 41–04 R 02.00, *Medical Materiel Edit Lists*. This process provides managers the option of retaining previous versions of the list containing items being worked or replacing them with a more current list.

Permanent listings

The term *permanent* is used to distinguish listings that must be maintained for a designated period of time. AFRIMS distribution instructions indicate which listings need to be retained in a permanent file. Specific retention periods are addressed in and maintained according to AFRIMS Tables 23-08, 23-20, 23-23, 41-04, and 41-14. For example, the SDCR is stored within the DMLSS server for all current and previous year actions. AFRIMS reflects that these documents may be destroyed one year after closeout of the fiscal year (FY) to which they pertain. DMLSS is therefore programed to automatically purge these documents when the specified time requirements have been met.

Retention of SDCRs and document registers.

After all quality control actions are completed and verified, printed control reports may be discarded; however, current and previous year SDCRs and document registers must be available for review and audit purposes. Since these reports are maintained within the DMLSS server, they are retrievable anytime by accessing the Reports module in either IM or EM.

Self-Test Questions

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

004. Performing quality control

1. During the QC process, you will be comparing source documents to which DMLSS generated document?
2. What is the top mistake-generating factor that must be mitigated?

3. How are document numbers used?
4. What are the three components of a document number?
5. Describe the configuration of a Julian date.
6. What document block is used for receipts?
7. What document block is used for issues?
8. What document block is used for manual orders?
9. What happens when all serial numbers have been used for a document block and more are needed?
10. Which three transaction types use only one serial number each, regardless of the number of transactions processed?
11. List three examples of an informal document register used to record manual document numbers.
12. What is the definition of a medical supply source document?
13. Before permanently filing source documents, what are two things you must check?
14. Which DMLSS report is compared to supporting documents prior to filing them?
15. List four reasons why a document may be considered invalid.
16. How often should you request the SDCR?

17. Compare medical equipment transactions to what document prior to filing?

18. List the four parts of the SDCR.

005. Performing quality control corrective actions

1. If you find an error while reviewing the SDCR, what should you annotate on both the SDCR and the source document?
2. What should you do if a QC document is missing?
3. Incomplete documents with missing annotations or signatures should be placed into what type of file?
4. What is the best way to reverse a transaction?
5. What are the two most common warehouse QC errors that you will encounter?
6. What type of errors should be briefed during weekly flight meetings or as a part of Medical Materiel refresher training?

006. File plan preparation and records maintenance

1. What are records?
2. What three things must we do to make documents easily accessible?
3. Records are maintained according to which regulation?
4. Records are disposed of according to which guidance?
5. What is a file plan?

6. Where is the file plan created, approved, and maintained?
7. The contents of a computer's directory can be equated to what?
8. In what sequence do you file supporting documents?
9. Where is the SDCR stored?

Answers to Self-Test Questions

001.

1. (1) b.
(2) c.
(3) f.
(4) e.
(5) f.
(6) e.
2. Ordering, shipping, receiving, storing, issuing.
3. It required large amounts of manpower, time, and space to track, manage, and store the inventory.
4. The management of all internal and external processes necessary to satisfy a customer's order.
5. The Medical Logistics flight.
6. The ability of the supply chain to deliver the right material, at the right time, to the right customer.

002.

1. The proper use and care of government property.
2. In the best possible condition, operationally ready, and stocked in the minimum quantities required.
3. FW&A prevention.
4. More than 45 calendar days.

003.

1. Public property, government property, AF property, military property.
2. MTFC.
3. MLFC.
4. In DMLSS.

004.

1. The SDCR.
2. Human error.
3. To identify documents, establish an audit trail, and aid in filing and retrieval.
4. (1) DODAAC/SRAN or customer account number; (2) Julian date; (3) serial number.

5. The first position of the Julian date is the last character of the calendar year. The next three positions indicate the day of the year.
6. 001-2999.
7. 3000-6999.
8. 7000-7499.
9. The system begins assigning numbers from the beginning of the document block using the next Julian calendar date.
10. Catalog, Internal Transfers, and Inventory Adjustments.
11. AF Form 36, Supply Document Register (Manual), an equivalent form, or an electronic spreadsheet.
12. An authorized property accounting document that identifies a property transaction such as a requisition, receipt, shipment, issue, transfer, or adjustment.
13. Validity and completeness.
14. SDCR.
15. Absence of required signature or initials; Lack of required approval, comments, or signatures; Lack of fund citation or fund code; Incomplete or missing additional supporting documents.
16. Daily.
17. MEMO document register.
18. Receipts/Cancellations; Orders; Gains/Losses; Funds.

005.

1. Required corrective action.
2. Conduct an initial search for the document.
3. Suspension.
4. Retrace the transaction history and undo each step in reverse.
5. Receipts and issues.
6. Frequently encountered.

006.

1. Digital or hard-copy informational documents that are created during day-to-day operations by military, civilian, and contracted Air Force employees for official business.
2. We must systematically label, file, and maintain them in an organized manner.
3. AFMAN 33-363.
4. RDS located in AFRIMS.
5. A roadmap that lists where specific documents are to be maintained.
6. AFRIMS.
7. The traditional file drawer.
8. By type, then Julian date, then serial number.
9. Within the DMLSS server.

Do 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 Air Force Career Development Academy (AFCDA).

1. (001) Supply chain management (SCM) mainly focuses on what type of issuing system?
 - a. Rotating.
 - b. Reactive.
 - c. Proactive.
 - d. Retroactive.
2. (002) In the medical treatment facility (MTF), what do you do after discovering a piece of unaccounted equipment?
 - a. Tag with serial number.
 - b. Update property books.
 - c. Return to vendor for credit.
 - d. Remove it from user's account.
3. (003) Who appoints the accountable base medical supply officer (ABMSO)?
 - a. Medical treatment facility (MTF) commander.
 - b. Squadron commander.
 - c. Flight commander.
 - d. Wing commander.
4. (003) Who is typically appointed as the accountable base medical supply officer (ABMSO)?
 - a. Biomedical Service Corps (BSC) officer.
 - b. Medical Logistics Flight Chief (MLFC).
 - c. Medical Service Corps (MSC) officer.
 - d. Superintendant, Medical Logistics.
5. (003) Who must approve the issue of medical supplies to nonmedical units?
 - a. Squadron commander.
 - b. Medical Logistics flight commander (MLFC).
 - c. Medical treatment facility commander (MTFC).
 - d. Noncommissioned officer in charge (NCOIC) customer service.
6. (004) Receipts and invoices are compared to which primary quality control (QC) document?
 - a. Issue-turn in Summary.
 - b. Source Document Control Report.
 - c. DD 1155, Order for Supplies or Services.
 - d. AF Form 36, Supply Document Register.
7. (004) What is the correct sequence for a complete document number?
 - a. Stock record account number (SRAN), serial number, Julian date.
 - b. SRAN, Julian date, serial number.
 - c. Account, serial number, Julian date.
 - d. Account, SRAN, serial number.

8. (004) Which position of the Julian date corresponds to the calendar year?
 - a. First.
 - b. Second.
 - c. Third.
 - d. Fourth.
9. (004) Before permanently filing a source document, quality control (QC) personnel must check it for
 - a. accuracy.
 - b. authority.
 - c. legibility.
 - d. validity.
10. (004) Which Defense Medical Logistics Standard Support (DMLSS) module is used to print the Source Document Control Report (SDCR)?
 - a. Customer Area Inventory Management (CAIM).
 - b. Equipment Management (EM).
 - c. Inventory Management (IM).
 - d. System Services (SS).
11. (004) Which of the following is one of the four parts of the Source Document Control Report (SDCR)?
 - a. Due-ins.
 - b. Losses/Gains.
 - c. Funding Transfers.
 - d. Receipts/Cancellations.
12. (004) What should the DD 1155 be compared to *first*, when performing quality control (QC)?
 - a. Source Document Control Report (SDCR).
 - b. Transaction history.
 - c. Purchase order.
 - d. Packing list.
13. (005) What should you do *first* after discovering a quality control (QC) document is missing?
 - a. Declare it as lost.
 - b. Request a duplicate.
 - c. Notify your supervisor.
 - d. Conduct an initial search.
14. (005) Incomplete quality control (QC) documents should be placed into which type of file?
 - a. Temporary.
 - b. Suspension.
 - c. Pending Action.
 - d. Awaiting Completion.
15. (005) During quality control (QC) which processing error will you most likely find?
 - a. MEMO issues.
 - b. Funding transfers.
 - c. Order cancellations.
 - d. Warehouse receipts.
16. (006) Which of the following is a main reason for stored records to be easily accessible?
 - a. File plan.
 - b. Unit policy.
 - c. Potential audits.
 - d. Space utilization.

17. (006) In what manner must documents be maintained for them to be easily accessible?
 - a. Organized.
 - b. Sequential.
 - c. Functional.
 - d. Economical.
18. (006) A file plan lists where specific documents are to be
 - a. archived.
 - b. reviewed.
 - c. destroyed.
 - d. maintained.
19. (006) Where is the Records Disposition Schedule (RDS) maintained?
 - a. JMAR.
 - b. DMLSS.
 - c. AFMOA.
 - d. AFRIMS.
20. (006) What system is the digital equivalent of filing hardcopy documents?
 - a. Digital Records Management.
 - b. Digital Documents Management.
 - c. Electronic Records Management.
 - d. Electronic Documents Management.

Please read the unit menu for unit 2 and continue ➡

Unit 2. Support Activities and Fund Types

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THERE IS NO SUCH THING AS A “LONE RANGER” IN THE AIR FORCE. Already in this CDC you have seen that Medical Logistics is dependent on other organizations and sources to help fulfill the mission. Likewise, your organization requires certain tasks of you so that it is able to do its job. With this in mind, it is important to know which agencies you support and the ones that support you. Using this knowledge will help make you and those around you a successful team.

Understanding the mission of the Air Force Medical Logistics Office (AFMLO) and the other supporting agencies as presented in this first section provides the framework necessary for successfully identifying and coordinating with those external organizations. Later on, you will learn about the various types of fundings that we rely on and the restrictions placed on each type.

2–1. Medical Materiel Support Activities

In your daily tasks, there are numerous activities with whom you must coordinate. Some will require your support while others are there to support you. Many of these activities and agencies are local (e.g., base contracting, accounting and finance, and base supply). Other support activities are far away (e.g., Headquarters USAF [HQ USAF], AFMLO, and the major commands [MAJCOM]).

007. Support activities

In your day-to-day job you may be tasked with retrieving and providing data to external agencies within the DOD. Likewise, you may need to request assistance from other DOD agencies. This lesson will provide you with a general overview of six different agencies that frequently communicate with Medical Logistics accounts. These activities will include the Air Force Medical Operations Agency (AFMOA), AFMLO, Defense Finance and Accounting Service (DFAS), Joint Medical Logistics Functional Development Center (JMLFDC), and the Military Health Systems (MHS) help desk.

Air Force Medical Operations Agency

The AFMOA is co-located at Brooks Air Force Base (AFB), Texas and Ft Detrick, Maryland and is an extension of the Air Force Surgeon General’s (AF/SG) office. AFMOA’s mission is to support the development and execution of AF/SG policies. AFMOA/SGA oversees the medical support aspect of AFMOA’s mission and is the AF/SG’s primary focal point for developing policies, strategies, plans, consultant services, and requirements dealing with medical facilities, supplies, equipment, acquisition, information systems, and resources. The organizational structure of AFMOA/SGA is made up of five medical divisions:

1. Medical Information Systems (AFMOA/SGAI).
2. Medical Logistics (AFMOA/SGAL).
3. Manpower (AFMOA/SGAP).
4. Resource Management (AFMOA/SGAR).
5. Health Benefits (AFMOA/SGAT).

AFMOA/SGAL (also known as AFMLO) develops plans and policies concerning medical materiel (both supply and equipment), biomedical equipment maintenance and repair, service contracts, and

medical material support and medical facilities management for medical service missions during peacetime and wartime.

Air Force Medical Logistics Office

AFMLO is located at Fort Detrick, Maryland and is a part of the Medical Logistics Division. The AFMLO establishes policies and procedures for managing medical materiel and is the point of contact (POC) for resolution of general medical materiel difficulties. The AFMLO also provides the following services:

- Serves as liaison between Air Force medical materiel accounts and the Defense Logistics Agency (DLA), General Service Administration (GSA), and other sources of supply.
- Maintains and updates AF medical allowance standards (AS).
- Directs disposition of reported excess medical materiel.
- Establishes procedures for all contract services to include professional services.
- Distributes medical materiel information to medical activities as directed by the AF/SG.
- Manages the Air Force Working Capital Fund/Medical Dental Division.
- Develops AF-wide key performance indicators for Medical Logistics accounts.
- Develops, publishes, and maintains the AFML Web site.

Defense Finance and Accounting Service

DFAS is responsible for providing all payment services for DOD. They process our pay, travel, retirement, and health benefits. They also pay commercial invoices for services rendered and materials delivered. DFAS was originally activated in 1991 to reduce costs and improve financial management by standardizing, consolidating, and improving accounting and financial functions throughout DOD. Over the years, DFAS consolidated more than 300 installation-level offices into five operating locations. DFAS now consists of a headquarters in Indianapolis, Indiana, and five operating sites located in Cleveland, Ohio; Columbus, Ohio; Indianapolis, Indiana; Limestone, Maine; and Rome, New York.

Joint Medical Logistics Functional Development Center

Joint Medical Logistics Functional Development Center is located at Fort Detrick, Maryland and is a tri-service organization consisting of active duty, civil service, and contractor personnel. At JMLFDC (which falls directly under the DMLSS Program Management Office) the functional representatives write the requirements for the DMLSS software, and the software engineers write the computer code to meet the requirements. Specifically, the DMLSS mission statement involves the following tasks:

- Develops functional process improvements (with special focus on modeling and simulation).
- Develops data and process models, maintains the medical logistics functional architecture.
- Defines functional requirements for the DMLSS Automatic Information System (AIS).
- Develops implementation plans.
- Identifies potential opportunities for updates to the Functional Economic Analysis (for the Medical Logistics Service program managers).
- Validates the DMLSS AIS functional performance.
- Ensures compliance with directives governing functional activity program management.

Military Health Systems—Help Desk

The MHS—Help Desk is a contracted Help Desk organization. They handle all the trouble calls pertaining to DMLSS. Users can contact the MHS—Help Desk by telephone, FAX, email, or via Web site. Each problem is tracked by initiating a “trouble ticket” (request for help) in their database. The Help Desk personnel can resolve most problems; however, some problems can’t be solved immediately and require them to consult with the appropriate functional or technical expert.

HelpNow! is a Web-based tool that allows you access to Help Desk information anytime of the day or night without having to call the actual Help Desk. You can open a ticket, review the status of your existing tickets, or search the knowledge base.

Your “trouble ticket” will stay open until the problem has been resolved. After resolution, you will receive an email message confirming that your ticket has been closed. If you still have an unresolved question, you can contact the Help Desk to have the ticket re-opened.

008. Air Force Medical Logistics Web site

Access to job specific knowledge (e.g., current news, policy changes, and best practices) is an important part of the medical logistics world. The AFML Web site consolidates this information and more into one location. This should be one of your most frequently used sources for 4A1-specific information, other than governing regulations and your supervisor. The AFML Web site offers a means to obtain important updates and also provides multidirectional communication with peers and experts from both AFMLO and other units. All 4A1s should create an account upon arriving at their first duty location. The Web site may be accessed by navigating to <https://medlog.us.af.mil>. A common access card (CAC) is required to register and log-in. You should explore the Web site on your own as there is much more information available than cannot be detailed in this lesson. This lesson will briefly cover the web site’s general layout, main tabs, and a few important applications.

General layout

The AFML Web site (fig. 2-1) is broken into eight main tabs or categories: Home, Career Corner, DMLSS, MTF Support, Clinical Engineering, MEMO, Readiness, and Supply. Most of these tabbed pages also have a small insert box and four or five additional tabs. The makeup of these additional tabs is slightly different for each page and may consist of any combination of the following: Headlines, Documents, Applications, Events, Links, and Guidance. The main pages also have a section that lists the most frequently searched keywords. If you decide to use your own search terms however, you may use the available search bar on each page. All of the pages also share four common links, listed at the top of each page:

1. Field Support Points of Contact—lists AFML contacts for your assigned MAJCOM.
2. Feedback—a place to offer comments and suggestions about the Web site.
3. Document Library—collection of all published text documents and guidances.
4. News Post Library—chronological collection of short informational Web postings.

Finally, the small icon resembling a gear, located in the top-right corner of each page, will allow you to review recent notifications that you have signed-up for. It will also allow you to update your contact information and notification preferences. It is important to note that notifications may only be viewed once. After navigating away from the notifications screen, all previous notifications will be removed as they are no longer considered “new” to you.

Main tabs

The eight main tabs of the AFML Web site correlate to the multiple aspects of Medical Logistics: general info, career info, AISs, guidance and regulations, biomedical maintenance, medical equipment, WRM, and inventory management. The individual tabs consist of the following:

1. Home—Displays a visual snapshot of your stock record account’s status. It also contains universal postings from AFMLO that pertain to the majority of bases (e.g., end-of-fiscal year (FY) closeout instructions, server update notes, etc.). This page also contains user-submitted postings from home stations and deployed locations. This is a great way to stay current on what your peers have been up to.

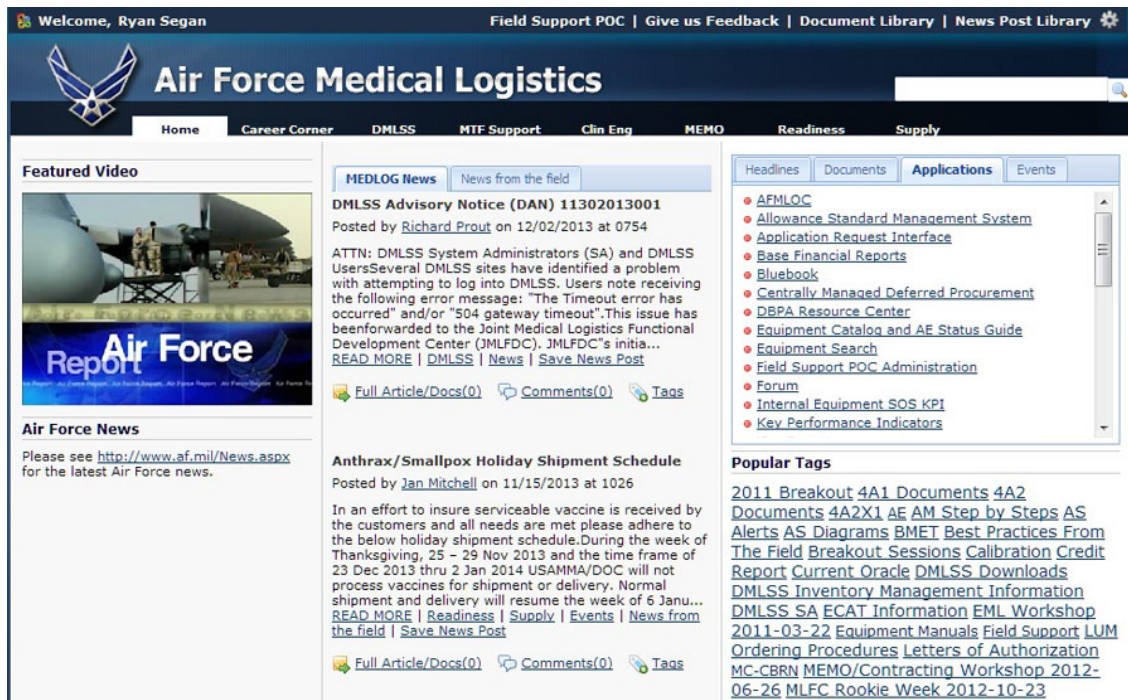


Figure 2-1. AFMLO homepage.

2. **Career Corner**—Contains personnel-type information unique to the 4A1 specialty. It may contain postings from senior AFMLO staff members or the Air Force Personnel Center (AFPC). Career Corner contains a section devoted to the Medical Logistics and Biomedical Maintenance career field managers which consists of a library of useful career field documents and news.
3. **DMLSS**—Contains postings unique to the DMLSS computer system targeted at local systems administrators. It also contains release notes for current DMLSS software versions, Business Objects (BO) repository for user-prepared reports, and links to various DMLSS training opportunities.
4. **MTF Support**—Contains a listing of scheduled AFML site visits, MTF support forums, and information on policy letters, guidances and regulations.
5. **Clinical Engineering**—Equipment-specific information targeted at Biomedical Maintenance and other supporting activities.
6. **MEMO**—Equipment-specific information targeted at medical equipment offices.
7. **Readiness**—WRM-specific information to include AS changes, technical orders (TO), and assemblage updates.
8. **Supply**—Medical Materiel-specific information on prime vendor (PV) programs, ECAT, decentralized blanket purchase agreements (DBPA), vaccine programs, excess, and quality control messages.

Applications

As previously mentioned, the small insert box available on most pages contains an application tab. The following is a list of a few of the more frequently used links under this tab.

- The *bluebook* is a listing of all Medical Logistics personnel broken down by location.
- *Allowance Standard Management System* provides all published allowances for each WRM project.
- *DBPA Resource Center* contains contract documentation and price listings for pre-approved sources.
- *Tri-service Medical Excess Distribution System* (TRIMEDS) offers a place to advertise and search for excess supplies and equipment.

Self-Test Questions

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

007. Support activities

1. Match the department in column B with the description in column A. Place the letter for the department from column B in the space provided in column A. Each term may be used once, more than once, or not at all.

Column A

- ____ (1) Develops and writes DMLSS software.
- ____ (2) Maintains DOD accounting and financial functions.
- ____ (3) POC for general medical materiel difficulties.
- ____ (4) Oversees execution of AF/SG medical support policies.
- ____ (5) Provides assistance with DMLSS trouble calls.

Column B

- a. AFMOA/SGA.
- b. AFMLO.
- c. MAJCOM.
- d. DFAS.
- e. JMLFDC.
- f. MHS Help Desk.

008. Air Force Medical Logistics Web site

1. What is the AFML Web site internet address?
2. What are the eight primary categories of information on the AFML Web site?
3. Name the four common links that are positioned at the top of each page.
4. What is the AFML bluebook?

2-2. Fund Types

Acquisitions and money go hand-in-hand. Without a dedicated source of funding we would be unable to obtain the supplies, equipment, and services needed to accomplish the medical mission.

Furthermore, we require that source funding be available at all times. This section includes a brief description of the Medical Dental Division of the Air Force Working Capital Fund, Operation and Maintenance funds, and other procurement funds.

009. Air Force Working Capital Fund/Medical Dental Division

During December 1996, the Under Secretary of Defense/Comptroller approved replacement of the Defense Business Operations Fund (DBOF) with four working capital funds. The four funds are Air Force Working Capital Fund (AFWCF), Army Working Capital Fund, Navy Working Capital Fund, and the Defense-Wide Working Capital Fund. In 1997, a fifth fund was added for the Defense Commissary Agency. The primary purpose for these changes to the DBOF was to clearly establish responsibilities for managing the functional and financial aspects of revolving funds under the control of each service. For our purposes, this action amounts to little more than a name change.

To understand the AFWCF organization, you need to be familiar with two concepts—wholesale and retail. The term *wholesaler* is defined as a merchant middleman who sells chiefly to other businesses (e.g., retailers, other merchants, or industrial, institutional, and commercial users). Meanwhile, further down the chain is the *retailer*, who is defined as a business that sells goods to end users (consumers) usually in small quantities.

From this description, you can see that wholesale is simply selling items in large quantity to someone else for individual resale. Normally, the wholesaler sells to a retailer who buys in bulk quantities and, in turn, sells to individual customers in smaller quantities. These concepts apply to the AFWCF and Medical Materiel. For the purposes of this discussion, our sources of supply (SOS) could be considered wholesalers in that we obtain from them individual items in large quantities (i.e., by the case). In turn, like a retailer, we break down those large units-of-purchase and sell to the end user the smaller units-of-sale (i.e., box, each, etc). Medical Materiel first uses money from the AFWCF/MDD to obtain these bulk supplies. Since these items are procured with stock fund money, the items belong to the medical SRA. When using activities-purchased supplies from us, they reimburse the stock fund with their operations & maintenance (O&M) funds. In a nutshell, Medical Logistics procures items with AFWCF/MDD, then sells them to the MTF and is then reimbursed with the customer's O&M funds.

AFWCF organization

The AFWCF consists of three groups: Information Services, Depot Maintenance, and Supply Management (fig. 2-2). We will limit the discussion to the Supply Management Activity Group, which is divided into four divisions—one wholesale and three retail. The wholesale division consists of the Materiel Support Division (MSD). The retail divisions consist of General Support, the Academy Cadet Store, and the MDD. The following paragraphs give you an overview of the Supply Management group while describing the elements and features of the wholesale and retail divisions.

Wholesale division

The MSD is a wholesale division. This division manages depot level repairable and consumable items directly related to AF weapons systems, such as F-16, F-15, C-5, and B2 aircraft. This division also buys and repairs such items as engines, landing gear assemblies, and electronics (i.e., radios, radar, etc.).

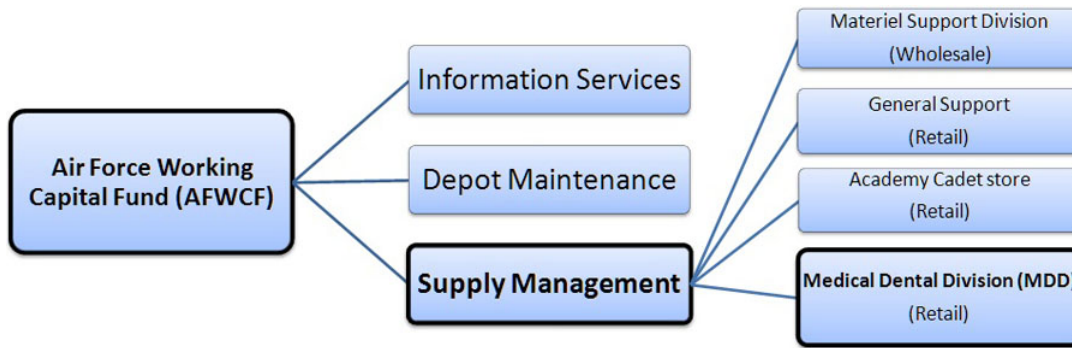


Figure 2-2. AFWCF.

Retail division

There are three elements of the retail division:

1. General Support—Used for items procured by Air Force Base Supply activities from sources other than the Air Force depot system which are not included in any other division of the AFWCF.
2. Academy Cadet Store—Includes clothing, athletic supplies, bedding, textbooks, scholastic supplies, and other items to be supplied to cadets.
3. MDD—Includes *only the procurement* of medical and dental supplies and expense equipment.

The MDD retail division does *not* include funding for the following:

- Other procurement (capital investment equipment costing \$250,000 or more).
- Service contracts.

Dollars available for purchases are determined by the type of sales made. Of the three retail divisions, only one of these, the MDD, is of special interest to Medical Materiel personnel.

AFWCF concepts

All working capital funds have certain advantages in supply operations that make them valuable additions to the traditional system of AF supply. Two very important aspects of the AFWCFs are working capital and revolving fund concepts.

Working capital

Working capital consists of all available and in-use assets. This includes cash, outstanding orders (due-ins), and inventory (on-hand stock). Another way to look at working capital investment is that it consists of funds tied up in *both* inventory and outstanding orders, plus the remaining working fund cash balance. At the installation level, stock fund assets represent the potential resources needed to bring goods to the individual customer. As your customers buy these goods, they return funds to the working capital fund's cash balance, so that you may continue the process. Another part of this concept is the principle that we should be able to sell what we buy; otherwise, we risk tying-up a portion of the working fund with non-sellable excess assets. This leads us to the next concept, the revolving fund.

Revolving fund

The revolving fund concept is the most distinctive feature of AFWCF. When an AFWCF begins operations, it's provided an initial supply of cash and inventories of certain commodities or items. The cash, plus inventories and outstanding orders (due-ins) together are the fund's capital. When an AFWCF sells items to its customers, it receives money back in the form of credit reimbursements. These funds are then used to order more replacement supplies. The AFWCF becomes a revolving

fund because it continually sells the items that it holds in inventory and then reinvests the proceeds from these sales in additional inventories, which are sold again at a future date.

The same process occurs in dealing with due-outs (backorders). Customer funds are obligated when customer due-outs are established. Obligated in this sense means the customer's available fund balance is decreased by the cost of the items placed on order. When the due-in supplies are received, receipts are processed and payment is generated by the Defense Accounting Office (DAO) (also known as Finance). If, for some reason, the customer's current year due-outs are canceled, the customer's funds are de-obligated and returned to the customer for other current year orders.

MDD funds

You've already learned about the AFWCF structure, working capital, and the revolving fund concept. Basically, the AFWCF is a device for keeping the supply pipeline filled, and the MDD (6B funds) is the cash source used to pay for the purchase and transportation of materiel. Specifically, the MDD is the division of the AFWCF authorized to procure, receive, store, and issue expense-type medical and dental items. The peacetime side of the MDD is self-sustaining, and there is no infusion of new cash to keep it operating. All MDD expenses and losses must be recovered through sales to customers.

Once again, the MDD is a *revolving fund* in that a dollar in sales provides an available dollar in obligation authority for the purchase of more materiel. A surcharge is assessed on local purchase (LP) sales to cover costs incurred by the fund, such as, transportation expenses, destructions, inventory losses, theft, free issues, and so forth. The MDD must *not* end the fiscal year (30 September) with obligations exceeding sales. Overall responsibility for management of the MDD is vested in the surgeon general and has been delegated to the AFMOA/SGAL.

Like the other working capital funds (WCF), the MDD works differently from the rest of the supply system. One of the best ways to understand its operation is to focus on the system flow: goods into and out of the system, merchandise to customers, and sales income to the MDD.

Flow of funding and goods

The flow of goods is easier to understand when you compare the current situation to the problems of the past. In pre-AFWCF days, annual appropriations were used to purchase supplies. This presented many problems for Medical Materiel because facility management (FM) accounts were given annual lump sums of money (actually the hospital's [operation and maintenance] O&M funds) with which to operate. It was difficult to ensure that sufficient on hand inventory was maintained because there was no reimbursement. Sometimes this forced Medical Logistics to buy small amounts instead of larger more economical quantities. A frequent result was running out of certain supplies because we did not have sufficient funds at the end of the yearly appropriation cycle. These and many other problems caused the Air Force to convert to the MDD management process.

Flexibility

The AFWCF stands apart from the annual appropriation cycle because it's a self-contained, revolving fund (provided there is a one-to-one obligations-to-sales ratio). The MLFC has greater flexibility in financing the inventory levels, selecting optimum procurement lead time, and keeping goods immediately available for issue. Little control is needed if you do your job right and communicate effectively with your customers.

Channels

The funds that keep the AFWCF turning through its cycle of sales are not directly appropriated by Congress. They come indirectly from AF O&M funds (fund code 30) that are appropriated by Congress through numerous channels to the various MAJCOM resource advisors (RA). MAJCOM/RAs then distribute the funds to the individual unit RAs and finally to the accounts (service customer). If the customer has the money and you have the goods, issues can be made! This

way, the O&M funds that Congress appropriates each year are more closely related to the cost of funding the Air Force in that year.

Sales income

As you learned earlier, after the customer issue is processed, the MDD is reimbursed by the O&M funds that support the customer. Each time an issue or receipt is processed, DMLSS transactions are transmitted to DFAS. The Medical Materiel accounting technician at the servicing DFAS uses a project center (Project Fund Management Record [PFMR] in finance terms) to record reimbursable issues to using activities. The activities' specific element of resource (EOR) codes of 604 (supplies) and 624 (expense equipment) are used. Payments to the suppliers of the MDD (DLA, prime vendors, etc.) are made by the servicing DFAS, citing the central account of the MTF on the payment instrument. Through DFAS, all sales, receipts, payments, and cash balances, as shown on the AFWCF books, are reconciled with the amount credited to the AFWCF's account in the US Treasury.

Again, you can equate the operation of the SRA to the operations of a store. The storekeeper (you) purchases, stores, and sells the supplies. The financial bookkeeper (DFAS) records the sales and receipts, and pays the bills for supplies locally. Through the bank (DFAS), all sales, payments, and cash balances are reconciled with the AFWCF account in the US Treasury. This procedure is the same for every AFWCF Medical Materiel account in the Air Force.

Fund effectiveness

The previous paragraphs describe a rather ideal operation of the AFWCF/MDD. As all of us are well aware, this is not always the case. Like any other operation that deals with buyers and sellers, funds can be affected by many factors that can increase or decrease its effectiveness. The most common factors that decrease the amount of capital available to the AFWCF/MDD are decreases in average monthly sales, increases in excess inventory, and losses.

Decreases

Decrease in sales is one of the most common causes of decreased effectiveness. When average monthly sales decrease and operating inventory levels remain the same, the amount of funds available to place new orders for needed supplies is reduced. As you learned earlier, you don't get money to reinvest in new inventory until current on-hand stocks (inventory) are sold (issued). One way to counter this is to maintain open lines of communication with your customers. If you know that one of their clinical processes is changing, you can proactively reduce or eliminate stock levels for those items which will eventually become excess. Additionally, keeping an eye on customer's stock rooms and their levels can help reduce stockpiling and poor inventory management on their part, which can lead to "feast or famine" type ordering.

Excess

Excess is another way effectiveness is decreased. Increases in items categorized as excess represent an investment of funds that tie-up capital that could be used to purchase additional items for resale. If excess is reported and no refund for your purchases is given (no credit is authorized), the AFWCF/MDD's effectiveness is further decreased. Ways to help prevent these types of problems are to screen orders closely, talk with your customers, and be aware of changes within your medical facility. When you identify materiel as excess, promptly report it for disposition.

Losses

Losses are another factor that can have a major impact on operating inventory. Losses involve damaged goods, theft, destruction due to deterioration, and expiration. Damaged goods and warehouse refusals (stock shortages) can seriously affect the AFWCF/MDD. Damaged goods are those items that you cannot sell because, for whatever reason, they are unserviceable. Warehouse refusals are those items that we processed as received but later cannot be found to fill customer orders/requirements (lost customer issues).

Surcharges

One method initiated by the Office of Secretary of Defense (OSD) for correcting unbalances between obligations and sales is the use of various surcharges. Therefore, to regain some of the lost AFWCF/MDD funding, surcharges may be added in DMLSS to the total cost of LP items. A surcharge is an additional cost added to the purchase price of an item. It's similar to a handling fee or state tax. However, if the MDD ends the fiscal year with excess funding, a negative surcharge or discount may be added instead. Application of surcharges helps reduce the impact that losses have on the AFWCF. This is not the ultimate answer to the problem. The answer lies in improving inventory management.

Improved inventory management effectiveness

One of the most common measures used to increase AFWCF effectiveness is to maintain a consistent sales level that ensures an adequate balance between obligations (due-outs) and net sales (issues). This simply means, keep receipt of new stocks consistent with customer sales. Sell what you buy and only buy what you can sell! Avoid getting stuck with items that sit on the shelf forever.

You must strive to maintain adequate and realistic stock control levels. As you learned earlier, one way of doing this is to maintain close communication with customers and closely monitor stock control levels. Reduction of stock on-hand and due-in reduces potential losses of outdated and excess materiel. Another part of this effort is to ensure that dated items are routinely monitored and receive maximum utilization prior to disposition. As a result, you should be able to minimize the number of destructions you perform.

Communicate with your customers; find out if they are going to continue using those items that seem to be slow issue items. If they can't use the items or can't use them soon, try redistributing them using the excess program. Keep in mind, shipping costs are not cheap! Plus, if you reorder the same item later, more time, money, and manpower will be lost. Doing this takes a lot of work on your part, but your hard work will make a big difference in the effectiveness of your account and the AFWCF/MDD.

010. Operations and maintenance/other procurement funds

We have dealt quite extensively with the explanation of the MDD portion of the AFWCF, but there are two other types of funds of which you should be aware. The first is O&M. We've already made mention of this fund because it is the money that provides reimbursement to the AFWCF. The second type is other procurement (OP) funds.

O&M funds

The most important budget in your facility is the O&M fund, fund code 30. These funds are used for the general and ordinary business of the government—it covers the overhead cost of running your facility. In other words, this is the fund that your customers draw money from to conduct their daily business to operate and maintain AF resources. When custodians submit their requests for supplies to Medical Logistics, there is a financial transaction that takes place. The customers are spending their unit's O&M funds to purchase the items they requested. The budget program operates on a fiscal year basis. The FY is the period beginning the first day of October and ending the last day of the following September (1 October–30 September). Current FY funding may only be used in the fiscal year that it was issued and may only be used for current year requirements. You may also encounter these funds if you are given the task of procuring nonmedical supplies for your unit. In this instance, you will be issued a credit card that is directly funded with the MTF's O&M money, *not* AFWCF/MDD funds. Therefore, when procuring items such as office supplies, you *will not* process them in DMLSS; the AFWCF does not require reimbursement since the MTF has already paid for them directly.

OP funds

Other procurement is a collective term used to describe the purchase of peacetime investment (capital) equipment, centrally-managed equipment, and WRM equipment using special funds appropriated by Congress. The equipment types are defined in later volumes, but the basic process is described in the following steps.

1. Congress appropriates funds.
2. Funds are given to AFMOA.
3. Units prioritize their approved/unfunded equipment requests.
4. AFMOA purchases funded requests through Navy contracting.
5. Equipment is delivered to requesting unit.

This is a process that is designed to obligate funds faster on a priority basis, and it relieves bases from having to deal with local finance and contracting.

Medical Materiel fund codes

The following table explains the various fund codes used in Medical Materiel operations:

Medical Materiel Fund Codes	
Code	Explanation
6B	AFWCF/MDD
30	O&M
2X	Centrally-funded O&M (e.g., Medical Countermeasures-Chemical, Biological, Radiological, and Nuclear [MC-CBRN])
2F	OP, Medical <i>peacetime</i> investment equipment
17	OP, Medical WRM investment equipment

Self-Test Questions

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

009. Air Force Working Capital Fund/Medical Dental Division

1. The AFWCF/MDD is used only to procure what kind of items?
2. What three items make up the AFWCF's assets?
3. Under the revolving fund concept, when are customer funds obligated?
4. What agency has been delegated with the responsibility to manage the AFWCF/MDD?
5. At unit level, who distributes O&M funds to the individual service customers?

6. What is the EOR code for medical supplies?
7. What is the EOR code for medical expense equipment?
8. What are the three most common factors that decrease the AFWCF's amount of available capital?
9. What is one method initiated by the OSD for correcting unbalances between obligations and sales?

010. Operations and maintenance/other procurement funds

1. How are O&M funds used?
2. In what FY may O&M funds be used?
3. What is the fund code used to identify AFWCF/MDD funding?
4. What is the fund code used to identify unit O&M funding?

Answers to Self-Test Questions

007.

1. (1) e.
(2) d.
(3) b.
(4) a.
(5) f.

008.

1. <https://medlog.us.af.mil>.
2. Home, Career Corner, DMLSS, MTF Support, Clinical Engineering, MEMO, Readiness, Supply.
3. Field support POCs, feedback, document library, news post library.
4. A listing of all medical logistics personnel broken down by location.

009.

1. Medical/dental supplies & expense equipment.
2. Cash, outstanding orders (due-ins), inventory (on-hand stock).

3. When the customer's due-outs are established.
4. AFMOA/SGAL.
5. RA.
6. 604.
7. 624.
8. Decrease in average monthly sales, increase in excess inventory, and losses.
9. Surcharges.

010.

1. They are used for the general and ordinary business of the government—it covers the overhead cost of running your facility.
2. Only in the fiscal year that it was issued.
3. 6B.
4. 30.

Do 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.

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

21. (007) Which agency is responsible for writing the Defense Medical Logistics Standard Support (DMLSS) software program?
 - a. Medical Health Systems (MHS).
 - b. Air Force Medical Logistics Office (AFMLO).
 - c. Air Force Medical Operations Agency (AFMOA).
 - d. Joint Medical Logistics Functional Development Center (JMLFDC).
22. (007) Which agency provides assistance with Defense Medical Logistics Standard Support (DMLSS) related trouble tickets?
 - a. Medical Health Systems (MHS).
 - b. Air Force Medical Logistics Office (AFMLO).
 - c. Air Force Medical Operations Agency (AFMOA).
 - d. Joint Medical Logistics Functional Development Center (JMLFDC).
23. (008) The Air Force Medical Logistics (AFML) Web site's secure Internet address is
 - a. medlog.detrack.af.mil.
 - b. dmlss.detrack.af.mil.
 - c. medlog.us.af.mil.
 - d. dmlss.us.af.mil.
24. (009) Medical Dental Division (MDD) funds may *not* be used to procure which type of items?
 - a. Dental supplies.
 - b. Medical supplies.
 - c. Capital equipment.
 - d. Expense equipment.
25. (009) Which component is *not* part of the Air Force Working Capital Fund's (AFWCF) assets?
 - a. Due-out's.
 - b. Cash balance.
 - c. On-hand stock.
 - d. Outstanding orders.
26. (009) Air Force Working Capital Fund (AFWCF) customer funds are *obligated* when the
 - a. item is issued.
 - b. item is received.
 - c. due-in is established.
 - d. due-out is established.
27. (009) Losses to the Air Force Working Capital Fund (AFWCF)/ Medical Dental Division (MDD) are corrected through the use of
 - a. fees.
 - b. taxes.
 - c. discounts.
 - d. surcharges.

28. (010) What is the fund code for your facility's operation and maintenance (O&M) funds?
- a. 2X.
 - b. 30.
 - c. 604.
 - d. 624.
29. (010) Other procurement (OP) funds are *not* used for which type of items?
- a. War reserve materiel (WRM) equipment.
 - b. Capital investment equipment.
 - c. Centrally managed equipment.
 - d. Expense equipment.

Please read the unit menu for unit 3 and continue ➔

Student Notes

Unit 3. Defense Medical Logistics Standard Support Operations

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012. DMLSS Intranet Web site/System Administrator Tool.....	3-8
3-2. Access Controls.....	3-12
013. Smart Card-enabled login.....	3-12
014. User administration.....	3-13
3-3. Daily Data Transmissions.....	3-16
015. Monitoring incoming/outgoing transmissions.....	3-16
016. Resolving transmission errors.....	3-18
3-4. Operating Peripheral Devices.....	3-20
017. Managing output devices.....	3-20
018. Hand held terminals.....	3-22

STOP AND THINK FOR A MOMENT about how much data is needed just to get one item to the customer. The ability to search for and choose the right item among the many thousands of possibilities is only one of several processes. Then you must requisition the item, track it from the source to your loading dock, and receive it. After that, you may have to store the item or issue it to the correct custodian while all the time accounting for the whereabouts and the cost of the item. All this is to say, you are dependent on information systems that are capable of performing multiple functions for hundreds or thousands of items all at the same time. Every job you do as logisticians requires that you both understand computer terminology and the use of information systems such as the personal computers (PC) made available to you. Rapid processing of large volumes of information is critical to the Medical Logistics environment.

3-1. Defense Medical Logistics Standard Support System Maintenance

The DMLSS system is an automated information system developed to address the DOD's need to automate and standardize the medical logistics systems used in medical departments throughout the DOD's uniformed services. The mission of DMLSS is to improve the responsiveness of medical logistics support by consolidating the management of materiel, facilities, and equipment into one system. However, in order for this system to function, someone needs to maintain the behind-the-scenes functionality of it; local system administrators fulfill this need.

011. Systems administration

System administrators (SA) monitor and manage DMLSS server activities, establish user accounts, perform server administrative functions, and assist with troubleshooting. As you will see in this lesson, the SA has an important job with many responsibilities.

System administrator functionality

SAs rely heavily on two different DMLSS applications to manage the server, its users, and site access. These applications are System Services (SS) and the System Administrator (SA) Tool. System Services encompasses many of the controls required for users to navigate throughout DMLSS. On the server side, SS automatically supports several types of background processing for all DMLSS applications. On the PC application side, SS does the following:

- Supports security for the other modules (User Privileges).
- Controls the data accessed in table maintenance utility (TMU), archive management, and MTF/organizational setup and management.

- Allows SAs to monitor and interact with general processes managed on the server; such as end-of-period (EOP) processing and DMLSS communications manager (DCM).

The SS module is accessed through the DMLSS navigation window in the same manner that you access the IM module.

The SA Tool is the backbone of DMLSS that supports personnel as they perform DMLSS tasks. It provides the ability to manage the server, its external devices, backup the database, and control server access. All of these responsibilities are maintained in a secure environment. It can be accessed by authorized SAs only through a secure Web browser session directed at your site's DMLSS Internet protocol (IP) address or server name.

Terminology

Before you learn more about the responsibilities of the SA, you will need to learn a few more terms. These terms will help you as the role of an SA is defined, and they will help clarify later coverage of the types of access that DMLSS users are allowed to have.

Application

An application is a collection or suite of software programs and modules (e.g., the DMLSS application).

Modules

Modules are the options shown when viewing the DMLSS navigation window. Available modules may include CS (Customer Service), AM (Assemblage Management), IM (Inventory Management), SS (System Services), CAIM (Customer Area Inventory Management), and so forth. Each module has assigned roles, which in-turn have resources assigned to them. Specific modules must be assigned by an SA. Modules are also referred to as *Applications* from within the DMLSS SS module.

Process

A process is an individual program, screen, icon, or shortcut that is available from a module's main window (e.g., the LOG Orders process is located within the IM module). Authorized processes may be accessed through the module's drop-down navigation menu. Common processes are also located on each module's horizontal toolbar.

Action

An action is an executable option located within a process window, (e.g., submit, execute, close, search, print, etc.).

Roles

A role is a collection of privileges and resources assigned to individual users for each module. Roles limit how a user can access and use the system. Roles may include predefined sets of authorizations; some modules have pre-existing, centrally-managed roles that cannot be edited at the account level. Additionally, the SA may create new roles for specific applications, resources, and privileges. The User Privilege (UP)-Manage module (covered later) manages all roles to include those that are centrally-managed and/or site-managed.

Resource

A resource is related to a particular ability found within a specific module (e.g., the Gains/Losses resource is located within the IM module). Each resource contains a restrictive set of privileges that defines what tasks a user can perform with that resource.

Privilege

A privilege is specific attributes assigned to a resource. The four increasing UP-Manage levels include: read, update, create, and delete. *Delete* is the highest level privilege while *read* is the

lowest level. When a specific privilege is selected for a resource, all lower privileges are automatically selected (i.e., create *includes* read and update, but *not* delete).

System administrator positions

In the simplest of terms an SA can be defined as a person who manages a multi-user computer. The SA manages all aspects of the DMLSS system and has total system access. SAs (and their responsibilities) must be limited to those appointed by the MLFC. One important role for the SA is to initially assign each user a valid user ID through the DMLSS SA Tool.

Security manager

A security manager's (SM) primary role is to control the roles and privileges within specific modules. Once a user is created, the SM assigns a role to each user for each assigned module through the use of the system services UP-Assign module. SMs assign privileges and roles commensurate with assigned duties and responsibilities.

A user may be assigned the SM role for more than one module. However, it is strongly recommended that there be only one SM for each module per site. Only a limited amount of users should be given access to UP to assign powerful capabilities in areas such as organization and funding. An exception would be the temporary assignment of an SM to another user to cover the absence of the regular SM.

It is also very important to note the elevated privileges of the System Services SM, and it is imperative there be *only one SS security manager per site*, no matter how large the site. This user can give virtually any rights in the system to him/her or others. The SS SM has the unique ability to assign the SM attribute for *all* modules; every other SM is limited to their associated modules only. For example, the Facility Management (FM) SM is only able to assign FM SM to another user, whereas the SS SM can assign SM attributes for *all* of the modules to *any* user ID including his or her own. A user need not have module access (have one or more module-specific user roles) to be an SM for that module.

Additional duties

The site SA should make sure regular backups of the DMLSS server are being completed and archived as required. Also, the SA must review the DMLSS SA homepage summary daily to verify current server conditions and ensure all daily/monthly processes and server backups were completed successfully. SAs must take appropriate corrective actions, as required.

System services

An SA must become familiar with the DMLSS SS module navigation menu (fig. 3-1). The SS module supports security for the other DMLSS modules, controls the data accessed in the modules, and allows you to monitor and interact with some processes generally managed on the server. The SS module includes the following basic processes or parts:

- MTF/Unit Tree View.
- Funds Management.
- Point of Contact (POC).
- UP Assign/UP Manage.
- Table Maintenance Utility (TMU).
- DMLSS Communications Management (DCM).

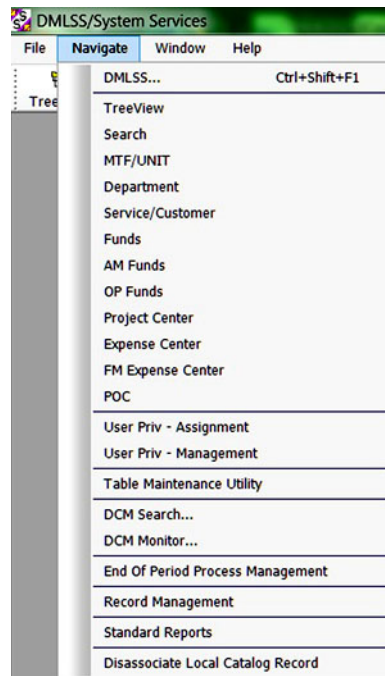


Figure 3-1. DMLSS system services navigation.

MTF/Unit Tree View

Use the MTF/Unit screen to review and update your MTF's organizational structure. The organizational structure consists of all of the service/customers and/or departments that make it up. An organization in DMLSS is also referred to as the MTF/Unit.

Funds Management

As a brief overview, the Funding screens let you:

- View and manage your funding through expense centers, project centers, and the Logistics (Log) fund.
- Gather information on EOR and commodity classes.
- View and manage details such as commitments, obligations, and target amounts.
- View and manage your AM and OP funds.

POC

A POC is a point of contact for an organizational record or account. The POC is usually responsible for managing the area that the organizational record describes. In the POC screen you can search, open, edit, create, and delete POC information as appropriate. POC information is entered into the POC screen and is available for association to the organizational records. An important part of administering the DMLSS system is having valid and up-to-date POC information for key personnel.

A POC can be associated with one or more POC types. It is important to associate the correct POC types, so that the POC will be available for selection in other applications.

User Privilege-Assign

In the UP-Assign screen, SMs may associate module-specific roles to individual user IDs. As previously mentioned, roles grant and/or restrict access to certain modules, processes, and actions to protect the server database from unauthorized access.

User Privilege-Manage

In UP-Manage roles for each DMLSS module can be created, deleted, and modified by changing the attributes of the resources of that role in the UP-Manage module.

Application: Search:

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Tables	Type
ACQUISITION ADVICE CODE	DMLSS Wide
ACTION CODES	DMLSS Wide
ACTION TYPE CODE	DMLSS Wide
ADVICE CODE	DMLSS Wide
AMERICAN HOSPITAL FORMULARY STANDARD	DMLSS Wide
COMMERCIAL RETURNS DISBURSING	Site Managed
COMMODITY CLASS	DMLSS Wide
CON DODAAC	DMLSS & Site Managed
CONTROLLED ITEM INVENTORY CODE	DMLSS Wide
DELIVERY METHOD CODE	DMLSS Wide
DEMILITARIZATION CODE	DMLSS Wide
DESTRUCTION CODE	DMLSS & Site Managed
DISCREPANCY CODES	DMLSS Wide
DISPOSAL AUTHORITY CODE	DMLSS Wide
DOSAGE FORM CODE	DMLSS Wide
ENVIRONMENTAL TABLE	DMLSS & Site Managed
FUND TYPE CODE	DMLSS Wide
ITEM IDENTIFICATION TYPE CODE	DMLSS Wide
LEVEL TYPE CODE	DMLSS Wide
MATERIEL OWNERSHIP TYPE CODE	DMLSS Wide
MEDIA & STATUS CODE	DMLSS & Site Managed
MODE OF SHIPMENT CODE	DMLSS Wide
MTF RESTRICTION CODE	DMLSS Wide
ORGANIZATION CATEGORY CODE	DMLSS Wide
PHYSICAL INVENTORY ADJUSTMENT	DMLSS & Site Managed
PRICING AGREEMENT TYPE CODE	DMLSS Wide
PRIME VENDOR CODE	DMLSS Wide
ROUTE OF ADMINISTRATION CODE	DMLSS Wide
SHELF LIFE CODE	DMLSS Wide
SHIP TO ADDRESS	Site Managed
SHIP TO DODAAC	DMLSS Wide
SHIPMENT HOLD CODE	DMLSS Wide
SIGNAL CODE (MILSTRIP)	DMLSS Wide
SOURCE OF SUPPLY RANGE	Site Managed

Row 1 of 47

Figure 3-2. Table Maintenance Utility.

Table Maintenance Utility

TMU provides a centralized listing of all the values and codes used throughout the DMLSS application (fig. 3-2). Use TMU to view, add, or delete data elements that appear in the different modules. To view tables in TMU, users must have the appropriate TMU resource(s) assigned to their user ID. At each MTF, one or more individuals should be assigned to manage these tables. Before being assigned this task, the individual should have some basic knowledge of medical logistics data elements and codes including DLA and military specific (MILSPEC) codes, such as advice codes and device codes.

There are three types of tables viewable in the TMU screen:

1. DMLSS Wide (Centralized): These tables are not editable since the information must remain common across all MTFs.
2. DMLSS and Site Managed: The data in these tables may vary from site to site.
3. Site Data: These decentralized tables contain data unique to the local MTF and they are completely editable.

DMLSS Communications Management

DCM is an automated tool within DMLSS used to transmit data to external agencies. Information flowing from DMLSS includes requisition files, financial data, and PV usage information. DCM is also the conduit for receiving transmission of incoming status files, and it provides tools that allow SAs to monitor progress of these files and to troubleshoot any errors.

In the DCM Monitor window, you can view the most current status of a DCM transaction. You can specify how many days of transactions you want to see, as well as how often to check the database for updates. When necessary, you can resubmit items. You can also view the actual form that is prepared and sent using View File.

DCM Monitor always shows only the most recent status on a transaction. To view the entire life cycle of a transaction, use the DCM Search window (fig. 3-3). A member of your team should be designated to ensure that your financial transactions are correctly transmitted to DFAS every day. Enter the previous day's date in the DCM Search window's date field, and review the status code of your transactions. The system purges some DCM files after a certain amount of days has passed. In the DCM Monitor window (fig. 3-4), the user may resubmit a transaction; view the process code description for a transaction; and/or view a transaction file.

Resubmit a transaction

You can select an order-related or financial transaction to be retransmitted immediately using the DCM Monitor. The initial transmission may have failed because of a power outage or temporary problems in the receiving system. To resubmit a transaction in DCM Monitor:

1. Change the DCM Monitor options, as necessary.
2. In the DCM Monitor window, highlight the transaction you want to resubmit.
3. Click Resubmit.
4. Click Yes in response to the confirmation message.

Resubmit a transaction only when you are sure the recipient is configured correctly. Also, be sure to only mark "Resubmit" on transactions with a status of Failed or Not Sent. If you mark one for Resubmit then unmark it, the transaction's status reverts to Not Sent regardless of what its status was before.

View the process code description for a transaction

To view the process code description for a transaction, select the transaction for which you want to view the process code description and click Desc or you can double-click on the transaction.

The status code is a general category for describing DCM processing/transmission activity. The typical life cycle for an outgoing transaction is several reports of In-Process, then Complete or Transmitted. If a transaction has an Error status code and the process code is related to file transfer protocol (FTP) transmission, check the intended recipient's configuration in the DCM Configuration window.

DMSS/System Services - [DCM Search]

File Edit Data Navigate Window Help

TreeView Search MTF/UNIT FUNDS AM Fund OP Fund UP Assign UP Mana... TMU DCM Sea... Monitor EOP Reports

Call/Sequence/Block Number: Status Code: SOS:

Method: Process Code:

Form: User ID:

Contract Number: Begin Date: End Date:

Shipment ID:

Call/Seq/Blk Number	Contract Number	Shipment ID	Audit Date	Status Code	Process	SOS	User ID	Method	Form	Direction	Txn Type	Txn Type Ext	Inbound Filename	App Channel ID	Target File No
12502	TO-DLA		1/9/2014 14:00:07	IN-PROCESS	FMTCGOOD	SMS	PARKERW	ED-HLS	ED-HLS	OUTBOUND	DLAFTPE511R	135768		IM	lqhkx_x12.005
12503	TO-DLA		1/9/2014 14:00:28	ERROR	NHITPCON	SMS	PARKERW	ED-HLS	ED-HLS	OUTBOUND	DLAFTPE511R	135768		IM	
12503	TO-TCAM		1/9/2014 23:36:07	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135770		IM	
12503	TO-TCAM		1/9/2014 23:36:11	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135770		IM	
12504	TO-TCAM		1/9/2014 23:36:12	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135770		IM	
12505	TO-TCAM		1/9/2014 23:36:13	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135771		IM	
12505	TO-TCAM		1/9/2014 23:36:13	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135771		IM	
12506	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135771		IM	
12508	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135772		IM	
12509	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135772		IM	
12508	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135772		IM	
12507	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135772		IM	
12507	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135772		IM	
12509	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135773		IM	
12506	TO-TCAM		1/9/2014 23:36:14	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135771		IM	
12511	TO-TCAM		1/9/2014 23:36:15	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135774		IM	
12510	TO-TCAM		1/9/2014 23:36:15	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135773		IM	
12510	TO-TCAM		1/9/2014 23:36:15	IN-PROCESS	RTEGOOD		SYS		TCAM STATUS	OUTBOUND	TCMRTESTKLN	135773		IM	

Records 1 to 19 of 198

DCM Service: Enabled

Enter the Begin Date in mm/dd/yyyy format

dmssdb@amedmccal1 3.1.2.0.834.837 For Official Use Only

Figure 3-3. DMLSS Communications Manager screen.

View a transaction file

Viewing a file can be helpful to PV users who are familiar with electronic data interchange (EDI) or military standard requisitioning and issue procedure (MILSTRIP) formats. The main reasons to view a file would be in the instance of a format failure process code, or if someone at the receiving end of the file had a question about its content.

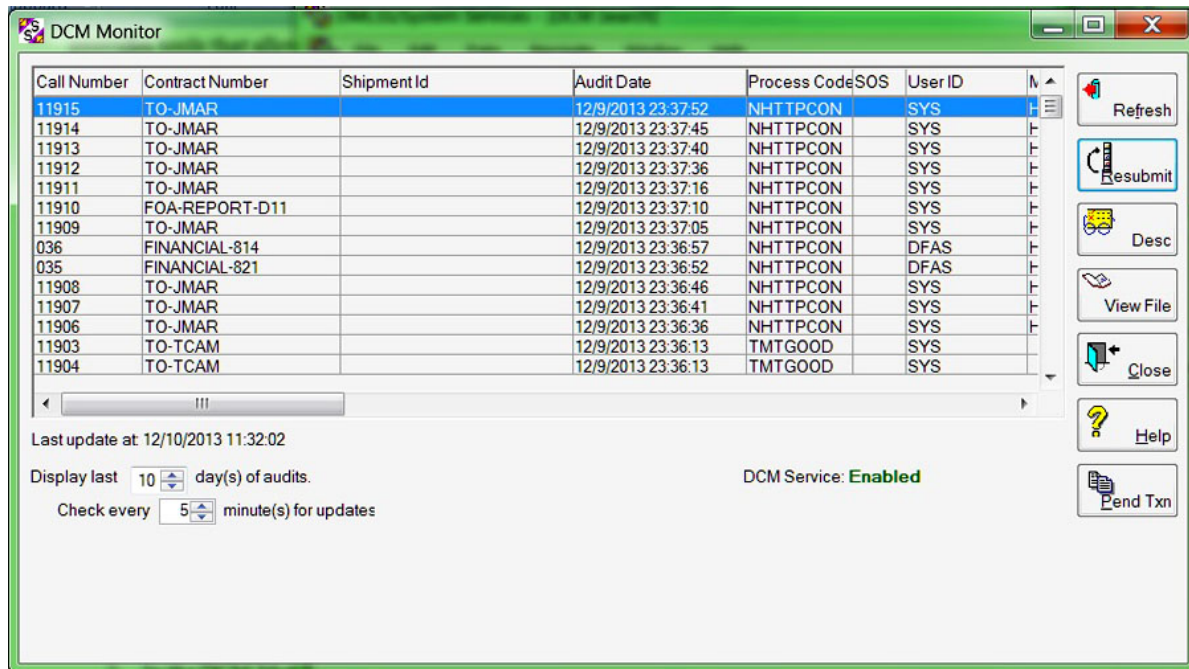


Figure 3-4. DCM Monitor screen.

012. DMLSS Intranet Web site/System Administrator Tool

The DMLSS system provides several tools for SAs and SMs to monitor and manage the server. In addition to the SS module available through the DMLSS PC software, there are additional tools for administrators located directly on the DMLSS server. The section that contains the SA Tool is where you will perform the majority of your server administration duties.

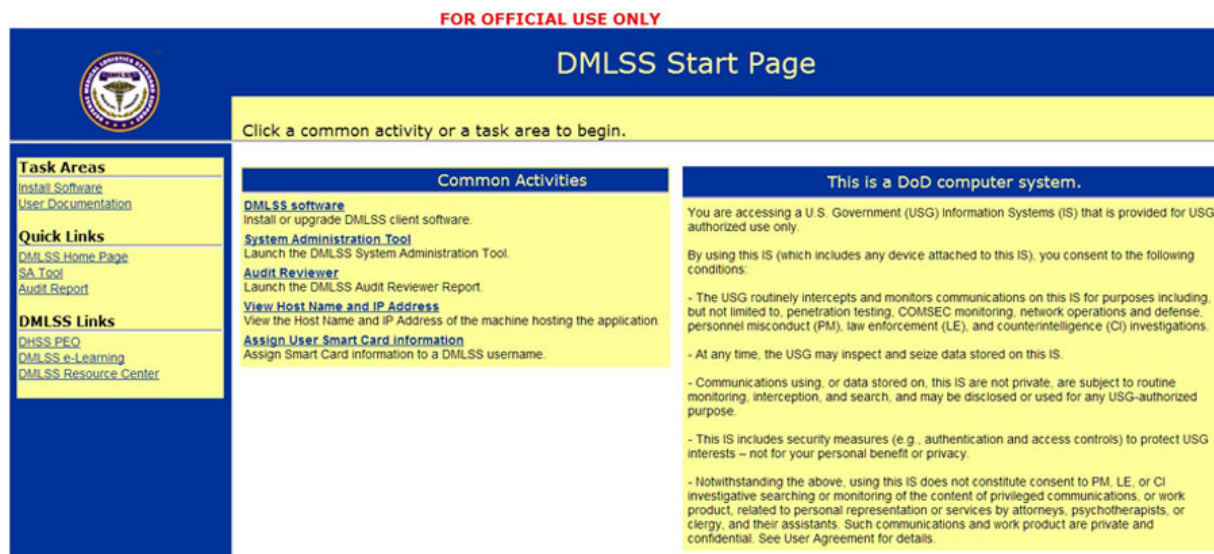
To access the DMLSS server Web page, open Internet Explorer and on the address line enter https:// and the server name or IP address of your DMLSS server. Read the DOD notice and consent banner and select the “Click Here to Continue” button.

The DMLSS Admin Start Page (fig. 3-5) displays when you access the Web page for your DMLSS server. SAs use this page to install DMLSS software, log on to the SA Tool, and access standard links.

After selecting the SA Tool and logging in, the SA Tool homepage will display (fig. 3-6). Just like the DMLSS homepage, the navigation pane includes a list of options under Task Areas, Quick Links, and DMLSS Links; however, the vertical Task Area in the SA Tool has additional menus that are used to manage SA activities. Remember to log out of the SA Tool when done by clicking “Exit” on the list of Quick Links located on the left side of the navigation pane.

The SA Tool homepage is divided into two main segments: the main window and a vertical toolbar on the left-side. The main window is further broken down into two sections: Services and Process Dates. Both sections provide a visual status of your server’s health. The Services section covers info such as central processing unit (CPU) usage, database status, and number of users logged-in. The Process Dates section indicates when key server processes were last completed (e.g., backups,

restarts, and updates). Any items not marked as green, for either section, should be promptly investigated and resolved as applicable. This screen must be checked daily by your sites SA.



FOR OFFICIAL USE ONLY

Figure 3–5. DMLSS Admin Start Page.

The area on the left side of the screen marked as the Task Area provides access to the main server administration categories and functions. Each category expands to provide access to specific tasks. These main categories consist of the following:

- Manage Users.
- Manage Security.
- Manage User Messages.
- Manage Server.
- Manage Devices.
- Manage Services.
- Manage Database.
- Manage Medical Materiel.
- Facility Management.
- Manage Backups.

DMLSS System Administration
DMLSS Administrative Tool Menu

Home

Task Area

- Manage Users
- Manage Security
- Manage User Messages
- Manage Server
- Manage Devices
- Manage Services
- Manage Database
- Manage Medical Materiel
- Facility Management
- Manage Backups

SATool Links

Quick Links

- Main Menu
- Main Logon Screen
- Exit

DMLSS Links

- DMLSS Links
- DMLSS Start Page
- DMLSS PMO

Services

DCM Process:	Enabled	■
Scheduler:	Enabled	■ 0 jobs running
RF link:	Running	■
Database:	Running	■
DB users:	1	■
Disallow Client logins:	No	■
DB session:	Allowed	■
DMLSS version:	3.1.2.0.834.837	
CPU %:	10%	
Volume status:	OK	■

Process Dates

Backup of Audit Data Required, Last Status:	Never run	■
Last DBMS restart:	2013 Nov 24 5:47	■
Last server/DB backup:	2013 Dec 10 2:14	■
COMPLETED: Successful Backup Completed...Elapsed Time: 0000:56:36.030		
Last MM EOD:	2013 Dec 09 23:36	■
Last MM EOM:	Completed with errors	■
Last MM EOY:	2013 Oct 01 0:07	■
Last FM EOM:	2013 Nov 30 0:01	■
Last DMLSS Master:	2012 Jul 10 1:20	■
DMLSS Master version:	25	■
Last UDR Delta Applied:	2013 Dec 10 10:08	■
Last UDR Delta Txn Applied:	21437354	■
Last UDR Delta Status:	COMPLETE	■
Most Recent UDR Delta Run:	2013 Dec 10 11:08	■
UDR Delta:	AUTO	■
Last server boot:	2013 Nov 24 5:44	■

Click for more information

SEGAN1 Ver.: 3.1.2.0.834.837 DB: DMLSSDB ORG: FM4407 - 375TH MDG SCOTT AFB
FOR OFFICIAL USE ONLY

Last server boot: 2013 Nov 24 5:44

Figure 3-6. SA Tool homepage.

Self-Test Questions

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

011. Systems administration

- Match the examples in column B to the correct term in column A. Each example in column B may be used once, more than once or not at all.

Column A

- ____ (1) Application.
- ____ (2) Module.
- ____ (3) Process.
- ____ (4) Action.

Column B

- a. AM.
- b. DMLSS.
- c. Execute.
- d. Log Orders.

- How is the SS application accessed?
- How is the SA Tool accessed?
- What are the four UP-Manage privilege levels?

5. Who appoints the DMLSS SA?
6. What is the SM's *primary* role?
7. How many SS SMs should there be per site?
8. Who should ensure regular server backups are being completed?
9. Which application controls security for all other applications?
10. List the six basic modules available in SS.
11. List the three types of tables that are viewable in the TMU module.
12. Which tool is used to format and transmit DMLSS data to other agencies?
13. A failed transaction may be resubmitted using which DMLSS SS module?

012. DMLSS Intranet Web site/System Administrator Tool

1. What page is used to install DMLSS software, log on to the SA Tool, and access standard links?
2. What are the two sections available on the SA Tool's main homepage window?
3. Which homepage section lists info such as CPU usage, database status, and number of users logged-in?
4. Which homepage section lists when key server processes were last completed?

3-2. Access Controls

All user accounts have two things in common, first they need to be created; second they provide restricted access on an individual basis. The DMLSS application is a critical information system and must therefore be guarded from unauthorized access to the application itself and to the various modules and data contained within.

013. Smart Card-enabled login

This lesson covers DMLSS access via the use of public key infrastructure (PKI) Smart Card authentication, also known as a common access card (CAC). Previously, DMLSS users were assigned a user ID and password. However, as of March 2013, all users, *except* for SAs, wireless hand-held terminal (HHT) users, and biomedical equipment technicians (BMET) with more than one maintenance activity, should be Smart Card-enabled, thus replacing the need for DMLSS passwords. The driving factor for this change recently occurred when the use of user IDs and passwords were identified as a serious vulnerability to DOD's overall security posture. As a result, the Chief Information Officer for MHS directed that all MHS information technology systems migrate to using DOD-approved PKI certificates to authenticate user identity. Therefore, by the time this volume is published, DMLSS passwords should be a thing of the past.

The DOD and MHS overall objective is to completely eliminate the use of user names and passwords whenever and wherever feasible. As a DMLSS system administrator, PKI implementation should translate into fewer requests to reset password and/or unlock user names. SAs are now responsible for managing Smart Card user access while also creating new Smart Card-enabled accounts.

The following steps are used to create new Smart Card-enabled user accounts. This is a two-person process and requires actions by both the SA *and* the new user. Therefore, it is recommended that the new user be given temporary either access to a PC in Medical Logistics or be sent instructions on how to complete their part from their own workstation.

New users must first create their DMLSS user name. At the same time, they will also be associating their Smart Card certificate with their new user name. Users must then provide their user name to the SA, who will in turn validate their PKI certificate and approve the association and DMLSS access.

New users use the following steps:

1. Log in to PC with user's Smart Card.
2. Navigate to the unit's DMLSS homepage Web address.
3. Select "Assign User Smart Card information."
4. Enter new user name.
5. Verify database is set to DMLSSDB (default setting).
6. Submit.
7. Provide DMLSS SA with new user name.

SAs use the following actions to create new accounts:

1. Log in to DMLSS SA Tool.
2. Expand Manage Users in Task Area.
3. Select "Manage Smart Card Access."
4. Search for new user ID.
5. Verify PKI certificate name matches user name.
6. Check-off box next to user name.
7. Click on "Approve Selected Users."

014. User administration

Now that you have an understanding of how the SA manages and creates user accounts, we will discuss how the administrators restrict application access and how they can further manage what individual users can do in DMLSS. It is important to note that while in SS, modules as previously discussed are referred to as applications (e.g., IM, AM, and SS are listed in SS as applications). Therefore, in this lesson, the terms “module” and “application” are interchangeable.

As mentioned in the previous section, UP-Manage and UP-Assign are the most important functions that the SA will use to manage and restrict user accounts. A user’s access to DMLSS is determined by the application, privileges, and roles assigned to their user ID. The roles assigned to users grant and/or restrict access to certain applications and functions within the system and ultimately protect the database from unauthorized access. The UP function consists of two different screens: UP- Manage and UP-Assign.

UP-Manage

This function is used to view, add, modify, and/or delete roles by application. Roles for each DMLSS application can be created or deleted, and existing roles may be modified by changing the attributes of the resources of that role in the UP-Manage module (fig. 3–7). To access the UP-Manage window, a user must be designated as an SA or possess an application security manager role.

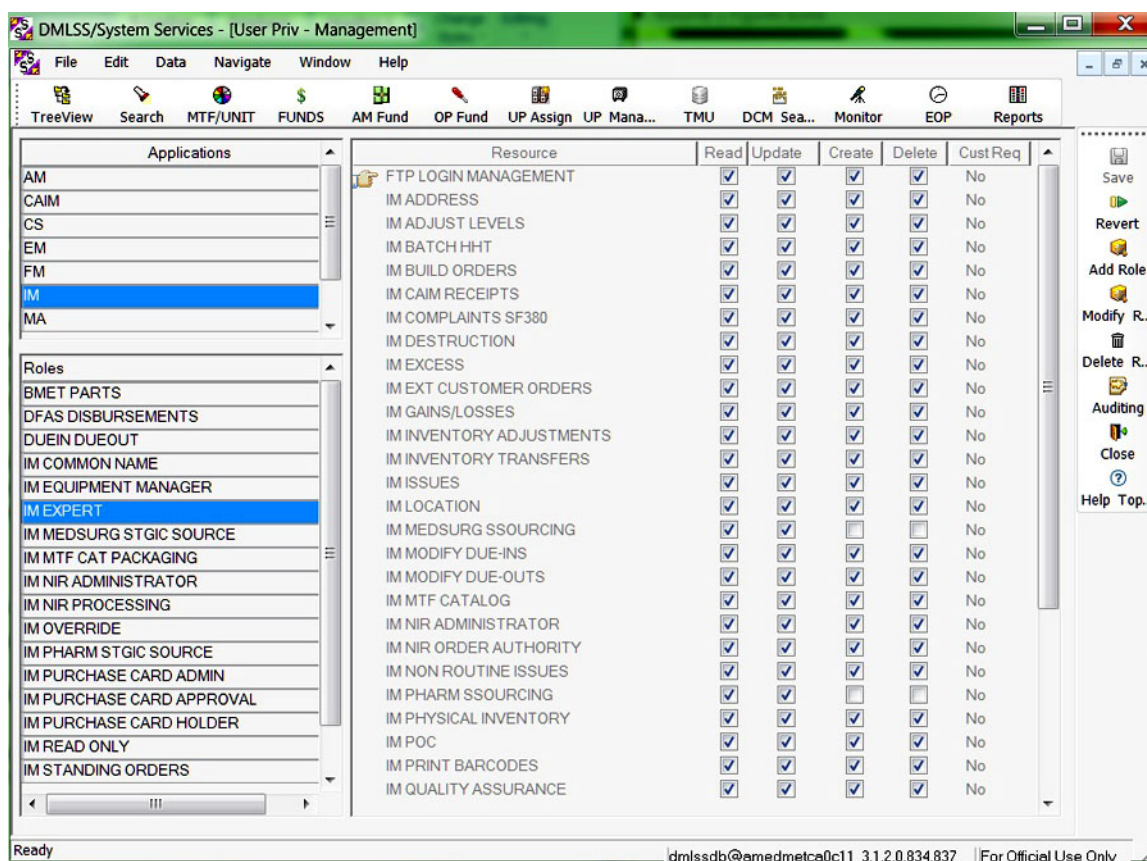


Figure 3–7. User Privilege-Manage screen.

UP-Assign

This function is used to assign one or more applications and/or roles to another user (fig. 3–8). Only those with SM roles are authorized to access UP-Assign and grant privileges to other users. The SM should have a basic knowledge about what each role performs before assigning a role to a user.

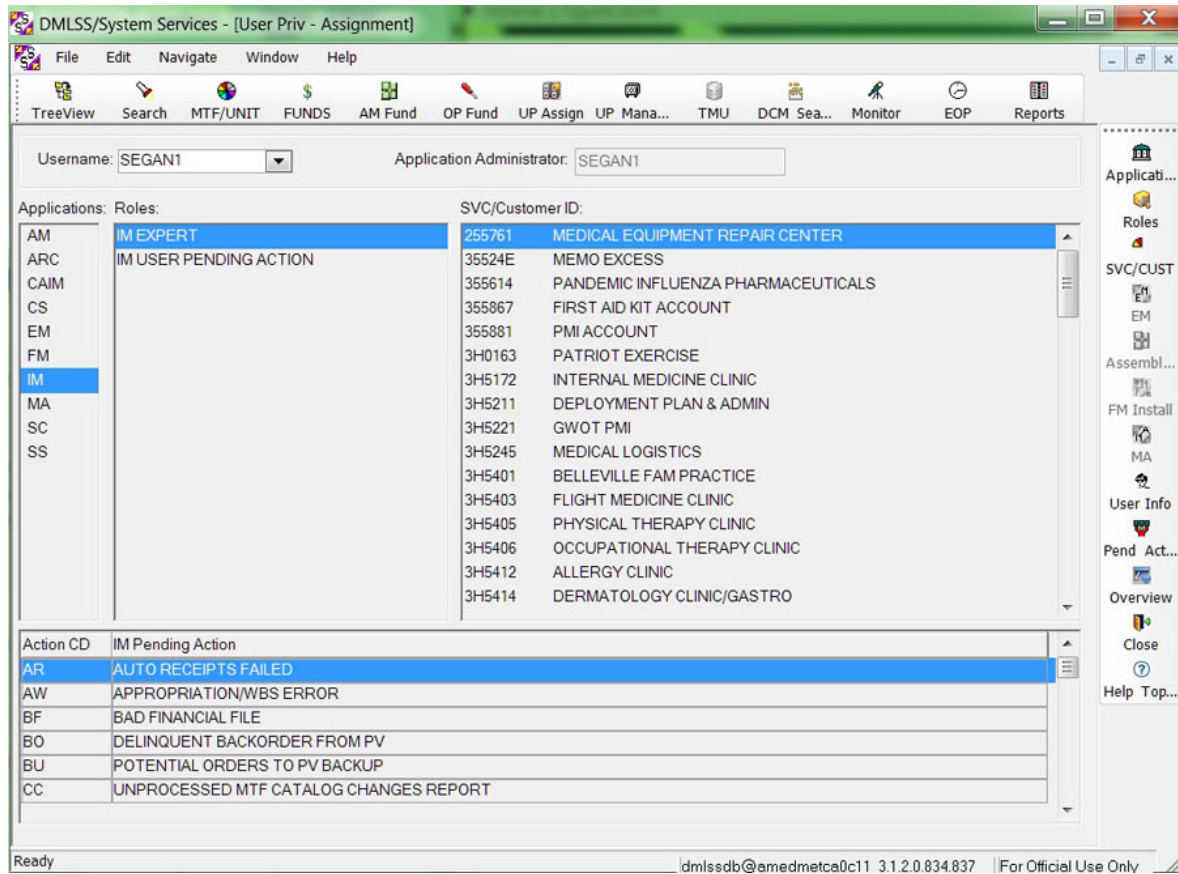


Figure 3-8. User Privilege-Assign screen.

Granting user access to an application

Use the following steps to assign a user access to an application.

1. On the Navigate menu, click User Priv – Assignment or click on the UP-Assign icon on the horizontal toolbar
2. In the User Priv – Assignment window, select a user name.
3. Click Applications.
4. In the Non-Associated Applications box in the Application Management window, double-click the name of the application you want to authorize.
5. Click Save.

Certain applications require additional privileging.

- CAIM, CS, and IM require one or more Service Customers (SVC/CUST) be assigned.
- EM, FM, and MA (equipment maintenance module) require assignment of applicable management or maintenance activity.
- AM requires assignment of applicable assemblages.

Pending actions should also be associated for users of the AM, IM, and CAIM applications. Pending actions must be associated by individual action codes. When the action code's associated event is triggered, a message or action request is posted to the user's application in box.

Assigning user roles

As previously mentioned, roles provide specific access and abilities per module. A user *must* be assigned application roles before they are able to use the assigned applications.

Use the following steps to associate application roles to a user.

1. On the Navigate menu, click User Priv – Assignment or click on the UP-Assign icon on the horizontal toolbar.
2. In the User Priv – Assignment window, select a user name.
3. Click Roles.
4. In the Non-Associated Roles box in the Roles Management window, double-click the name of the role you want to associate.
5. Click Save.

While it is possible to give a user all non-associated roles at once by clicking << it is generally frowned upon and should not be used. Excessive and unnecessary association of overlapping roles decreases the SM's ability to restrict access to critical functions and can therefore degrade system integrity.

Special rules for role management

The following rules apply to security managers who are authorized to assign roles in DMLSS.

1. You can only add or remove SM roles for those applications in which you have the *same* SM role.
2. You cannot remove SM roles from your own user ID.
3. Be very careful assigning SS roles containing MTF resources. A user with these resources can make changes that affect the entire structure and budget of your site.
4. If users are logged on when UP changes are made, they must exit DMLSS and log back in to gain access to the new changes.

Self-Test Questions

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

013. Smart Card-enabled login

1. Which individuals do not need to convert to Smart Card-enabled logins?
2. What was the driving factor for the implementation of DMLSS Smart Card access?
3. What is the DOD's and MHS's overall objective regarding user names and passwords?
4. How will Smart Card access affect Medical Materiel?

5. The process of creating a new Smart Card-enabled account requires action from what two people?
6. The new user needs to navigate where when creating a new Smart Card-enabled user name?
7. What application does the SA need to log in to when approving a new Smart Card account?

014. User administration

1. Which two functions are used by the SA use to manage and restrict user accounts?
2. How is the UP-Manage function used?
3. How is the UP-Assign function used?
4. Why should all application roles not be given to users?

3-3. Daily Data Transmissions

As previously mentioned, DCM is an automated tool within DMLSS used to transmit data to external agencies. Information flowing from DMLSS includes requisition files, financial data, and prime vendor usage information. DCM is also the conduit for receiving transmission of incoming status files, and it provides tools that allow SAs to monitor progress of these files and to troubleshoot any errors. This section will cover the basics of how to monitor transmissions and how to resolve transmission errors using the DCM tool.

015. Monitoring incoming/outgoing transmissions

DMLSS' primary connection method is the DLA Transaction Services value added network (VAN), using FTP via secured (https) mode. DLA Transaction Services forwards these transactions to DLA Troop Support for PV payments, to DFAS for non-PV payments, and to point-of-use (POU) systems as needed.

DCM Search

The DCM Search function is used to view transaction files and manage the interface between DMLSS and other systems. Specifically, use this window to check the status of files and submit or resubmit files that failed to transmit. It is important to note that the DCM retains transaction files for only the current and previous month (or 62 days total). Financial transaction files are retained in the system until archived; depending on the file this can range from 90 to 365 days.

DCM Search may be accessed by either using the DCM Search option in the SS Navigate dropdown menu or you can click on the DCM Search icon located on the horizontal toolbar.

Call/Sequence/Block Number:	<input type="text"/>	Status Code:	ERROR	SOS:	<input type="text"/>
Method:	<input type="text"/>	Process Code:	<input type="text"/>		
Form:	<input type="text"/>	User ID:	<input type="text"/>		
Contract Number:	<input type="text"/>	Begin Date:	12/30/2010		
Shipment ID:	<input type="text"/>	End Date:	<input type="text"/>		

Call/Seq/Blk Number	Contract Number	Shipment Id	Audit Date	Status Code	Process Code	SOS	User ID	Method
01159627	STOCKAGE_REQUEST		1/3/2011 09:23:42	ERROR	FMTFAIL	PVM	SYS	
018	FINANCIAL-821		1/4/2011 00:01:41	ERROR	TMTFAIL		DFAS	HTTPS
019	FINANCIAL-846		1/4/2011 00:01:41	ERROR	TMTFAIL		DFAS	HTTPS
020	FINANCIAL-814		1/4/2011 00:01:42	ERROR	TMTFAIL		DFAS	HTTPS
590	TO-JMAR		12/30/2010 00:01:39	ERROR	TMTFAIL		SYS	HTTPS
591	TO-JMAR		12/30/2010 00:01:39	ERROR	TMTFAIL		SYS	HTTPS
592	TO-JMAR		12/30/2010 00:01:40	ERROR	TMTFAIL		SYS	HTTPS
593	FOA-REPORT-D11		12/30/2010 00:01:40	ERROR	TMTFAIL		SYS	HTTPS
594	TO-JMAR		12/30/2010 00:01:40	ERROR	TMTFAIL		SYS	HTTPS
600	TO-JMAR		12/31/2010 00:01:39	ERROR	TMTFAIL		SYS	HTTPS
601	TO-JMAR		12/31/2010 00:01:39	ERROR	TMTFAIL		SYS	HTTPS
602	TO-JMAR		12/31/2010 00:01:40	ERROR	TMTFAIL		SYS	HTTPS

Figure 3-9. DCM search window.

The DCM Search window (fig. 3-9) provides multiple search options. Specific criteria may be entered to *limit the number of results*. The available search fields are as follows:

- Call/Sequence/Block Number: Provides a list of all call numbers and financial sequence numbers that have processed through DCM.
- Method: How the transaction files are processed (i.e., FTP or print).
- Form: File format used to transmit the file (i.e., MILSTRIP, American National Standard Institute (ANSI), EDI, etc.).
- Contract Number: Use to search for transaction files associated to a specific contract number. For example, enter FOA-REPORT if you want the system to locate and display report data transmitted to AFMOA/SGALD during a particular EOP session.
- Source of Supply: Use to search for transaction files associated to a source of supply (SOS).
- Status Code: Identifies the status of the file as it passed through DCM (i.e., complete, error, in-progress, transmitted).
- Process Code: Provides more information on the status of orders as they pass through DCM.
- User ID: Use to search for a specific user ID used to transmit a file. (**NOTE:** DMLSS records a user ID of DFAS for all financial transactions.)
- Begin Date: Identifies the begin date of the search. A blank begin date will include all dates.
- End Date: Identifies the end date of the search. A blank end date defaults to the current date.

Determining transmission status

Review the DCM Search window daily to ensure all transaction files are successfully transmitted and received as a result of the previous day's business. In particular, verify financial files are transmitted to DFAS daily without error. To accomplish this, enter the previous day's date in the Begin Date Field and click Search. Review the status and process codes to verify all transaction files transmitted successfully.

When searching transaction file history in DCM Search, look for the following three lines, which indicate the entire life cycle of the file was successful (applies to most file types).

Using *outbound transmissions*, as an example, look for the following process codes:

- (1) ARCORGFL—Archived original file.
- (2) FMTGOOD— File was successfully formatted.
- (3) TMTGOOD—Transmission was successful.

This sequence indicates the file was successfully archived, formatted, and then transmitted. If you are unsure of what a particular process code means, you may view its description by highlighting the transaction first, then clicking the Desc icon on the vertical toolbar.

016. Resolving transmission errors

To identify formatting errors or failed transmissions, monitor the transactions for an ERROR status code. Each error code has a corresponding *process code* that indicates in which stage the error occurred. Whenever this occurs, the SA should troubleshoot problems with the local area network (LAN), interface connectivity, or an incorrect IP address, login, or password. All electronic communications activities are required to periodically update passwords so you may need to contact the activity to verify current passwords. The SA should track/monitor password update schedules to prevent transmission failures.

Resubmission options

If transaction files do not successfully transmit, verify with the Medical Systems office that the network is up and that the required ports and firewalls are open. Upon verification, use the Submit or Resubmit options to retransmit the transaction files. Users must be judicious on which files require retransmission. For example, if an electronic prime vendor order fails to transmit, and the acquisitions manager elects to cancel the order and re-accomplish the order *manually*, the EDI 850 should *not* be retransmitted. This will result in a duplication of orders. When the DCM is down completely for an extended period of time, the logistics account should activate manual supply operations as outlined in Air Force Instruction (AFI) 41-209, *Medical Logistics Support*. Manual orders to PV sources will result in the creation of a pseudo EDI 850 image which ultimately goes to DLA Troop Support. When DCM connections are restored, these files will require retransmission. DLA Troop Support requires this data in order to build their order profile between the MTF and the prime vendor.

Resubmit vs. Financial Resubmit

The two resubmission options, Resubmit and Financial Resubmit, are used in very different situations. It is important to understand what actions are taken by both options and when each one should be used.

Resubmit

In most instances, when a transaction file failed to transmit due to network connectivity problems or another reason not related to the IP address, login, or password, use the Resubmit function located on the vertical toolbar to retransmit that file during the next EOD process. This action will simply re-attempt to transmit the previously failed file *without* making any changes to it.

Financial Resubmit

This action is only for financial files which have an assigned contract number of “FINANCIAL-xxx”, and should only be used if the original transmission failure is due to an *incorrect* IP address, login, and/or password. This action will *rebuild* the transaction file and retransmit it to DFAS. The Financial Resubmit is used in this case because the IP address, login, and password are *embedded* into the financial file; therefore, if any of this data changes, the file must be rebuilt. If a financial file transfer fails for any other reason, use the previous Resubmit option to retransmit the existing file *without* rebuilding a new one.

Self-Test Questions

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

015. Monitoring incoming/outgoing transmissions

1. In general, how is the DCM Search function used?
2. How long does the DCM retain transaction files?
3. What user ID is recorded for financial transactions?
4. List the ten DCM Search window fields that may be used to limit search results.
5. When reviewing outbound files for successful transmission, what three process codes should you search for?
6. How can you get more information on a process code if you are unsure of what it means?

016. Resolving transmission errors

1. What status code is used to indicate formatting problems or failed transmissions?
2. Which type of code indicates the stage in which a transaction failure occurred?
3. What five things should the SA troubleshoot when a transmission failure occurs?
4. When your files don't successfully transmit, who should you check with to ensure that the network is functional, and your ports and firewalls are open?
5. When would you not retransmit a failed PV order?
6. What are the two options for resending failed transmission files?

7. Which option is used to rebuild and retransmit failed transmission files to DFAS?

3-4. Operating Peripheral Devices

Peripheral device management includes the use and administration of all external computer-related devices that are used with the DMLSS system. Peripheral devices may be used to provide data input to the system (e.g., through a keyboard or mouse). They also include those devices which provide the user with data output (i.e., a monitor screen). In the next two lessons, we will discuss our most commonly used peripheral devices. The first two involve data output methods via the laser printer and barcode printer. The last lesson will discuss an important method for providing input to DMLSS via the hand held terminal.

017. Managing output devices

DMLSS output devices include the use of three different categories of printers: default, DCM, and barcode. The default printer is managed from the DMLSS client. Meanwhile, the DCM and barcode printers are controlled from within the DMLSS server. Note that any server modifications should be coordinated with your systems administrator. Modifying this data could negatively affect all DMLSS users. Before making any changes, document or make a back-up of critical settings in case you need to rebuild or undo changes to the modified system.

Client-side printer changes

The *default printer* is used to print DMLSS reports and screenshots. Your DMLSS client pulls a list of available printers from your PC workstation's installed printers. The workstation's default printer is automatically selected as your DMLSS client's default printer. You may change this option by logging into any DMLSS module, selecting File from the horizontal dropdown menu, and selecting Printer Setup, then checking the box next to the printer that you would like to set as the new default. Print scaling may also be adjusted in this screen if you are experiencing problems with reports that are not printing completely on a page. A setting of 85 percent will normally correct this problem, but you may need to experiment with other settings.

The *DCM printer* is used to print issue documents and equipment maintenance forms. The client's default DCM printer can be changed by logging into any DMLSS module, selecting File from the horizontal dropdown menu, and selecting DCM Printer Setup, then choosing the printer that the user would like to set as their new default from the list of dropdown names. Printer names are locally assigned. Therefore, if the printer names are not self explanatory you will need to coordinate with your SA for clarification.

Server-side printer changes

DCM printers must be loaded into the local server by means of the SA Tool. Once the DCM printers are loaded anyone using that server may select one of the listed printers as their client's default DCM printer. The SA Tool provides three administrative options for DCM printers: Create (add), Manage, and Set the default printer.

Creating DCM printers

To create/add DCM printers:

1. Log into DMLSS *SA tool*.
2. Expand Manage Devices in Task Area.
3. Select Create DCM Printers.
4. Assign unique printer name.
5. Specify new printer's assigned IP address.
6. Select Test Printer Connectivity to verify network connectivity; results will display after the final step is completed.

7. Click Create DCM Printer to add printer.

The new printer's IP address can usually be obtained by running through a series of screens on the printer itself, printing a test or set-up page, checking the printer for a label with the IP address on it, or consulting your Medical Systems office.

Managing DCM printers

DCM printers may be tested, updated, or deleted in the Manage DCM Printers screen using the following steps:

1. Log into DMLSS SA tool.
2. Expand Manage Devices in Task Area.
3. Select Manage DCM Printers.
4. Choose one or more printers as applicable.
5. Select Update DCM Printer, Test Printer Connectivity, or Delete Selected Printers.

Setting a default DCM printer

A default DCM printer may be selected in the SA Tool. This option will affect all DMLSS users. If users do not wish to use the default printer, they may follow the previously mentioned steps to change their client-side DCM printer.

1. Log into DMLSS SA tool.
2. Expand Manage Devices in Task Area.
3. Select Set Default DCM Printer.
4. Select the printer to use as the default from the dropdown list.
5. Click Save DCM Settings to save the default DCM printer

After the new printer is setup, you can test its setting by printing a form from the dropdown menu provided. A message will appear indicating the result of the test.

Creating barcode printers

To add barcode printers do the following:

1. Log into DMLSS SA Tool.
2. Expand Manage Devices in Task Area.
3. Select Create Barcode Printers.
4. Assign unique 8-character name; all barcode printers should start with "BC_."
5. Specify new printer's assigned IP address.
6. Indicate Narrow or Wide for type of labels being used.
7. Select Test printer connectivity to verify network connectivity.
8. Click Create Barcode Printer to complete process.

When adding a new printer for the first time out of the box, ensure that the printer IP address has been included in the Ports and Protocols Survey (PPS). The PPS is the primary document that enables network security personnel to update local firewall settings. Whenever adding any devices to the local network, the SA should coordinate with the Medical Systems office.

Managing barcode printers

Barcode printers may be updated, tested, or removed in the Manage Barcode Printers screen using the following steps:

1. Log into DMLSS SA tool.
2. Expand Manage Devices in Task Area.
3. Select Manage Barcode Printers.
4. Choose one or more BC printers as applicable.
5. Select Change Barcode Printer Label Type, Test Printer Connectivity, or Delete Selected Printers.

018. Hand held terminals

Technological innovations can decrease workloads while improving productivity and efficiency. DMLSS HHTs are used in this capacity to reduce the time needed to manually annotate inventory counts and related data. The HHTs can be used to scan: stocks for annual operating inventories, customer shelf counts for replenishments, incoming materials for receipt, and medical equipment for MEMO inventories. The HHT is a Pocket PC with a Windows-based operating system, barcode scanning capabilities, and DMLSS Windows Embedded Compact software. Since hardware technology continues to rapidly advance we will not go into much detail about the HHT itself. Instead, we will focus on the DMLSS compact software that is used on these devices. First, though, we will briefly discuss the various ways to connect the HHT to the DMLSS server.

Transferring data

The HHT hardware consists of a Pocket PC, a CAC reader, and a docking station that attaches to the client PC via universal serial bus (USB) cable. The HHT device with radio frequency (RF) capabilities may be used wirelessly throughout the MTF site to support real-time inventory activities (fig. 3-10). The HHT is used to support certain barcode-related tasks and uses two communication methods:

1. Wired—HHT connects to a docking station that is attached to the computer.
2. Wireless—HHT transfers data using a secure wireless local area network (WLAN).



Figure 3-10. RF receiving.

If you use a WLAN, make sure the settings are configured for maximum security.

The HHT can transfer data using one of three modes:

1. Batch mode—Data stored on the HHT is uploaded to your PC after connecting to the docking station.
2. RF mode—The HHT passes data across the WLAN in real time.
3. Store and Forward mode—Basically a combination of batch and RF modes. You perform your tasks and store information on the HHT, and when you get back into range of the RF controller, you can then upload the information to DMLSS through RF.

Identifying HHT type

The type of HHT being used must be identified within DMLSS. Failure to choose the correct HHT type will result in an inability to upload the HHT's data. To verify or update the selection, open any DMLSS module's Utilities menu and then select HHT. Unless otherwise instructed, the selection should *always be set to PDA* from the three options: Janus, PDA, and Trakker.

DMLSS compact software

The current DMLSS compact software, DMLSS CE/HHT Pocket PC Version C436 (2003), consists of three primary tabs: Customer Area Inventory Management (CAIM), Equipment and Technology Management (ETM), and Stock Record Inventory Management (SRIM).

CAIM

CAIM is primarily used by Forward Logistics activities to track customer's shelf-counts for replenishment purposes. It may also be used by large account property custodians (e.g., Pharmacy). It can also be used to track customer's on-hand inventories for either official or unofficial inventories.

The CAIM tab contains the following eight functions:

1. REPLENISH INV: Use to track shelf counts and scan customer reorder quantities.
2. PHYSICAL INV: Use to track on-hand asset counts for official or unofficial inventories.
3. CAIM ISSUES: Use to track issues from customer area (not used by AF).
4. CAIM RECEIPTS: Use to record receipts in customer area (not used by AF).
5. BARCODE EQUIV: Use to manually add item and product numbers.
6. RECV FILE (Batch): Receive files from DMLSS via docking station.
7. SEND FILE (Batch): Send inventory file to DMLSS via docking station.
8. SEND FILE (RF): Send inventory file to DMLSS wirelessly.

ETM

ETM is used by MEMO during annual equipment inventories. This module replaces the need to annotate hard copy custodian receipt/location lists (CR/LL); instead, the inventory team may scan location and equipment barcodes to record inventory data. The ETM tab contains the following five functions:

1. INVENTORY: Use to track in-use equipment counts for official or unofficial inventories.
2. REVIEW INVENTORY: Use to review current inventory counts status.
3. RECV FILE (Batch): Receive files from DMLSS via docking station.
4. SEND FILE (Batch): Send inventory file to DMLSS via docking station.
5. SEND FILE (RF): Send inventory file to DMLSS wirelessly.

SRIM

SRIM is used by Storage and Distribution personnel while receiving, issuing, and inventorying warehouse stock. The HHT can replace the manual IM receipt process, pick lists, and inventory count lists. The SRIM tab contains the following seven functions.

1. SRIM RECEIPTS: Use to in-check materiel.
2. SRIM ISSUES: Use during pick-list process.
3. PHYSICAL INVENTORY: Use to track on-hand counts for official or unofficial inventories.
4. SELECT PRINTER: Choose which hardware to use for printable documents.
5. RECV FILE (Batch): Receive files from DMLSS via docking station.
6. SEND FILE (Batch): Send inventory file to DMLSS via docking station.
7. SEND FILE (RF): Send inventory file to DMLSS wirelessly.

Self-Test Questions

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

017. Managing output devices

1. What are the three DMLSS printer categories?

2. Which printers are managed from within the DMLSS client?
3. Which printers are managed from within the DMLSS server?
4. Why are default printers used?
5. List the four steps for changing a workstation's default printer.
6. What option may be changed if you have problems with reports not printing completely on a page?
7. What is the DCM printer used for?
8. List the four steps for changing the client's default DCM printer.
9. How are the DCM printers loaded into the local server?
10. What are the three DCM printer administrative options provided by the SA Tool?
11. What are the three options available in the *Manage DCM Printers* screen?
12. Which users are affected when a new default DCM printer is established?
13. Barcode printers should use what naming convention?
14. When adding a new printer out of the box, the IP address must be added to what document?
15. What are the three options available in the Manage Barcode Printers screen?

018. Hand held terminals

1. What are the three pieces of hardware that make up the HHT?
2. What are the two methods in which the HHT communicates with DMLSS?
3. What are the three wireless modes that can be used to transfer data from the HHT?
4. What should the HHT type be set to in DMLSS?
5. List the three primary tabs available in DMLSS CE.
6. What is the CAIM modules primary use?
7. Which CAIM function is used to scan reorder quantities?
8. What does the ETM module replace?
9. Which ETM function is used to track annual equipment counts?
10. Who uses the SRIM module?
11. What three IM processes or documents can be replaced by the HHT?
12. When is SRIM RECEIPTS used?
13. When is SRIM ISSUES used?
14. What is PHYSICAL INVENTORY used for?

Answers to Self-Test Questions

011

1. (1) b.
(2) a.
(3) d.
(4) c.
2. Through the DMLSS navigation window.
3. Through a secure Web browser session directed at your sites DMLSS IP address or server name.
4. Read, update, create, delete.
5. MLFC.
6. To control the roles and privileges within specific applications.
7. Only one.
8. SA.
9. SS.
10. MTF/Unit TreeView, Funds Management, POC, UP Assign/Manage, TMU, DCM.
11. DMLSS Wide, DMLSS and Site Managed, Site Data.
12. DCM.
13. DCM.

012

1. DMLSS Start Page.
2. Services and Process Dates.
3. Services.
4. Process Dates.

013

1. SAs, wireless HHT users, and BMETs with more than one maintenance activity.
2. User IDs and passwords were identified as a serious vulnerability to the DOD's security posture.
3. They should be eliminated whenever and wherever feasible.
4. Fewer password resets and user name unlock requests.
5. SA and new user.
6. Unit's DMLSS home page Web address.
7. DMLSS SA Tool.

014

1. UP-Assign and UP-Manage.
2. To view, add, modify, and/or delete roles by application.
3. To assign one or more applications and/or roles to another user.
4. Can decrease the SM's ability to restrict access to critical functions and can degrade system integrity.

015

1. To view transaction files and manage the interface between DMLSS and other systems.
2. Current and previous month or 62 days.
3. DFAS.
4. Call/Sequence/Block Number; Method; Form; Contract Number; Source of Supply; Status Code; Process Code; User ID; Begin Date; End Date.
5. ARCORGFL, FMTGOOD, TMTGOOD.
6. View its description by highlighting the transaction first, then clicking the Desc icon on the vertical toolbar.

016

1. ERROR code.
2. Process code.
3. Problems with the LAN and interface connectivity; incorrect IP address, login, and password
4. Medical systems office.
5. When the acquisitions manager elects to cancel the order and re-accomplish the order manually.
6. Resubmit and Financial Resubmit.
7. Financial Resubmit

017

1. Default, DCM, and barcode.
2. Default.
3. DCM and barcode.
4. To print DMLSS reports and screenshots.
5. Log into any DMLSS module; Select *File* from the horizontal dropdown menu; Select *Printer Setup*; Check the box next to the new default printer.
6. Print scaling.
7. To print issue documents and equipment maintenance forms.
8. Log into any DMLSS module; Select *File* from the horizontal dropdown menu; Select *DCM Printer Setup*; select new default printer from drop down list.
9. Through the SA Tool.
10. Add, manage, and setting a default printer.
11. Update DCM printer, Test printer connectivity, Delete selected printers.
12. All DMLSS users.
13. All barcode printers should start with "BC_."
14. PPS.
15. Change barcode printer label type, test printer connectivity, delete selected printers.

018

1. Pocket PC, CAC reader, and docking station.
2. Docking Station, Wireless LAN.
3. Batch, RF, store and forward.
4. PDA.
5. CAIM, ETM, and Stock Record Inventory Management (SRIM).
6. To track customer's shelf-counts for replenishment purposes.
7. REPLENISH INV.
8. The need to annotate hard copy CR/LLs.
9. INVENTORY.
10. Storage and Distribution personnel.
11. Manual receipts, pick lists, and inventory count lists.
12. While in-checking materiel.
13. During the pick-list process.
14. To track on-hand counts for official or unofficial inventories.

Do 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.

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

30. (011) How is the Defense Medical Logistics Standard Support (DMLSS) System Administrator (SA) Tool accessed?
 - a. By routine telenet session.
 - b. By secure Web-browser session.
 - c. Through the System Services application.
 - d. Through the Admin login at the server terminal.
31. (011) What term is used for a collection of privileges and resources for each module?
 - a. Attribute.
 - b. Function.
 - c. Process.
 - d. Role.
32. (011) What is the highest privilege level in User Privilege (UP) Manage?
 - a. Admin.
 - b. Create.
 - c. Delete.
 - d. Update.
33. (011) Who appoints the Defense Medical Logistics Standard Support (DMLSS) system administrators (SA)?
 - a. Accountable base medical supply officer (ABMSO).
 - b. Medical Logistics flight commander (MLFC).
 - c. Security manager (SM).
 - d. Unit commander.
34. (011) Who controls the roles and privileges for each specific Defense Medical Logistics Standard Support (DMLSS) module?
 - a. Medical Logistics flight commander (MLFC).
 - b. Information system security officer.
 - c. Security manager.
 - d. Each user.
35. (011) How often must the Defense Medical Logistics Standard Support (DMLSS) system administrator (SA) homepage summary be reviewed?
 - a. Never.
 - b. Daily.
 - c. Weekly.
 - d. Monthly.
36. (011) Which screen provides a centralized listing of all values and codes used in Defense Medical Logistics Standard Support (DMLSS)?
 - a. MTF/Org.
 - b. Funds Management.
 - c. Table Maintenance Utility (TMU).
 - d. DMLSS Communications Manager (DCM).

-
-
37. (011) In Defense Medical Logistics Standard Support (DMLSS) a failed financial transaction may be retransmitted using the
- Funds Management module.
 - System Administrator (SA) Tool.
 - Table Maintenance Utility (TMU).
 - DMLSS Communication Manager (DCM) monitor.
38. (012) The System Administrator (SA) Tool homepage main window consists of which two sections?
- Services; Task Area.
 - Services; Process Dates.
 - Backup Management; Task Area.
 - Backup Management; Process Dates.
39. (013) Where do new Defense Medical Logistics Standard Support (DMLSS) users go to *create* their Smart Card-enabled user names?
- Client logon screen.
 - DMLSS homepage.
 - System Administration Tool.
 - Manage Smart Card Access.
40. (013) Where do system administrators (SA) go to *approve* new Smart Card-enabled Defense Medical Logistics Standard Support (DMLSS) users?
- Assign User.
 - System Services (SS).
 - System Administrator (SA) Tool.
 - DMLSS pending actions.
41. (014) Which user privilege (UP) function is used to add, modify, and delete application roles in the Defense Medical Logistics Standard Support (DMLSS)?
- Assign.
 - Associate.
 - Maintain.
 - Manage.
42. (014) Which is a criterion of assigning Defense Medical Logistics Standard Support (DMLSS) roles?
- Security managers can grant Security roles for any application.
 - You can remove security manager roles from your own User ID.
 - Users must log out and back in to gain access to new UP role changes.
 - All users should be granted access to System Services roles containing MTF resources.
43. (015) What user identification (ID) is recorded in Defense Medical Logistics Standard Support (DMLSS) for financial file transmissions?
- Accounting and Finance (A&F).
 - Base Accounting Office (BAO).
 - Defense Finance Accounting System (DFAS).
 - Air Force Medical Operations Agency (AFMOA).
44. (015) Which action button may be used to obtain more information on a Defense Medical Logistics Standard Support (DMLSS) Communication Management (DCM) process code?
- NAV.
 - DESC.
 - FORMAT.
 - DEFINE.

45. (016) What Defense Medical Logistics Standard Support (DMLSS) Communication Management (DCM) status code is used to indicate unsuccessful transaction file transfers?
- ERROR.
 - TMTFAIL.
 - FMTBAD.
 - ARCORGFL.
46. (017) Which of the following is *not* a Defense Medical Logistics Standard Support (DMLSS) printer category?
- DCM.
 - Server.
 - Default.
 - Barcode.
47. (017) Which printer is managed from within the Defense Medical Logistics Standard Support (DMLSS) client?
- DCM.
 - Server.
 - Default.
 - Barcode.
48. (017) Which print setting can be modified if pages are not printing completely on a page?
- Sizing.
 - Scaling.
 - Adjustment.
 - Magnification.
49. (017) New printer Internet protocol (IP) addresses must be added to what document prior to use?
- Ability to Connect.
 - Ports & Protocols Survey.
 - Open Ports & Firewall Authorizations.
 - Network Information Security Protocols.
50. (018) What should the hand-held terminal (HHT) type be set to in Defense Medical Logistics Standard Support (DMLSS)?
- PDA.
 - Janus.
 - Trakker.
 - Pocket PC.
51. (018) Which Defense Medical Logistics Standard Support (DMLSS) hand held terminal (HHT) module is used to replenish customer shelves?
- INV.
 - ETM.
 - SRIM.
 - CAIM.
52. (018) Which Defense Medical Logistics Standard Support (DMLSS) hand held terminal (HHT) module is used by the Medical Equipment Management Office (MEMO) to conduct annual equipment inventories?
- INV.
 - ETM.
 - SRIM.
 - CAIM.

Please read the unit menu for unit 4 and continue ➔

Student Notes

Unit 4. Environment of Care

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THE ENVIRONMENT OF CARE (EOC) PROGRAM integrates all management responsibilities for risk management, job safety, equipment safety, fire prevention and protection, hazardous materiel (HAZMAT) management, security, utility safety, and emergency preparedness under one management program. The purpose of the EOC program is to provide a functionally safe and secure physical environment and manage staff activities to reduce the risk of injury for patients, staff, and visitors. At each medical treatment facility, the EOC committee is responsible for implementing an EOC program.

Medical Logistics personnel have several duties and responsibilities associated with the EOC program. These range from fire prevention and protection to equipment safety and the management of HAZMAT. Specifically, this unit is going to cover the Quality Assurance/Risk Management program, safety programs, and HAZMAT management.

4-1. Quality Assurance/Risk Management Program

When items of medical materiel are suspected of being unserviceable immediate action is required to ensure these items are removed from all using activities and serviceable inventories. This includes inventories at your medical facility and at all other military medical facilities and depots worldwide. Your reporting of unserviceable materiel not only impacts Air Force medical activities, but also all DOD medical activities.

The Quality Assurance/Risk Management (QA/RM) program consists of quality assurance messages and medical materiel complaints. Each account must establish effective control over the quality of medical supplies and equipment maintained within the MTF. In this section, we will cover the procedures for processing quality assurance (QA) messages and materiel complaints.

019. Receiving quality assurance messages

Effective control of quality is one of the basic responsibilities of Medical Materiel management. The MLFC achieves quality control through inspection, classification, and surveillance as materiel is received, issued, stored, and shipped. The MLFC relies on various DOD and commercial agencies for notification of supply and/or equipment recalls/alerts. These notices are normally received in the form of a QA message.

Recalls and alerts that require Medical Logistics action are obtained through two different source type categories:

1. DOD medical materiel quality control (DODMMQC) notices.

- Offline notices (i.e., non-DODMMQC or Emergency Care Research Institute (ECRI) Tracker alerts).

DODMMQC alerts are automatically downloaded by the DMLSS server at every end-of-day period. Normally, you will receive your alerts in this way. On occasion, you may receive an alert from an offline source. These alerts will need to be manually retrieved and added to the DMLSS QA module. When an offline alert message is received, first determine if a DODMMQC notice already exists. If not, use the New QA Record function to create a new QA record. The item description, QA reference number, class, and QA source are mandatory fields and must be completed. Additional information, such as the item ID, should be completed, if known. Once the new record is created, promptly notify AFMOA/SGALC.

DOD medical materiel quality control messages

DODMMQC messages are a Quad-Service product distributed by the US Army Medical Materiel Agency (USAMMA). The numbering of the MMQC consists of the calendar year followed by a consecutively numbered message beginning with 1001. The MMQC number is an aid which helps you to track and identify missing messages. Normally, you will receive DODMMQC messages automatically through DMLSS. You can always manually retrieve missing MMQC messages by visiting the Web sites listed below.

- USAMMA (fig. 4-1) – <http://www.usamma.amedd.army.mil>.
- Joint Medical Asset Repository (JMAR) (fig. 4-2) – <https://jmar.detrick.army.mil>.

When working in DMLSS, you are also able to access JMAR from the DMLSS SYSTEM – NAVIGATION window (fig. 4-3).



Figure 4-1. USAMMA Web site.

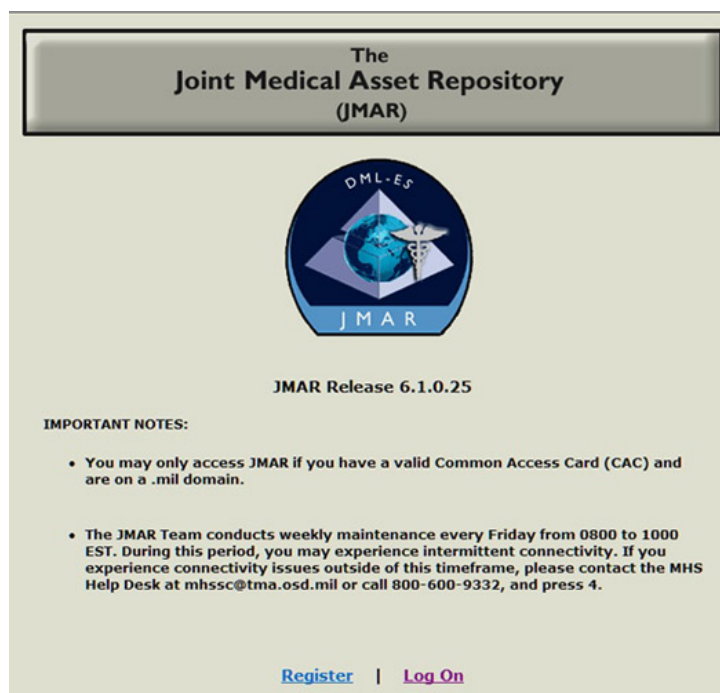


Figure 4-2. JMAR Web site.

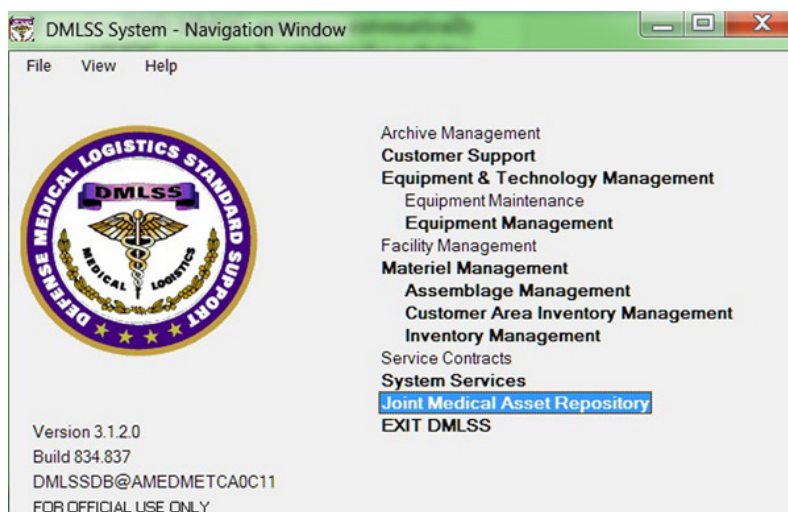


Figure 4-3. DMLSS system – navigation window.

USAMMA Web site

The following steps list the actions that a user may take to retrieve individual MMQC messages from the USAMMA Web site.

1. Access the USAMMA website at <http://www.usamma.amedd.army.mil>.
2. Click on the tab labeled: MMQC/MMI Messages.
3. Select the link labeled: DOD-MMQC & MMI Message Search (2005 to Present).

You may narrow your search by modifying any or all of the search fields (fig. 4-4). The search fields include: Message Number, Product Type, Product Name, National Stock Number (NSN), Part Number, Lot number, Manufacturer, and Distributor.

Figure 4-4. USAMMA MMQC search window.

020. Managing quality assurance messages

When you receive notification to suspend an item, immediately make sure that each using activity is notified to withdraw that item from use. It is important that you make sure activities you support outside of the facility, including dispensaries and clinics, are also notified and complete turn-in actions. You must acknowledge receipt of any Category I messages by the given suspense date. All Medical Logistics storage areas must be inspected for affected materiel including WRM and MC-CBRN assemblages. Ensure that all suspended materiel located in the using activities is promptly turned into Medical Logistics. Immediately mark and segregate the suspended items to prevent accidental re-issue. Use the DMLSS IM Return Item screen (fig. 4-5) to complete turn-ins from using activities; choose stratification state “Suspended.” The turn-ins will be for no credit only.

Suspension

When a suspended item is turned-in, follow the disposition instructions from the recall message (if applicable) or hold it in suspension until higher headquarters provides additional management action. You may be directed to return materiel to stock for use (transfer items from stratification state “suspended” to “operating serviceable”), return it to DLA or contractor for credit, return it to DLA or the contractor for replacement, destroy it, or send it to Defense Reutilization and Marketing Service (DRMS).

When death or personal injury occurs as a result of the use of equipment devices or products that may be defective, the items are not used again. If DLA or the Food and Drug Administration (FDA) requires the item(s) involved for investigation these agencies will advise the MLFC to maintain item integrity to support any litigation resulting from the incident. Thus, the MLFC will keep the item(s) in his or her custody. Proper chain of custody is maintained on these items; they will not be disposed of, released to the manufacturer/distributor, or repaired without first notifying and receiving approval from HQ USAF/JACC.

U.S. ARMY MEDICAL DEPARTMENT
MEDICAL RESEARCH AND MATERIEL COMMAND
U.S. ARMY MEDICAL MATERIEL AGENCY

HOME Equipment Literature MMQC/MMI Messages MEDSILS / Unit Assemblages SEARCH: GO

DOD MEDICAL MATERIEL QUALITY CONTROL MESSAGES (MMQC)/MEDICAL MATERIEL INFORMATION MESSAGES (MMI) WEDNESDAY, NOVEMBER 06, 2013 & IMAGES

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Search MMQC / MMI messages

[How to Print Messages](#)

Messages will be filtered by the following options.

* Denotes fields ONLY available in new message format.

MMQC / MMI:

Message Number: (2 digit Year) (4 digit Number)

Product Type: ☐ Equipment ☐ Pharmaceutical ☐ Other
☐ Medical Supply ☐ Vaccine

Product Name:

NSN:

*Part Number:

LOT / Serial:

*Manufacturer:

*Distributor:

Figure 4-5. Item return window.

To prepare condition tags, place suspended materiel in segregated storage and use either a DD Form 1575, Suspended Tag - Materiel (Brown) (fig. 4-6), or a DD Form 1575-1, Suspended Label - Materiel, to identify it.

Complete the suspended tag/label as follows:

1. Stock number, part no., and item description: Enter the item ID (federal stock number, local purchase stock number, or part number). Also, enter a complete item description.
2. Serial/lot number: Enter the item serial number (parts/equipment) and/or lot/batch number. Lot/batch numbers normally are assigned to supplies.
3. Unit of issue (U/I): Enter the appropriate unit of issue (unit of measure—U/M), either standard or adjusted.
4. Contract or purchase order number: For DLA items enter the DLA contract number. For local purchase items, enter the local purchase contract purchase order number under which the suspended item was procured.
5. Quantity: Enter the quantity of a specific serial number or lot/batch that is being suspended.
6. Next inspection due: Enter the date that the item must be re-inspected (i.e., 6 months, 12 months, 36 months, etc.).
7. Condition code: Enter the appropriate condition code (e.g., A, B, C, D), which is based on the results of the inspection.
8. Inspection activity: Enter the stock record account number (SRAN).

9. Reason or authority: Note the reference that gives you the authority to suspend the item. Authority for suspension action may come from DODMMQC message, direct notification from manufacturer, or MAJCOM. If no authority is available, at a minimum enter a reason for the suspension.
10. Inspector's name or stamp: Enter the name of the materiel inspector, or the inspector's number and stamp.
11. Remarks: Enter any additional information that may assist in the identification, management, or storage of the item.

		NEXT INSPECTION DUE/OVERAGE DATE		CONDITION CODE
		INSPECTION ACTIVITY		
		REASON OR AUTHORITY		
		INSPECTOR'S NAME OR STAMP AND DATE		
SERIAL NUMBER/LOT NUMBER	UNIT OF ISSUE			
CONTRACT OR PURCHASE ORDER NO	QUANTITY			
REMARKS				

Figure 4-6. Sample DD Form 1575, Suspended Tag-Materiel (Brown).

After you complete the suspended tag/label, affix it to the item and place the item in suspension. If you have not already done so, you may now adjust the inventory records to reflect the new condition change. The process is not complete until you close-out the recall alert in DMLSS and notify the patient safety officer.

Finalizing QA records in DMLSS

After completing all necessary suspension and inventory actions, you must close-out the QA message in DMLSS by clearly indicating in the QA action field (fig. 4-7) what actions were taken by Medical Logistics and the using activities, along with the date the action was completed. If an item was found, removed from stock, and placed in suspension, indicate that you did so. If no matching supplies were located on-hand, indicate likewise with a statement such as: *Warehouse inventory inspected, item was not found on-hand*. Also indicate whether or not you contacted any custodians and what response was received from them. For audit trail purposes, materiel actions, such as customer turn-ins or restratification of inventory to "Suspended" will be annotated in the record along with affected quantities and document numbers. Negative replies will also be documented.

Medical equipment recalls are processed according to Air Force Instruction (AFI) 41-201, *Managing Clinical Engineering Programs*. Document work order numbers in the QA field if applicable.

DMLSS/Inventory Management - [QA RECORD SEARCH]

File Edit Data Navigate Utilities Window Help

QA Search QA Records QA Details

Item Desc: HEPATITIS A VIRUS VACCINE INACTIVATED 50UN/1ML ADULT 1ML VIAL

Item ID: [Dropdown]

Equip Nom: [Dropdown]

Mfg Name: MERCK SHARP & DOHME

Mfg Cat No: [Dropdown]

QA Ref No: 111711422008012

DOD Ref No: DOD-MMQC-11-1422

Model No: [Dropdown]

QA Action: NEGATIVE RESPONSE, NO FURTHER ACTION REQUIRED

Problem Desc: MFR HAS ISSUED A SAFETY NOTICE ON FOL MATL. REASON: TO REINFORCE THE IMPORTANCE OF EXAMINING ALL VACCINES AND ANTIVENIN PRODUCTS FOR PARTICULATE MATTER AND DISCOLORATION PRIOR TO USE.

Completed Dt: 06/24/2011

QA Source: FDA

NDC: [Dropdown]

UPN: [Dropdown]

NSN: 6505014320380

Type: ALERT

Rec Date: 06/21/2011

Class: Class II

Select All Apply Date

Comm. Type	QA Ref No	DOD Ref No	Completed Date	Item ID	Lot No.
SUPPLY	111961482036078	DOD-MMQC-11-1482	07/25/2011		
SUPPLY	111961482038078	DOD-MMQC-11-1482	07/25/2011		
SUPPLY	111961482040078	DOD-MMQC-11-1482	07/25/2011		
SUPPLY	111711422008012	DOD-MMQC-11-1422	06/24/2011		
SUPPLY	111961482048078	DOD-MMQC-11-1482	07/25/2011		
SUPPLY	111711423002012	DOD-MMQC-11-1423	06/24/2011		
SUPPLY	111711423003012	DOD-MMQC-11-1423	06/24/2011		

Records 106 to 112 of 500

Ready | dmlssdb@amedmetca0c11 3.1.2.0.834.837 | For Official Use Only

Figure 4-7. QA action field.

Routing

Initiate collaboration with the MTF patient safety officer (PSO) by notifying him or her of all actions taken by Medical Logistics as a result of recalls and alerts. Notifications should include:

- Date of recall or alert.
- Source (i.e., DODMMQC, ECRI, FDA, etc.).
- Item description.
- Quantities removed from use.

Negative replies for recalls/alerts on items that are not found in the MTF do not need to be reported to the PSO. Only report items for which physical actions needed to be taken.

QA/RM files

A log of all alerts and recalls worked by Medical Logistics must be maintained. The log will be divided by FY and can be either manual or electronic. Document the actions that were taken (including negative replies); which offices or customers were notified; the date of completion; and the message/alert number. A copy of the log should be provided to the PSO or risk manager (RM) on a monthly basis to facilitate EOC communication with executive leadership.

The log entries are kept in chronological order by QA message number to be sure that all alerts are reviewed and closed as applicable. For DODMMQC messages, the DMLSS Missing MMQC Messages report list may be used as proof of receipt. In addition, the QA/RM file must contain any instructions and messages from higher headquarters as well as other pertinent information. Because of the seriousness of the QA/RM program, property custodians and Medical Logistics personnel must be trained on all applicable procedures; proof of training should be maintained with the QA/RM binders.

021. Managing suspended items/records in DMLSS

As mentioned previously, DMLSS automatically receives QA messages during the EOP process. The DMLSS QA program manages recalls, suspensions, hazard alerts, and Safe Medical Device Act requirements by compiling input from various sources in a standardized electronic format. When processing QA messages, you may have the need to suspend items/records in DMLSS as part of the process. In order to do this, you have to access the QA module from the IM NAVIGATE MENU – QA (fig. 4-8). All QA activity in DMLSS takes place in the QA module. The DMLSS QA module allows you to:

- Create complaints: The QA module enables a customer to fill out and submit a potential complaint whenever a supply or equipment item may be harmful to a patient or healthcare provider.
- Update the MTF QA database: Use the QA module to record and track all actions taken on internally generated alerts, as well as those actions associated with incoming quality alerts and manufacturer recalls.
- Create delinquent notices: Track actions to ensure that customer accounts respond to pending actions or internal and external quality alerts within the allotted time.

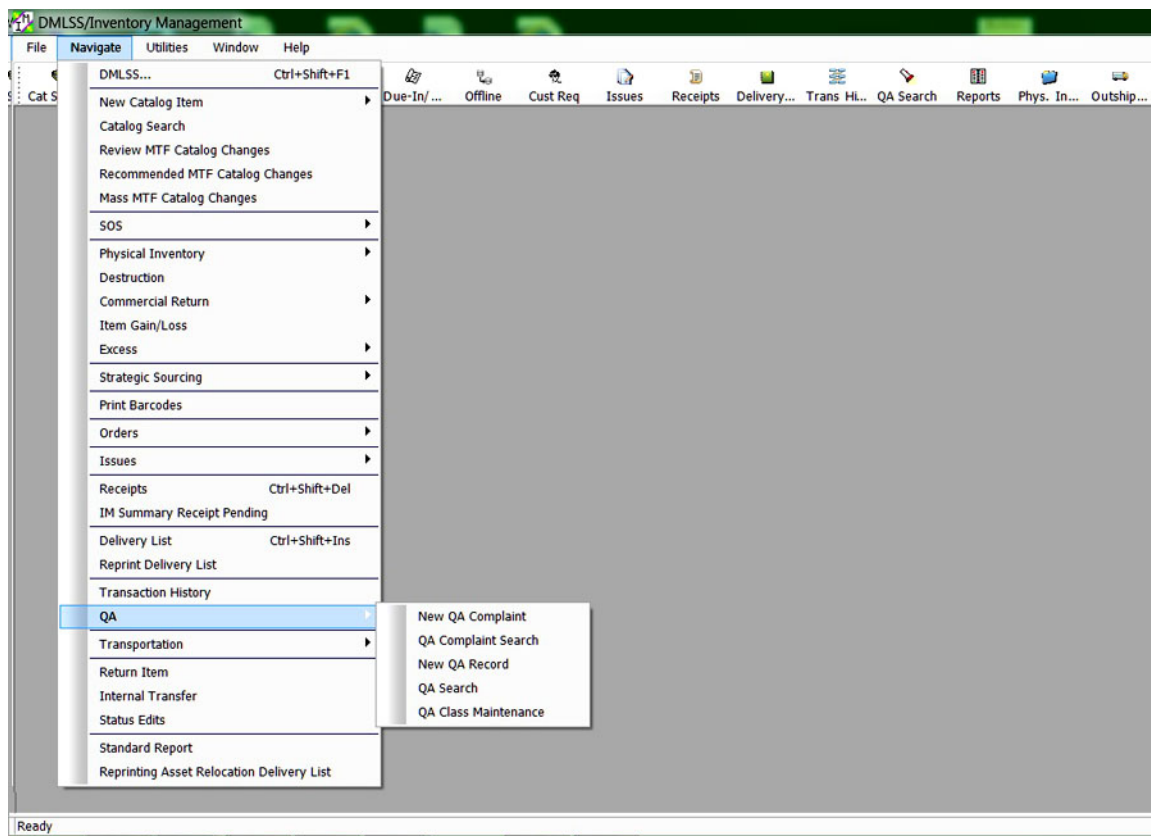


Figure 4-8. IM navigation menu – QA window.

When DMLSS receives QA messages, it builds an MTF QA database file to record and track all actions and determines whether it is a duplicate (same QA notice from the same SOS for the same item). DMLSS also identifies all customers that have consumption history and WRM accounts that have an on-hand balance for the item and allows users to identify additional customers and WRM accounts that should be informed of the QA message. Lastly, DMLSS creates a pending action for customer accounts.

Resolving pending actions

QA notifications are all processed through DMLSS and posted to the INBOX as pending actions. The pending actions are posted to the INBOX to notify the user of required QA actions and/or problems. These QA pending actions are your primary source of information to determine what actions you have to take on the QA message. Possible actions may include establishing a new QA record and changing the stratification state of an item. Double-clicking on a pending action will take you directly to the related QA record. The pending action messages you may see posted to the INBOX are as follows:

- QA MMQC Info Bulletin.
- Missing MMQC Message.
- QA FTP Import Failed.
- IM QA Import Failed.
- QA Alert. Missing or No MTF Item ID Match.
- QA Alert, Item Qty Required.
- QA Delinquency Notice, Immediate Recall.
- QA Delinquency Notice, Item Qty.
- IM QA Complaint Alert, Complaint exists for item.

Now let's discuss these pending action messages in more detail.

QA MMQC Info Bulletin

This pending action is *informational only*. In the QA MMQC Info Bulletin window (fig. 4–9), you can view a list of QA MMQC bulletins that you have received. Clicking the View MMQC icon launches the web browser, and goes to the USAMMA website. View this pending action to determine if all QA MMQC messages have been received in your system. After viewing the QA MMQC Info Bulletin, you can delete the record from this pending action by highlighting the record and selecting DELETE button from the vertical toolbar.

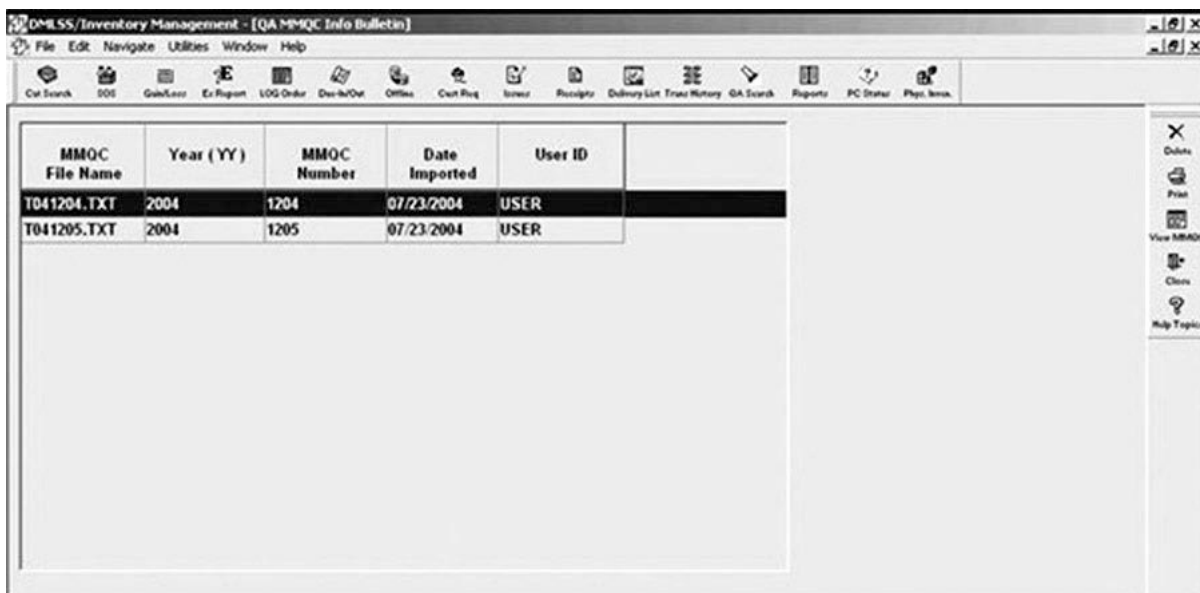


Figure 4–9. IM QA MMQC info bulletin window.

Missing MMQC Message

This message indicates that there is a gap in the DOD Ref Numbers imported for QA messages. DMLSS will continue to search for the missing message during EOP processing and attempt to download it. A QA reference number is a number unique to each item on a MMQC message. The QA REF NO consists of:

- Calendar year: 2 digits, positions 1–2.
- Julian date: 3 digits, positions 3–5.
- Serial number: 4 digits, positions 6–9 (MMQC number).
- Sequence number: 3 digits, positions 10–12.
- Segment count: 3 digits, positions 13–15.

To resolve this message, highlight the pending action and select the JUMP TO button to view a report of the missing MMQC message file names. Visit the USAMMA Web site to view the missing message(s) and take action. You can delete this pending action once you have either manually loaded the missing message or verified that it has been downloaded.

QA FTP Import Failed

This INBOX message indicates that DMLSS failed to import the QA file. During the EOP process, DMLSS unsuccessfully attempted to connect to the JMAR server. This pending action lists all missing QA messages. To ensure this problem is resolved, go to the USAMMA website and ensure that you have the latest QA messages downloaded. DMLSS will automatically continue to try and import the files. When the QA FTP import fails, DMLSS automatically sends a message to the help desk. To initiate corrective action, highlight the pending action and select the JUMP TO button. DMLSS will display a prompt message to select YES to import the file manually (fig. 4–10). DMLSS returns the user to the IM INBOX and the failed message is deleted. If you select NO, no files will be imported and the pending action will remain in the INBOX. This pending action can be deleted only after the QA messages have been retrieved.

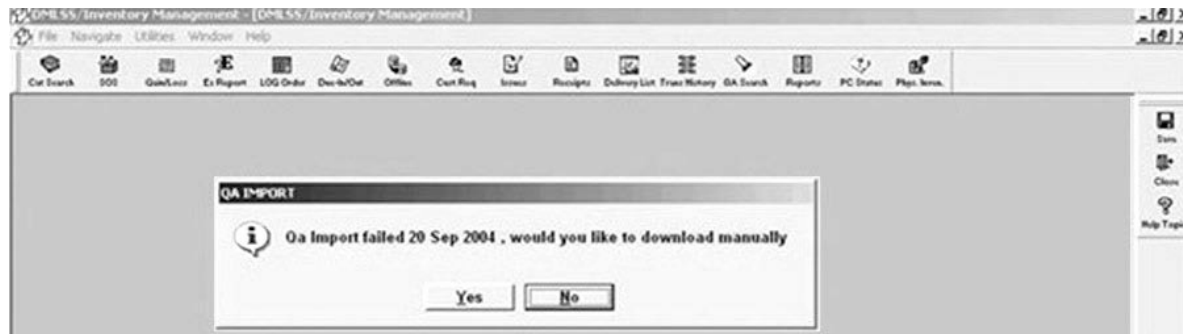


Figure 4–10. IM QA import failed message window.

IM QA Import Failed

This pending action is posted to the INBOX when an MMQC file failed to import correctly to DMLSS. DMLSS will automatically continue to try and import the files. If you receive this pending action message, contact the MHS help desk to research the problem. You can also input the QA message manually from the QA – NEW QA RECORD window. This pending action can be deleted only after the QA messages have been retrieved.

QA Alert, Missing or No MTF Item ID Match

Selecting this pending action will open the QA RECORD SEARCH window – QA REJECTED RECORDS tab (fig. 4–11). In the QA RECORD SEARCH window – QA REJECTED RECORDS tab,

you can see a list of QA messages that were rejected because there was no corresponding item in the MTF catalog. This requires a manual review to associate the QA message with the correct MTF record.

The screenshot shows the 'QA Rejected Records' tab in the 'QA RECORD SEARCH' window. The form contains the following fields:

- Item Desc: ASPIRIN REGIMEN LOW STRENGTH, ENTERIC COATED.
- Item ID: (with a jump icon)
- Equip Nom: (dropdown)
- Mfg Name: PERRIGO
- Mfg Cat No: (dropdown)
- QA Ref No: 042021201001001
- DOD Ref No: DOD-MMQC-04-1201
- Model No: (dropdown)
- Class: Class II
- QA Action: (dropdown)
- Problem Desc: MANUFACTURER IS VOL RECALLING THE FOL MED MATL. REASON: DURING 24 MONTH STABILITY TESTING, PORTIONS OF THIS BATCH DID NOT PASS THE DRUG RELEASE
- Completed Dt: (dropdown)
- QA Source: FDA
- NDC: (dropdown)
- UPN: (dropdown)
- NSN: 6505NS1
- Type: ALERT
- Rec Date: 07/23/2004

Buttons: Select All, Apply Date, Add/Edit.

Comm. Type	QA Ref No	DOD Ref No	Complete Date	Item ID	Lot No.
SUPPLY	042021201001001	DOD-MMQC-04-1200-00-0000			2DE0584
SUPPLY	042051206001002	DOD-MMQC-04-1200-00-0000			
SUPPLY	042051206002002	DOD-MMQC-04-1200-00-0000			

Records 1 to 3 of 3

Figure 4-11. QA records search – QA rejected records tab.

The user can manually check for a matching MTF catalog record, build a new record, or take no action and complete the record. A reason why you would need to build a new MTF catalog is that sometimes items are carried in the MTF without LOG's knowledge. An example is when a customer receives free samples from a vendor or leases a piece of equipment that may come with free reagents.

You can review the list, and if you are sure that you do not have any corresponding items, you can record the date you reviewed them (the completion date), and remove them from the list. To manually check for matching MTF Catalog records, in the QA REF NO field, take note of the year (positions 1–2) and the MMQC number (positions 6–9). Click on the VIEW MMQC button on the vertical toolbar and search for the QA message to retrieve information that you can use to search for the item.

Once you have the search information, click on the JUMP TO icon next to the ITEM ID field. This will open the MTF Catalog Search screen. Search the MTF Catalog using the information you found in the MMQC message to ensure the item is not within the MTF Catalog. If you find a matching record highlight the rejected detail record; enter the ITEM ID; and then click the SAVE button. DMLSS then checks it against the catalog and processes it as any other QA message. If you do not find a matching record, then you must then build a new MTF Catalog record and return to the pending action, highlight the rejected detail record, enter the Item ID and click SAVE. This completes the process and the record is removed from the screen. When no action is required, complete the record by indicating that “no action was required,” then enter the date in the COMPLETE DATE column, click on APPLY DATE, and click SAVE.

QA Alert, Item Qty Required

This pending action notifies users of new MMQC QA message(s) for an item that requires the user to enter on-hand quantities. You must scan the shelves and/or storage locations to determine if you stock the item. Closely scrutinize the lot number, expiration date, serial number, and MFG (manufacturer) date. Enter the quantity you found on your shelves, or zero if you did not find any.

The QA RECORD SEARCH – QA DETAILS tab (fig. 4-12) lists customers associated with this QA message. Customers that have received the message will have their customer ID displayed in the

CUST ID column. A quantity in the NOTIFY QTY field designates those customers that have responded to the QA message, while those customers that have not responded will have no quantities.

The QA message will provide disposition instructions in the PROBLEM DESC field. Depending on the disposition instructions, materiel may need to be consolidated. If the item is on hand, LOG will need to process a customer return. This will generate a TIG (turn-in adjustment gain) to LOG and a TIL (turn-in adjustment loss) for the customer. In this window, you can also change the stratification state of the materiel by clicking on the TRANSFER button on the vertical toolbar. This pending action will not be deleted until quantities have been entered for all items on the pending action.

QA Details

Item Desc: ESTROGEN 0.625MG 100S
 Item ID: 6505005840413
 Mfg Cat No: NDC 00046-0967-81
 Mfg Name: WYETH
 QA Ref No: 041801175001003
 DOD Ref No: DOD-MMOC-04-1175
 Type: ALERT
 QA Action:
 Problem: MANUFACTURER HAS PROVIDED INFORMATION FOR ADDITIONAL ESTROGEN TABLETS, SEE
 Desc: REFERENCED MESSAGE. REASON: THE PRODUCT DOES NOT CONFORM TO CURRENT USP

NSN: 6505005840413
 NDC: 00046096781
 UPN:
 Rec Date: 06/28/2004
 Closing Dt: 00:00:0000
 Notify Qty:
 QA Source: FDA

Org ID	Cust ID	Assm ID	Notify Qty	Serv	FDA	Unserv	Rep	Susp	Sp Proj	Serv
DETH	889			1						
DETH	889			1						
FM4484	886			10						
FM4484	886			10						
FM4484	886			10						
FM4484	886			10						

Records 1 to 6 of 453

Figure 4-12. IM QA record search – QA details tab.

QA Delinquency Notice, Immediate Recall

This pending action lists QA messages identified as Type I that are not updated by the times established in the QA Maintenance Table (figs. 4-13 and 4-14) and is produced as a result of a nonresponse to the initial pending action message. QA messages are assigned to one of the three notification classes based on the level of the product. The Delinquency Notice (Days) column is for the user to determine the number of days before the DMLSS issues the delinquency notice to a customer that has not responded to the QA message. This will generate the QA Delinquency Notice, Item Qty, pending action to the customer's INBOX in the same application as the original QA message.

The Delinquency Notice (LOG)(Days) column is for the user to determine the number of days before the delinquency notice *must be posted to LOG*; failure to meet this timeline results in a notification being sent to customer service indicating that the customer has not responded. This will generate this pending action. Selecting this pending action will open the IM QA RECORD SEARCH – QA DETAILS tab (fig. 4-12). Call the custodian and have him or her check the stock and verify that he or she does/does not have the affected stock. Closely scrutinize the lot number, expiration date, serial number, and MFG date. Enter the quantity identified and if you found none, enter zero. If found, ensure corresponding turn-in of materiel is coordinated with customer so disposition action can be completed. This pending action will not be deleted until quantities have been entered for all items on the pending action.

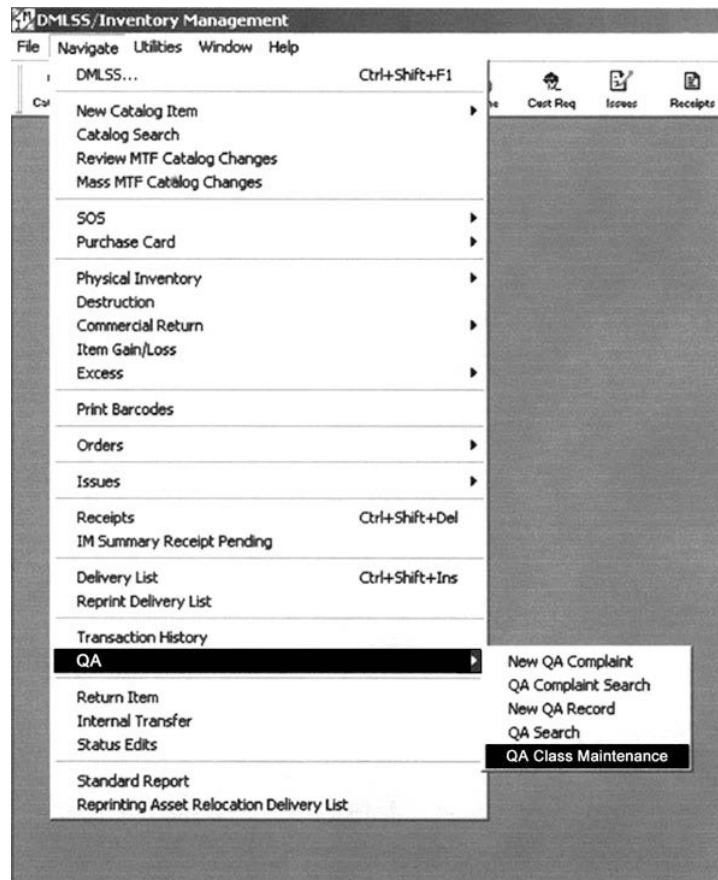


Figure 4-13. IM navigate menu – QA, QA class maintenance window.

QA Delinquency Notice, Item Qty

This notice is generated when QA message quantities are not updated by the times established in the QA Maintenance Table (fig. 4-14). Contact the users to close the pending action as soon as possible. Once all data is received and entered into the delinquent record, the pending action will be removed.

IM QA Complaint Alert, Complaint Exists For Item

This pending action notifies Logistics of a new complaint. Highlight the pending action and select the JUMP TO button to view the record. LOG should review CAIM balances, validate the complaint, and fax a printed copy to DLA. LOG cannot reject any complaints. All complaints must be forwarded to DLA. The complaint cannot be closed until an MMQC message is received from DLA. Materiel complaints are covered in the next lesson.

Creating a new QA record

In some cases, you may need to create a new QA record in order to load QA data manually; for example, when a QA message is initiated in your MTF. In the IM QA RECORD – NEW window (fig. 4-15) you can create a QA record for a supply or equipment commodity class item. You can also add a customer, lot number, or equipment control number (ECN) and serial ID to the QA record. The QA record enables you to create and submit a potential materiel complaint whenever you believe that an item or supply or equipment may be harmful to a patient or healthcare provider.

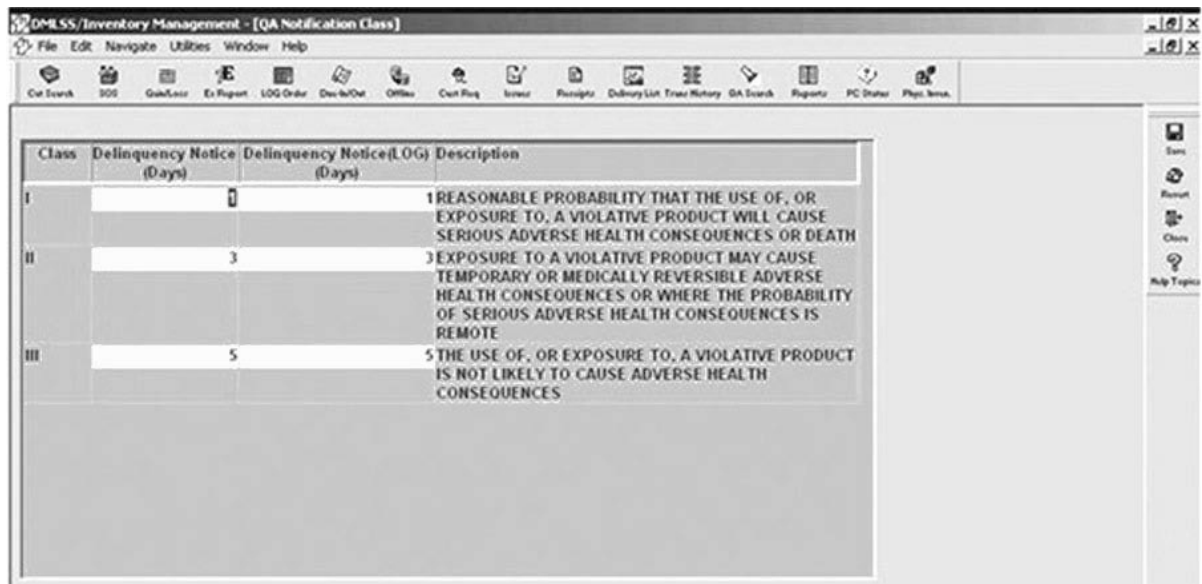


Figure 4-14. IM QA notification class window.

Item ID: Supply ☒ Equipment ☐ Rec.Date: 09/21/2004

Item Desc: NDC:

QA Ref No: NSN:

Type: Class: UPN:

QA Source: QA Actions:

Mfg Name: Mfg Cat No:

Problem Desc:

Items Available:

Select	Item ID	Item Desc	Lot Number
<input type="checkbox"/>			

Add Edit

Figure 4-15. IM QA record – new window.

To create a new QA record:

1. On the NAVIGATE menu, point to QA, and then click on NEW QA RECORD.
2. In the ITEM ID field, type an ITEM ID or select one from the dropdown list.
3. Select whether the item is supply or equipment.
4. In the ITEM DESC field (mandatory), enter a complete description of the item.
5. In the QA REF NO field (mandatory), type a QA reference number.
6. In the TYPE field (mandatory), select a type from the dropdown list. Your options are: Alert, Hazard, Recall, Mandatory Modification, Suspension, and Complaint.
7. In the QA SOURCE field (mandatory), select a source from the dropdown list. Your options are:

QA SOURCE	
DSCP	Defense Supply Center Philadelphia
ECRI	Emergency Care Research Institute
FDA	Food and Drug Administration
FOA	Field Operating Agencies
JRCAB	Joint Readiness Clinical Advisory Board
LOGISTICS	MTF Logistics Account
MANUFACTURER	

8. In the CLASS field (mandatory), select a class from the dropdown list. Options are:

QA CLASS	
Class	Description
I	Reasonable probability that the use of, or exposure to, a volatile product will cause serious adverse health consequences or death.
II	Exposure to a volatile product may cause temporary or medically reversible adverse health consequences or where the probability of serious adverse health consequences is remote.
III	The use of, or exposure to, a volatile product is not likely to cause adverse health consequences.

9. In the remaining fields, type any additional information, if applicable.
10. Add or Delete lot number(s) if applicable. Click on the ADD/EDIT button next to the Lot Number box.
11. Click the SAVE button on the vertical toolbar.
12. Click OK when you see the “Created QA Message Successfully!” message prompt.

The new QA record has been created and the reference information appears in the lower half of the window. Double-click on the new QA record reference information and DMLSS will open the QA RECORD SEARCH window to the QA DETAILS tab (fig. 4-12). Enter the customer’s quantities in the NOTIFY QTY field, click SAVE and DMLSS will return to the QA RECORD window. At this point, you can click on the ADD CUST and/or ADD ITEM buttons on the vertical toolbar to add customers that you want to receive a pending action in their INBOX.

Searching for QA records

To search for QA records, you must first access the QA Record Search module from the NAVIGATE menu. In the QA RECORD SEARCH window (fig. 4-16) you can search for QA records within the DMLSS database. Select the commodity type of supply of equipment or leave it blank to search both types. If you select YES for the reject indicator (REJECT IND), the search will only return MMQC records that do *not* match catalog records. If you select NO, the search will only return MMQC records that *match* catalog records.

You can also select other search criteria as desired, but you must enter data in at least one field. The search results vary depending on the fields you use for the search criteria. When you identify a supply or equipment item as defective, the QA RECORD SEARCH window has all the information you will need to create the QA record. For supply items, DMLSS identifies all the internal and external customer accounts that have consumption history as well as WRM accounts that have on-hand balances or due-ins for the item. DMLSS also allows you to select additional customer accounts or WRM accounts that should receive pending action notifications for the item. DMLSS associates customer, WRM, and equipment accounts with the QA message so that actions can be tracked and recorded. The QA RECORDS SEARCH window contains the following tabs:

- QA SEARCH (fig. 4-16): Use this tab to search for QA records created for defective supply or equipment items.
- QA RECORDS (fig. 4-17): Use this tab to edit information associated with a QA record and to add a customer, item, lot number, or ECN to the record.
- QA DETAILS (fig. 4-18): This tab is used to review detailed QA record information and transfer items internally.
- EQUIPMENT DETAILS: This tab is used to review detailed equipment record information for the selected item. This tab is only available when you search for QA records using the Equipment commodity type.
- QA REJECTED RECORDS: This tab is only available by clicking the QA ALERT. MISSING OR NO MTF ITEM ID MATCH pending action message in the INBOX. You can view a list of QA messages that were rejected because there was no corresponding item in the MTF catalog.

Figure 4-16. IM QA record search tab.

Comm. Type	QA Ref No	DOD Ref No	Completed Date	Item ID	Lot No.
SUPPLY	010021001001001	DOD-MMOC-01-1001	03/30/2004	6530014325114	APRIL 2000 THR
SUPPLY	010041003001002	DOD-MMOC-01-1003	05/07/2004	6505005842338	NOV 2000
SUPPLY	010041003002002	DOD-MMOC-01-1003	05/06/2004	6505005842338	
SUPPLY	010091004001002	DOD-MMOC-01-1004	03/29/2004		
SUPPLY	010091004002002	DOD-MMOC-01-1004	03/29/2004		
SUPPLY	010091005001002	DOD-MMOC-01-1005	05/07/2004	6505011533189	
SUPPLY	010091005002002	DOD-MMOC-01-1005	03/29/2004		

Figure 4-17. IM QA record search – QA record tab.

Item Desc: ESTROGEN 0.625MG 100S
 Item ID: 6505005840413
 Mfg Cat No: NDC 00046-0867-81
 Mfg Name: WYETH
 QA Ref No: 041801175001003
 DOD Ref No: DOD-MMOC-04-1175
 Type: ALERT
 QA Action:
 Problem Desc: MANUFACTURER HAS PROVIDED INFORMATION FOR ADDITIONAL ESTROGEN TABLETS, SEE REFERENCED MESSAGE. REASON: THE PRODUCT DOES NOT CONFORM TO CURRENT USP

NSN: 6505005840413
 NDC: 00046086781
 UPN:
 Rec Date: 06-28-2004
 Closing Dt: 00-00-0000
 Notify Qty:

Org ID	Cust ID	Assm ID	Notify Qty	Serv	FDA	Unserv	Rep	Susp	Sp Proj
DETH		889		1					
DETH		889		1					
FM4484		886		10					
FM4484		886							
FM4484		886		10					
FM4484		886							

Records 1 to 6 of 453

Figure 4-18. IM QA record search – QA details tab.

Transferring a QA record

You can transfer any items that matched the QA message criteria for suspension from the QA RECORD SEARCH window, QA DETAILS tab. You will know if you have items to transfer because the TRANSFER button on the vertical toolbar will be highlighted. You will not be able to transfer the item if the TRANSFER button is grayed out. To initiate the transfer, click on the button to open the INTERNAL TRANSFER window (fig. 4-19). Some fields will be automatically populated. Type the transfer information in the required fields or select it from the dropdown list. Click SAVE and then YES on the prompt message that appears to print the transferred item transaction.

Item ID :
 Item Desc :
 U.S. : U.S. Price: SOS:

From
 • Strat Type :
 Location ID: Strat State : Storage Area:

To
 • Strat Type :
 Location ID: Strat State : Storage Area:

• Transfer Quantity :
 Transfer From : LOG Details

Strat State	Quantity	Level	Over / Short

Transfer To : LOG Details

Strat State	Quantity	Level	Over / Short

Figure 4-19. IM internal transfer window.

022. Medical materiel complaints

New medical materiel complaints should be thoroughly evaluated by the professional staff, patient safety, risk management, and Medical Materiel personnel for credibility, validity, and potential harm of the item before being submitted. Materiel complaints are classified as Category I, or Category II. The following paragraphs explain the differences between these complaints.

Category I

Category I (Cat I) medical materiel complaints are used to report supply or equipment items that have been determined by use or by test to be *harmful or defective* to the extent that their use has caused, or may cause, illness, or death (e.g., an IV solution that caused a patient to have a violent life-threatening reaction or a heart defibrillator that sends too little or too much electrical current). Items that are a direct cause of patient-related illness or death must be reported. Here are some common examples of situations requiring Type I complaints:

- Medication marked or labeled with improper dosage instructions.
- Items with incorrect or deficient labeling.
- Foreign or particulate matter in liquids and solids.
- Imperfectly manufactured items that are off-color, off-taste, or off-odor.
- Items suspected of having less or more than regulated potency.
- Holes or tears in sterile plastic products, such as tubing and gloves.
- Faulty calibration or defective devices.

Suspected materiel for Cat I complaints are immediately withdrawn from using activities and serviceable inventory and placed in suspension. This materiel must *not be destroyed prior to receipt of disposition instructions*.

Category II

Category II (Cat II) medical materiel complaints are used to report a supply or equipment item suspected of being *defective, deteriorated, or otherwise unsuitable for use*. Cat II items are not life threatening; however, they should be reported promptly. Examples of Cat II complaints include such things as surgical tape that will not stick, dull needles, dull scissors, rusting surgical instruments, and so forth. When Cat II complaints are filed, the materiel is expeditiously withdrawn from using activities and serviceable inventory, and placed in suspension. This materiel must *not be destroyed prior to receipt of disposition instructions*.

Processing materiel complaints

Now that you are familiar with the two types of materiel complaints used throughout the Air Force, let's take a look at which agencies are notified, what additional submission procedures may be required, and how you dispose of the materiel during a *Category I complaint*.

When death or injury occurs as a result of the use of equipment, devices, or products that may be defective, take the following actions:

- Immediately sequester and maintain the equipment and associated items as is. A proper *chain of custody* must be established to ensure item integrity in case an investigation is warranted by either DLA Troop Support or the FDA.
- Complete FDA Form 3500A, Mandatory MedWatch Report, and forward to the FDA. The form may be downloaded from MedWatch at <http://www.fda.gov/medwatch/index.htm>. Additionally, the telephone may be used to report urgent complaints.
- Do not dispose of the item, release it to the manufacturer, or repair it without first receiving authorization from AFLOA/JACC. Notifications will be routed through AFMOA/SGALC.
- Notify the Installation Safety Office.

Do not be surprised if you receive a shipment of an item that has been suspended by DLA or the FDA. The item might have been in transit or packaged for transport prior to the DLA suspension action. Maintaining an up-to-date DMLSS QA database will help reduce the possibility of receiving a suspended item. Remember, we are the primary line of defense responsible for ensuring that the patient care items, which we provide to our MTFs, are thoroughly monitored and inspected for quality assurance purposes.

Self-Test Questions

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

019. Receiving quality assurance messages

1. How does Medical Logistics flight commander achieve quality control?
2. Recalls and alerts are obtained through what two source categories?
3. What should you do first when receiving an offline alert message?
4. Who distributes the DODMMQC Quad-Service product?
5. How will you normally receive DODMMQC messages?
6. What is the USAMMA Web site address?
7. List the eight search fields available in the USAMMA DODMMQC search window.

020. Managing quality assurance messages

1. When receiving an item suspension notification, what should you do immediately?
2. When should Category I recalls be acknowledged?
3. Where can you find disposition instructions for a suspended item that has been recalled?
4. Who retains custody of an item which has caused death or injury?

5. How do you mark an item to identify that it has been suspended?
6. How do you close-out a QA message in DMLSS?
7. For audit trail purposes, what three things will be annotated in the QA record?
8. Who should be notified of the actions taken as a result of recalls and alerts?
9. QA log entries should be kept in what order?

021. Managing suspended items/records in DMLSS

1. How do you access the QA module?
2. List three things that the QA module allows you to do.
3. How are QA notifications posted to the user's inbox?
4. What primary source of information is used to determine what actions you will take on a QA message?
5. What will happen if you double-click on a QA pending action?
6. Which QA pending action is informational only?
7. Which QA pending action indicates that there is a gap in the imported messages?
8. Which QA pending action indicates that DMLSS failed to import the QA file?

9. Who should you contact if you receive an IM QA Import Failed pending action?
10. What is required when receiving the Missing or No MTF Item ID Match pending action?
11. When receiving an “Item Qty Required” pending action, how do you determine if you stock the item?
12. Which pending action is received when Type I messages are not updated by the times listed in the QA Maintenance Table?
13. What should be entered in the QA record quantity field if a Type I recall item is not found?
14. When is the “QA Delinquency Notice, Item Qty” pending action generated?
15. When would you need to manually create a new QA record?
16. When would an item be classified as Class I recall?
17. When processing a QA record searching, which records are retrieved if you select Yes for the REJECT IND?
18. Which QA Records Search tab is used to edit and add customer information to the record?
19. How is the QA DETAILS tab used?
20. How will you know if you have QA items that need to be transferred to suspension?

022. Medical materiel complaints

1. There are three things the medical staff must evaluate before submitting new medical materiel complaints. What are they?

2. Which complaint category do you use to report supplies or equipment that are harmful and have caused illness?
3. For supplies or equipment that are unsuitable for use, which complaint category do you use?
4. Dull needles, dull scissors, and rusting surgical instruments are an example of which complaint category?
5. What must be properly established during a Category I complaint to ensure item integrity in case an investigation is warranted?
6. How are Category I disposition instructions routed?

4-2. Safety Programs

Regardless of career field or job duties, safety is a top concern for all personnel. After all, people are our most important resource. Therefore, various programs have been implemented to help ensure the safety and well-being of all employees. Some of these standards are universal while others are more specific to certain job types. In this section, we will go over the Air Force's occupational safety and health standards and then we will discuss some common safety concerns and standards that apply specifically to the 4A1 career field.

023. AFOSH standards

The wellbeing of each employee is a major concern for the DOD workforce. The federal government has long recognized the need for standardizing policies and procedures related to workers' safety and health. In this lesson we will look at some important factors of the Air Force Occupational Safety and Health (AFOSH) program and how it specifically relates to the Medical Materiel career field.

Occupational Safety and Health Act

The Occupational Safety and Health Act (OSHA) of 1970 directs the Department of Labor to develop and enforce standards to ensure safe and healthful working conditions for all employees in both the federal and private sectors.

Section 19 of OSHA directs federal agencies to have and to use comprehensive occupational safety and health programs consistent with those areas in the OSHA that apply to the civilian workforce. In compliance with Section 19 of the OSHA, the Air Force created its own occupational safety, fire prevention, and health program.

AFOSH responsibilities

The Office of the Inspector General (IG), HQ USAF, has Air Force-wide responsibility for safety. The Office of the Surgeon General (SG) of the Air Force is responsible for health standards and determining how they apply to Air Force personnel, operations, equipment, and facilities.

Local

The responsibility for implementing programs for occupational safety, health, fire, and accident prevention is delegated to unit commanders, functional managers, and supervisors in their respective areas of responsibility. Local responsibilities and compliance are monitored through surveys and inspections. Wing, group, and installation authorities are responsible for conducting the occupational safety, health, fire, and accident surveys or inspections. These surveys and inspections must be conducted in all work places (non-high hazard) at least once a year and in high-hazard workplaces at least once a month. These inspections and surveys can be conducted with or without prior notice. Half of all fire inspections must be no prior notice.

Commanders and supervisors

Commanders and supervisors have numerous duties associated with OSHA, AFOSH, and Air Force safety programs. These duties are as follows:

- a. Ensure applicable OSHA guidance for the workplace and operations are available to personnel.
- b. Ensure compliance with occupational safety, fire prevention, and health program requirements in their areas of responsibility.
- c. Ensure areas and operations that require personal protective equipment (PPE) or other special precautions are identified and posted as necessary.
- d. Ensure compliance with PPE program requirements.
- e. Provide safe and healthful workplaces, and conduct periodic self-inspections for hazards or deficiencies.
- f. Conduct job safety analyses for each work task not governed by technical order, or other definitive guidance; and any time a new work task or process is introduced to the industrial or nonindustrial work place, to determine potential hazards.
- g. Consult with the installation ground safety staff and (or) the bioenvironmental engineering (BEE) staff, when assistance is required.
- h. Provide training for employees in job safety, fire prevention and protection, and health as required by OSHA guidelines.
- i. Establish and implement hazard reporting and abatement programs.
- j. Establish procedures for employees to follow in situations of imminent danger.
- k. Enforce compliance with OSHA guidelines.
- l. Notify the installation ground safety personnel and the Injury Compensation Program administrator (ICPA) of the Civilian Personnel Flight (CPF) of all mishaps as soon as possible after the occurrence, to allow timely investigations to determine reportability and root causes.
- m. Notify the installation ground safety staff to schedule required supervisor safety training when a military member or civilian becomes a supervisor.
- n. Evaluate military and civilian nonsupervisory personnel, if occupational safety and health is a significant factor in work performance and assigned duties. These elements may be used or modified as appropriate. Enlisted performance evaluations and appraisals are accomplished according to AFI 36-2406, *Officer and Enlisted Evaluation Systems*.

Air Force personnel

All Air Force personnel must comply with OSHA and AFOSH guidance. At a minimum, we must perform the following tasks:

- Promptly report safety, fire, and health hazards and deficiencies.
- Promptly report injuries and illnesses to the supervisor.

- Comply with PPE requirements that apply to the work situation, including its use, inspection, and care.
- Give due consideration to personal safety and the safety of fellow workers while doing assigned tasks.

All Air Force personnel have the opportunity to do the following things:

- Take part in the AFOSH program without fear of coercion, discrimination, or reprisal.
- Request inspections of unsafe or unhealthful working conditions or report those conditions to the supervisor, safety manager, fire protection specialist, or BEE, including OSHA officials.
- Have access to applicable OSHA and AFOSH standards; installation injury and illness statistics; safety, fire protection, and health program procedures; and their own exposure and medical records.
- Decline to perform an assigned task because of a reasonable belief that the task poses an imminent risk of death or serious bodily harm. The person and local management may request an assessment by installation safety, fire protection, or health professionals before proceeding.
- Use official on-duty time to take part in AFOSH program activities.

Required supervisor training

Supervisors are the key players in the AFOSH program because they are directly responsible for maintaining safe and healthy environments in their work areas. To effectively implement safety programs or procedures, a supervisor must know the AFOSH requirements for work areas within his or her realm of responsibility and enforce compliance. To do this effectively, a supervisor must be trained. As a supervisor, you receive training through the following avenues:

- Management and professional development courses.
- Air Force healthcare providers' train-the-trainer training.
- MAJCOM-developed training programs.
- Locally developed training programs.
- And/or the Air Force supervisor safety training (SST) course.

Supervisor safety training course

The SST course is conducted at the local safety office training facility or other designated base/wing locations. This course is required for senior airmen, noncommissioned officers, civilians upon initial assignment to a supervisory position, and first-level supervisors (military and civilian) who have not attended. In addition to these individuals, any supervisor who demonstrates a lack of safety knowledge or initiative (e.g., one whose work area is rated unsatisfactory during a safety inspection) is also required to attend or reattend the course.

Safety, fire protection, and interim life-safety training

Supervisors must provide specialized safety, fire protection, and interim life-safety training to all Air Force personnel. Supervisors provide training to newly assigned individuals when they arrive and to all personnel when there is a change in equipment, procedures, processes, or safety, fire protection, and health requirements. Safety, fire protection, and health officials (BEE, flight surgeon and/or occupational medicine physician) will provide technical assistance to supervisors in developing an appropriate lesson plan for this training.

4A1X1 standards

AFOSH standards for medical materiel require that all medical supplies be clearly marked to indicate their content. The standards also require that heavy bulky items be stored on lower shelves. Appropriate ladders should also be used when an item is out of reach. Shelves should not be

overloaded. Additionally, local written policy should be developed for the safe handling, storage, and disposal of needles, syringes, and other sharp objects (i.e., scalpel blades, razor blades, etc.) used in patient care.

Gas cylinders

The storage and maintenance of medicinal and industrial gases are of an additional concern. Flammable and combustible liquids and gases must be stored in approved flammable storage room or cabinet. In addition, these guidelines apply to the storage and maintenance of gases:

1. Store flammable gases (ethylene, ether) and fuel gases (acetylene, propane) separately from oxidizing gases (oxygen, nitrous oxide).
2. Chain or otherwise secure cylinders in a vertical position, with safety caps securely in place.
3. Color-code cylinders, and stencil the contents on the cylinder according to Military Standard (MIL-STD) 101B, *Color Code for Pipelines and Compressed Gas Cylinders*. Post color-codes for commonly used gases in the storage area.
4. Identify empty cylinders, and store them separately from full cylinders.
5. Do not subject cylinders to extreme temperatures, especially heat.
6. Keep oil, grease, and other petroleum products away from cylinders, regulators, and so forth.
7. Post “No Smoking” signs. Smoking or flames are not permitted in cylinder storage areas.

Hazardous waste

Each MTF has a hazardous waste management plan. This plan contains procedures for identifying, handling, storing, using, and disposing of HAZMAT from receipt through use. The plan provides for identification and management of infectious waste from generation to final disposition. Be sure you review the plan and become familiar with it. Plans are developed to follow all local, state, and federal guidelines.

Use incinerators only for their intended purpose, and conform to existing pollution abatement criteria. Ensure that incinerators are used in accordance with manufacturer’s guidelines, and restrict use to authorized personnel only. When not in use, lock the room and control access to prevent unauthorized use.

Inspections

Safety inspections are one of the principal methods of locating hazards and helping to determine what actions are necessary to provide a safe environment for hospital personnel, patients, and visitors. At least monthly, section supervisors should conduct inspections of their areas to monitor for unsafe conditions or unsafe acts by employees. Supervisors determine the reasons for an unsafe condition and find solutions to correct unsafe conditions. The best way to ensure that these standards are met is through training.

Operational risk management

Operational risk management (ORM) is the process of identifying and controlling hazards to protect the force. It is applicable to any mission and environment. The aim is to minimize losses (money, equipment, or personnel safety) while maximizing mission success. In other words, weigh expected costs against expected benefits.

No TO, AFOSH standard, or operating instruction (OI) can possibly address every hazard or potential hazard that may arise from a specific task or combination of tasks. Where situations exist that do not appear to be adequately covered by existing directives, use an ORM process to assess risk associated with those situations and determine adequate safeguards or procedures to manage the risk. Each unit should have a designated primary and alternate representative.

Warehouse risk management

The danger of personal injury is always present in the storage and distribution section. The most effective way to reduce the probability of injury is through *prevention*. Almost 90 percent of all personal injuries are caused by unsafe acts (figs. 4-20 and 4-21). Strains, sprains, hernias, fractures, bruises, and lacerations result from poor manual materiel handling and lifting practices. The increase in size and quantities of equipment and materiel being used throughout the Air Force contributed to an increase of injuries associated with manual materiel handling and operations. Lifting, carrying, dropping, and lowering are the common physical acts responsible for these injuries. Sprains account for 30 percent of the lost time injuries in the Air Force. Many strains are the direct result of improper lifting techniques, lifting with no assistance, or failure to use required and available material handling equipment. Safety is everyone's concern!



Figure 4-20. Results of an improper lift.



Figure 4-21. Accidents do happen.

Materiel handling

You must consider the following factors when manually lifting materiel:

- Size.
- Shape.
- Weight of the object.
- Distance the object is to be moved.

Proper lifting techniques are as important as the weight of the object you are to lift. In most situations, avoid lifting when possible and use material handling equipment (MHE) to move supplies.

Proper lifting methods

Regardless of whether MHE is used or not, be aware of the proper lifting techniques. Know your limitations. Many containers are marked to indicate the container weight. If you feel the item is too heavy, avoid lifting and get help (fig. 4-22). This is called “team lifting.” Team lifting is the best method for moving heavy or unusual shaped items. For this method of lifting, make sure that the load is equally adjusted between each person. If possible, the workers should be similar in size and trained on team lifting. The workers need to understand that if one worker lifts too soon, shifts, or lowers the load improperly, the other person or partner may be overloaded or strained. The key to lifts using two or more personnel is to make every move in unison. This is best accomplished by assigning one person to give clear orders to ensure the movements are coordinated.

One of the main points to remember when lifting bulky items is to protect your back. Your legs are the primary part of the body that should be used to lift bulky items; do *not* bend your back. As a logistician, you should remember the mantra, “Lift with your legs, not with your back.” Standing close to the load with feet slightly apart and solidly placed squat down, get a good grip underneath the load, then lift slowly with your legs, *not with your back*. Bring the object as close as possible to your body to avoid an un-balanced position. Working too fast may cause an accident, too. Work at a moderate, consistent pace.

There is no single technique for preventing injuries during lifting and materials handling. The best prevention strategy is to ensure loads are manageable in both size and weight distribution, the frequency and duration of lifting are not excessively stressful, and workers can demonstrate knowledge of proper techniques for materials handling



Figure 4-22. Team lifting.



Figure 4-23. Example of MHE.

Manual materials handling equipment

Use MHE when loads are too heavy or bulky to lift or carry efficiently or safely by hand. Use hand trucks, dollies, forklifts (fig. 4-23) or other device to simplify handling of materials and reduce the hazards of handling the supplies and equipment. Remember to use MHE for its intended purpose only. Some MHE, such as forklifts, require special training. Most MHE mishaps occur because of improper use or lack of training. Place extra emphasis to ensure workers are trained on MHE and frequently observe their practices to immediately correct any unsafe acts.

Personal protective equipment

Supervisors must identify the need for PPE. PPE includes safety-toed shoes, gloves, and eye protection. As minimum PPE requirements, personnel will wear the following:

- Protective footwear when there is a reasonable possibility of sustaining foot injuries due to heavy or sharp objects;
- Leather or leather-palmed gloves when manually handling objects that have sharp or burred edges or splintered surfaces;
- Appropriate ear protection when working in or visiting hazardous noise areas;
- Goggles and/or safety glasses with side shields and leather gloves when cutting strapping.

Personnel handling materiel will never wear rings, jewelry (to include watches), or loosely fitting bracelets and neckwear when manually handling bulky property. These items can easily catch on the property and cause extensive damage to your fingers, hands, or neck.

Hand tools

Improper use of hand tools is the source of many accidents. Hand-tools are precision instruments capable of performing many tasks when used properly. A major principle in using hand tools is,

“Never use a tool for a purpose other than that for which it was designed.” In other words, think safety first and use the proper tool! For example, use a nail puller and tin snips to open a banded, nailed, wooden box, or a screwdriver and adjustable jaw wrench to open a small, metal drum containing alcohol. A gashed finger, a smashed toe, or damaged property is too high a price to pay for carelessness or ignorance.

It is an unsafe practice to cut toward you when using knives or cutting tools of any kind. The knife or cutting tool could slip or sever whatever you are cutting more easily than you thought, thus allowing the blade to “follow through” and cut some part of your body. Always cut in a direction *away* from your body! Additionally, cutting blades should be kept sharp by frequently replacing them. A dull blade could cause you to take unnecessary risks by using more force than what is needed with a sharp blade. Additionally, a dull jagged blade can cause more extensive tissue damage compared to the “clean cut” caused by a well-sharpened blade.

024. Managing personal safety programs

Both the Air Force and your unit are committed to providing a safe and healthful environment for you. The goal is to reduce the number of occupational injuries and illnesses to zero. If you are a first-line supervisor, you are an extremely important person in implementing and evaluating safety programs in your unit. You are the first link between managers and the work force to ensure workers are properly trained to safely perform the mission. You are also in the best position to motivate and maintain positive safety attitudes, and to identify, assess, and eliminate undue risk. The attitudes of the workers toward safety and mishap prevention will reflect the attitudes of their supervisor. This lesson will provide a general look at implementing and evaluating safety programs and will conclude with an introduction to mishap reports.

Implementing and evaluating safety programs

As a supervisor, you must assure safe and healthful working conditions for those in your section. You must enforce the safety standards and procedures established in the safety program for your facility as well as evaluate the effectiveness of the program in an effort to identify, control hazards, and prevent mishaps.

To assist you in evaluating your safety program you are required to conduct periodic safety inspections of your workplace. These inspections should include, but are not limited to, checking:

- for personnel work habits;
- to identify, repair, or replace defective tools and equipment;
- for adequacy of housekeeping, illumination, and ventilation;
- for serviceability and availability of safety and arrangement of equipment; and
- for fire hazards and other potential risks.

Evaluating your safety program keeps the workplace safe and allows successful mission accomplishment. Seek the advice of your safety officer to gain knowledge and develop a checklist. Doing so will help you better identify problems in the workplace and a good checklist will prove invaluable in your efforts.

One of the most effective ways to evaluate your safety program and prevent mishaps is to observe your workers. Let your workers know that you are observing them to avoid the appearance of “spying.” As you observe the manner in which they do the work, you will be able to determine if they are following safety requirements. If you identify a safety problem, correct it and explain your concern to the worker. Observe all workers regardless of their experience level. Sometimes experienced workers may take shortcuts that could put themselves or co-workers at risk. Finally, as you inspect, observe, and correct potential hazards, don’t forget to add your observations to your safety training program and then get the word out to all your workers.

Reporting mishaps

A mishap investigation is a detailed, systematic search to uncover the “who, what, when, where, why and how” of a loss producing event, and to determine what corrective actions are needed to prevent a recurrence. Mishap investigations take precedence over other activities and investigations connected to the mishap. Investigators have the right to impound Air Force property involved in the mishap. This means that once the mishap scene is stabilized (i.e., personnel have been rescued, hazardous materials have been secured, fires have been extinguished, etc.) investigators may impound any property, materials, and documents that are relevant to the investigation.

Timely investigation of mishaps depends on prompt notification. That is why mishap-reporting procedures must be established within each unit. In the MTF you will have a safety officer that manages the program for the facility. The safety officer will brief you on the specific procedures in place in your MTF. On the other hand, if you are a supervisor, it is your job to ensure workers are thoroughly briefed on these procedures. Supervisors play an important role in relaying mishap information. When advised of a mishap, supervisors must notify the proper emergency response agencies (fire department, medical facility, security forces) and then pass the information through command and control elements (to include the safety officer) to the installation safety staff. All mishaps must be reported to the installation safety office, not just those mishaps that *seem* to be reportable. The installation safety staff decides if a mishap meets reporting criteria. As a general guideline you must:

- Report on-duty mishaps (military and civilian) to your supervisor and unit safety representative (USR) immediately. Supervisors must then report the mishap up the chain of command, and as soon as possible complete and route a mishap report to the USR. Supervisors must make sure that the USR is notified as soon as possible. The USR should then contact the safety office immediately in order for the investigation process to begin.
- Report off-duty mishaps (military only) to your supervisor not later than the next duty day. Supervisors must then follow the same reporting procedures as for on-duty mishaps. Serious mishaps resulting in hospitalization or death are reported to the installation safety office immediately.
- The convening authority determines the depth of an investigation. Several factors that determine the depth of the investigation are:
 - Severity of injury or occupational illness.
 - Future mishap potential.
 - Whether another agency’s investigation will produce a report that the Air Force can use for mishap prevention.

The safety investigation should be completed within 30 days of the mishap. The investigation should place a greater priority on a complete and accurate safety report than on trying to finish in the 30-day timeline.

Self-Test Questions

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

23. AFOSH standards

1. What does the abbreviation AFOSH stand for?

2. Who is covered under the OSHA of 1970?

3. The responsibility for implementing programs for occupational safety, health, fire, and accident prevention is delegated to whom?
4. How frequently should your workplace (non-high hazard) be inspected for safety?
5. How frequently should high-hazard workplaces be inspected for safety?
6. Who notifies the installation ground safety staff to schedule required supervisor safety training when a military member or civilian becomes a supervisor?
7. At a minimum, who must promptly report injuries and illnesses to the supervisor?
8. Who has direct responsibility for maintaining safe and healthy environments in the work area?
9. Who is required to attend the SST course?
10. Where should flammable/combustible liquids and gases be stored?
11. When using shelving, where should heavy, bulky items be stored?
12. What is contained in the MTF's hazardous waste management plan?
13. What is one of the principal methods of locating hazards?
14. How often should section supervisors conduct safety inspections?
15. What is ORM?

16. How can you effectively reduce the probability of injury in the storage and distribution section?
17. What are the four most common physical acts responsible for on the job injuries?
18. List the factors to consider when manually lifting materiel.
19. What is the best manual lifting method for moving awkward or heavy items?
20. Describe the proper way to lift bulky items.
21. What is the best prevention strategy for preventing injuries during lifting and materiel handling?
22. Which personnel are responsible for identifying the need for PPE?
23. What type of items should not be worn when handling bulky materiel?
24. What major principle should be kept in mind when using hand tools?
25. What direction should you cut when using a cutting tool?

24. Managing personal safety programs

1. What is the most effective way to evaluate your safety program and prevent mishaps?
2. What is the purpose of a mishap investigation?
3. Who is responsible for managing the mishap-reporting program in the MTF?
4. When should you report on-duty mishaps (military and civilian) to your supervisor and USR?

5. When should you report off-duty mishaps (military only) to your supervisor?
6. A safety investigation should be completed within how many days of a mishap?

4-3. Hazardous Materiel Management

Medical Logistics is at the center of the action for all materials entering and exiting the medical facility. This includes hazardous materials and also hazardous waste. In this section, we will discuss the various responsibilities of the individuals involved in the movement, tracking, and management of hazardous materials and hazardous waste. We will then briefly look at the significance of material safety data sheets and their importance when dealing with HAZMAT.

025. Functions and responsibilities

There are numerous levels of responsibility involved in the management of hazardous waste. Headquarters Air Force Medical Support Agency, Health Facilities Division (AFMSA/SGSF) is responsible for formulating policy and guidance on hazardous materials/hazardous waste (HM/HW) management and assists MTFs in developing HM/HW management plans. AFMSA also develops and maintains points of contact for technical support to help answer MTF questions on HM/HW management.

Base environmental manager

The base environmental manager (BEM) manages the HW management program at the base level. The environmental manager function usually falls under base civil engineering. The BEM provides technical advice to the base on all environmental compliance or pollution prevention issues and ensures that the base has a current hazardous waste management plan (HWMP). Listed are other responsibilities of the BEM:

- Acts as base liaison on environmental compliance matters with regulatory agencies on all HW disposal issues.
- Applies for and manages all base HW permits with input from the MTF.
- Provides technical information for completing HW turn-in documents.
- Certifies that HW is properly characterized, labeled, and packaged.
- Programs and manages funds for disposal of HW.
- Provides HW management training to generating activities on base.

Bioenvironmental engineering

The BEE department plays a major part in the HM/HW management program for the base. BEE provides the following services:

- Technical support to the Environmental Compliance Assessment and Management Program.
- Characterizes HW, develops an HW analysis plan for the installation, and determines HW sampling requirements.
- Coordinates and is responsible for developing and maintaining the installation's HW stream inventory and completes the health sections of HW profile sheets.
- Serves as member of the HM Emergency Planning and Response Team.
- Identifies HM and authorized users and is a member of the base cross-functional HM "Pharmacy/Cell" for control of HM.
- Inventories hazardous chemical usage and storage to support reporting requirements of the Pollution Prevention Act, Toxic Release Inventory, and state reporting requirements of the Emergency Planning and Community Right to Know Act (EPCRA).

- Recommends proper disposal procedures.
- Evaluates all spill clean-ups and plans.
- Keeps a master file of material safety data sheets (MSDS) in electronic or paper form and provides copies to workers upon request.

Hazardous Material Report

Current Date: 21-Aug-2004

Item ID	Short Item Description	Strat State	Strat Type	U/P	Haz Mat Cd	Qty
6135008264798	BATTERY NONRECHARGE	SER	OPR	EA	Y	59
6135008357210	BATTERY NONREC1.5V12S	SER	OPR	EA	Y	13
6135009857845	BATTERY NONRECHARG24S	SER	OPR	EA	Y	96
6135009857846	BATTERY C	SER	OPR	EA	Y	32
6505000836544	SODIUM CHL INJ 12S	SER	OPR	CS	P	2
6505001050102	TUBERCULIN PRO 50 DO	SER	OPR	CO	P	7
6505001538480	HYDROG PEROX SOL 1 PT	SER	OPR	BT	Y	9
6505001538809	LUBRICANT SURG 4 OZ	SER	OPR	TU	Y	3
6505001656519	MEASLES MUMPS&RUBELLA	SER	OPR	PG	P	4
6505002617257	BENZON TINCTURE 1 PT	SER	OPR	CN	Y	1
6505002998296	TETANUS&DIPHT TOX 5ML	SER	OPR	BT	P	8
6505004434582	SOD CHL IRRIG3000ML4S	SER	OPR	CS	P	12
6505005594819	PHENOBARBITOL 5MG/5ML 1PT	SER	OPR	BT	Y	1
6505006558366	ISOPROPYL ALCOHOL 1PT	SER	OPR	BT	Y	25
6505008556979	MEPERIDINE 50 MG 10S	SER	OPR	PG	Y	4
6505010916063	RABIES VACCINE HUMAN	SER	OPR	PG	P	2
6505011604201	METHYLPHENIDATE TABS	SER	OPR	BT	P	9
6505012303130	DIAZEPAM TABS 5MG100S	SER	OPR	BT	P	41
6505013308926	SOD CHL 1000ML12S	SER	OPR	CS	P	2
6505013454468	GLUCOSE TEST SOL 12S	SER	OPR	PG	P	2
6505013866328	TYPHOID VACCINE MODIF	SER	OPR	VI	P	5
6505014131331	VARICELLA VIRUS VAC	SER	OPR	PG	P	2
6505014320379	HEPATITIS A VIRUS VAC	SER	OPR	PG	P	1
6505014611546	MENINGOCOCCAL POLYSAC	SER	OPR	PG	P	5
6505014624369	WATER F/IRRIG 500ML18	SER	OPR	PG	P	3
6505015053476	DIAZEPAM INJ 2ML 10S	SER	OPR	PG	P	14
6508013780530	SKIN CLEANSER MED 15S	SER	OPR	BT	Y	88
6510000547255	SKIN CLOS 1/4X4IN500S	SER	OPR	BX	P	1
6510000583047	BANDAGE GAU4-1/2100S	SER	OPR	EA	P	362
6510000584421	SPON SURG 2X2 3000S	SER	OPR	CO	P	27
6510001110708	PAD NONADH4.125X3.125	SER	OPR	BX	P	1
6510001161311	SPONGE 4X4 1280S	SER	OPR	CO	P	128
6510002011755	BANDAGE 37X37X52IN	SER	OPR	EA	P	17
6510005596130	PAD POST SURG OB 288S	SER	OPR	BG	P	12
6510005827993	BANDAGE 5YDX3 12S	SER	OPR	CS	P	4
6510007219808	SPONGE SURG 4X4 1200	SER	OPR	BX	P	12
6510007755706	PAD ABD 7.5X8 240S	SER	OPR	CO	P	12
6510007822698	SPONGE SURG GAUZE4X4	SER	OPR	BG	P	30
6510007822700	SPONGE SURG 2X2 200S	SER	OPR	BX	P	23
6510007863736	PAD ISOPROPYL ALCOHOL	SER	OPR	PG	Y	26
6510009268881	ADH TAPE .50INX10YDS	SER	OPR	BX	P	3
6510009268882	ADHESIVE TAPE SURG 1	SER	OPR	BX	P	3
6510009268883	ADHESIVE TAPE SURG 2	SER	OPR	BX	P	2
6510009355820	BANDAGE ELAS 4.5YDX2	SER	OPR	BX	P	2
6510009355821	BANDAGE ELAS 4.5YDX3	SER	OPR	BX	P	4
6510009355822	BANDAGE ELAS 4.5YDX4	SER	OPR	BX	P	3
6510009355823	BANDAGE ELAS 6X4.5YD	SER	OPR	BX	P	4
6510010087917	APPLICATOR POV-100150	SER	OPR	BX	P	6
6510010100307	PAD POV-100 IMPRE100S	SER	OPR	PG	Y	12
6510010536259	STOCKINET SURG 48X12	SER	OPR	CS	P	1

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Figure 4-24. Hazardous material report.

Medical logistics flight commander

The MLFC develops and monitors the HM/HW management program for Medical Logistics and the MTF. The management program includes plans for all Medical Logistics personnel to properly order, receive, handle, store, label, transport, deliver, and dispose of all MTF-owned HM. The plan also contains instructions for identifying, categorizing, segregating, and safe handling and disposing of all MTF generated HW.

The MLFC assists the BEEs in performing an initial and annual MTF HM/HW stream analysis by providing a copy of the DMLSS Hazardous Material Report (fig. 4-24). This report identifies items that have on-hand balances that are coded as hazardous. You can locate this report in the reports module of the IM application (fig. 4-25). Select the report to open the hazardous material report criteria window (fig. 4-26). This window gives you the option to select the scope of the report such as IM, AM, or CAIM. Depending on the scope you choose, you may need to select other criteria from the dropdown list. Once you have selected the report criteria, click on the OK button and DMLSS will display the report (fig. 4-27).

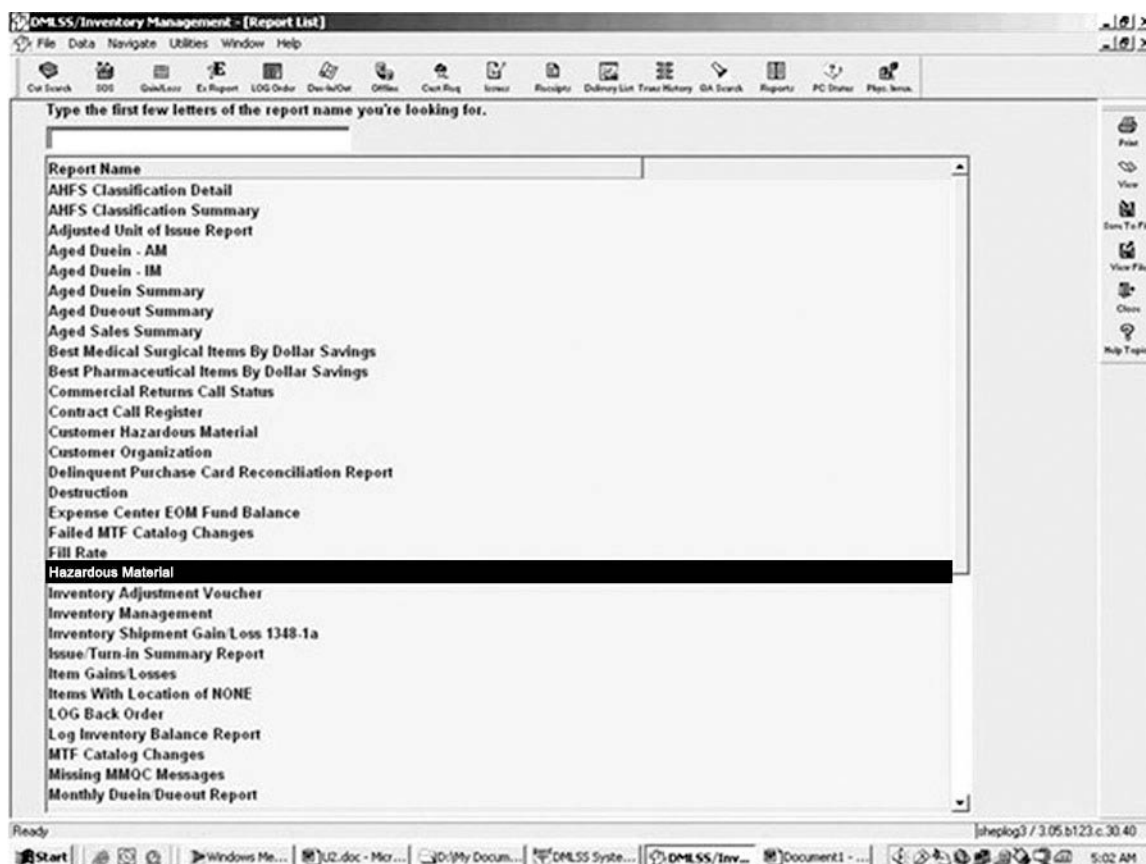


Figure 4-25. IM report list—hazardous material report.

The MLFC ensures base and duty section hazard communication and hazardous waste training requirements identified by the base are given to all medical logistics HM/HW handlers and documented. Training also includes educating receiving and delivery personnel on HM hazards, personal protection measures, symptoms of exposure, first-aid responses, and the Medical Logistics Emergency Spill Response Plan. Maintain training documentation for two years after personnel depart duty station.

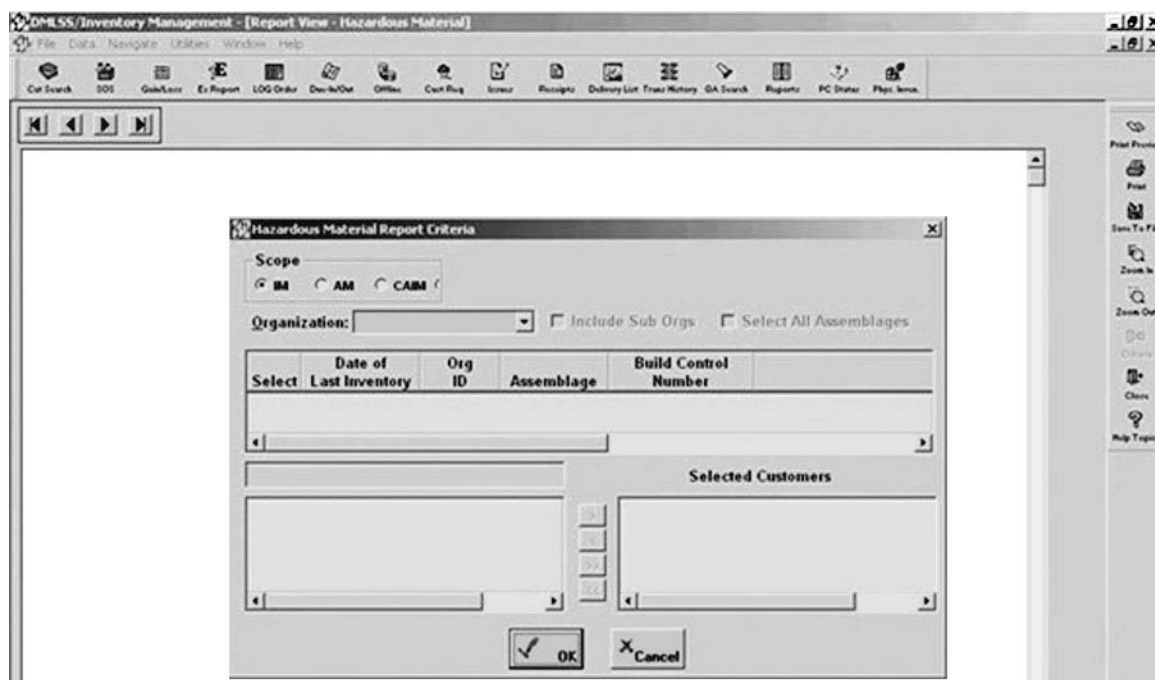


Figure 4-26. Hazardous Material Report Criteria window.

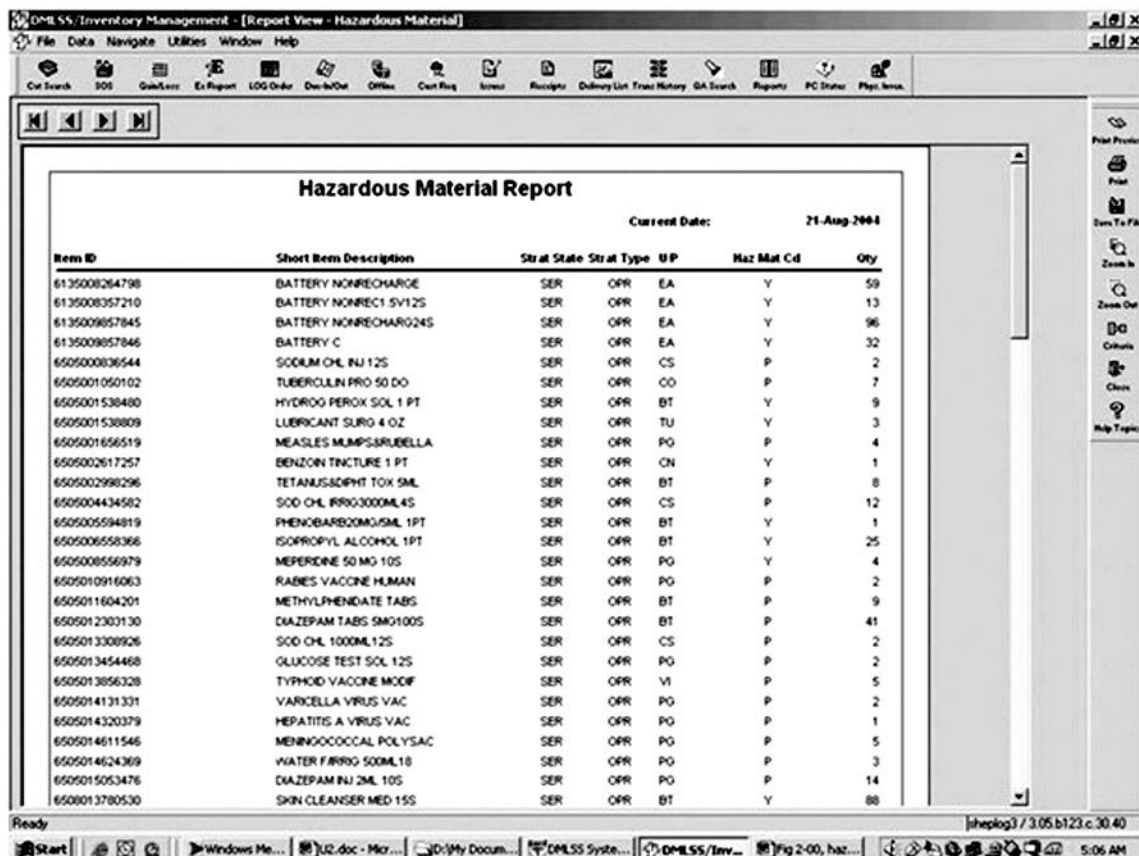


Figure 4-27. IM Report View—Hazardous Material.

There are numerous administrative tasks associated with the HM program. By regulation, the tasks are the responsibility of the MLFC; but, in reality, medical materiel personnel aid in getting these tasks done. Some of these tasks are listed below:

- BEE reviews any new purchase requests for known or suspected HM.
- Ensure receiving and delivery personnel have access to MSDS information on items being received and delivered. Most, but not all, MSDSs are contained in the Hazardous Material Information System (HMIS).
- Ensure HW turn-ins to DRMS or the HW disposal contractor is in accordance with the base HW management program procedures.

Medical Materiel personnel ensure compliance with current Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards applicable to MTF HM/HW management programs. Acquire and maintain a current state HW generator permit (if required) through the base EM. Normally, hospitals are considered small generators of HW.

Maintain copies of HW disposal manifests and the generator copy returned by the treatment, storage, and disposal (TSD) facility. Time requirements for maintaining the copies may vary based on federal, state, and local regulations.

Now that you have a basic understanding of the various areas of responsibility, let's review the characteristics and purpose of MSDSs.

026. Material safety data sheet

While cooking in the kitchen with oil, have you ever been told to turn the heat down when the oil starts to smoke because it might catch fire? Or, have you ever been told not to douse a kitchen oil fire with water because it will cause the fire to spread? Without this information the resulting situations could be devastating and you could be seriously injured or worse. Critical information such as flash points, chemical reactions, and fire-fighting procedures can be located in a hazardous item's material safety data sheet.

An MSDS is a document containing the data required by, and prepared in accordance with, Federal Standard (FED-STD) 313, *Materiel Safety Data, Transportation Data and Disposal Data for Hazardous Materials Furnished to Government Activities*, to communicate the chemical, physical, and hazardous properties of a material to the user.

In the past, MSDSs were only provided to safety professionals and trained workers in the chemical industry. As more of the work force began to require such information, federal and state regulations expanded to include everyone working around hazardous materials. As the sign posted in the warehouse at Wilford Hall points out (fig. 4-28), everyone has the right to know about HM.



Figure 4-28. Sample MSDS information center sign.

MSDS objective and purpose

The MSDS is a standardized document that is extremely functional and could end up saving your life. This document is developed for products that contain one or more dangerous chemical substances. The primary objective of the MSDS is to concisely inform you about the hazards of the materials you work with so that you can protect yourself and respond to emergency situations. The purpose of the MSDS is to inform you about:

- The chemical's identity or product name.
- The material's physical properties or potential health and physical hazards.
- PPE is required to handle the item. PPE includes all clothing and other protective devices to be worn to protect workers from workplace hazards.
- First aid treatment to use if you or someone else is exposed.
- Prevention and necessary steps to take for handling spills, fires, and day-to-day operations.
- The correct way to respond to accidents.

The Chemical Manufacturers' Association (CMA) began the standardization of MSDS documents that the ANSI later approved. The MSDS may come in any format or style but the format (paragraph heading) is standardized. Also, MSDSs may be in any language but must also be in English. They contain these 16 specific section headings:

- Section 1. Chemical Product and Company Information.
- Section 2. Composition/Information on Ingredients.
- Section 3. Health Hazards Identification.
- Section 4. First Aid Measures.
- Section 5. Fire Fighting Measures.
- Section 6. Accidental Release Measures.
- Section 7. Handling and Storage.
- Section 8. Exposure Controls/Personal Protection.
- Section 9. Physical and Chemical Properties.
- Section 10. Stability and Reactivity.
- Section 11. Toxicological Information.
- Section 12. Ecological Information.
- Section 13. Disposal Considerations.
- Section 14. Transport Information.
- Section 15. Regulatory Information.
- Section 16. Other Information.

MSDS management

Employers must have an MSDS for every chemical they use and have them readily available for all workers. MSDSs may be retrieved through various electronic means.

- Manufacturer Web site.
- HMIS.
- Free online repositories: note that many of these sites can only be accessed after registering.

Ensure MSDSs are forwarded to the BEEs for inclusion in their central repository and to the requesting section the first time the item is delivered. MSDSs and updates may be kept in binders or on computer CD-ROMS. All MSDSs should be archived and stored for 30 years after the date of the product's last use to avoid employer liability.

Self-Test Questions

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

025. Functions and responsibilities

1. What agency is responsible for formulating policy and guidance on hazardous materials and waste management?
2. Who manages the hazardous waste management program at the base level?
3. Who is responsible for providing HW management training on base?
4. The BEEs provide technical support for what program?
5. Who inventories hazardous chemical usage and storage to support EPCRA requirements?
6. Who develops and monitors the HM/HW management program for medical logistics and the MTF?
7. How does the MLFC assist the BEEs in performing an initial and annual MTF HM/HW stream analysis?
8. BEE is required to review new purchase requests for what type of items?

026. Material safety data sheet

1. What does an MSDS communicate?
2. What is the primary objective of an MSDS?
3. How many specific section headings are there in each MSDS?
4. Which MSDS section contains first aid information in case of accidental contact?

5. What information is contained in section 8 of an MSDS?
6. List three methods of obtaining MSDSs.
7. How long should MSDS's be archived and stored?

Answers to Self-Test Questions

019.

1. Through inspection, classification, and surveillance as materiel is received, issued, stored, and shipped.
2. DODMMQC and Offline notices.
3. Determine if a DODMMQC notice already exists.
4. USAMMA.
5. Automatically through DMLSS.
6. <http://www.usamma.amedd.army.mil>
7. Message Number, Product Type, Product Name, NSN, Part Number, Lot number, Manufacturer, and Distributor.

020.

1. Make sure that each using activity is notified to withdraw that item from use.
2. By the given suspense date.
3. From the recall message
4. MLFC
5. With a DD Form 1575, Suspended Tag or a DD Form 1575-1, Suspended Label
6. By clearly indicating in the QA action field what actions were taken by Medical Logistics and the using activities along with the date the action was completed.
7. Materiel actions, affected quantities, and document numbers.
8. PSO.
9. Chronologically by QA message number.

021.

1. IM Navigate Menu—QA.
2. Create complaints, Update the MTF QA database, and create delinquent notices.
3. As pending actions.
4. QA pending actions.
5. It will take you directly to the related QA record.
6. QA MMQC Info Bulletin.
7. Missing MMQC Message.
8. QA FTP Import Failed.
9. MHS help desk.
10. A manual review to associate the QA message with the correct MTF record.
11. You must scan the shelves and/or storage locations.
12. QA Delinquency Notice. Immediate Recall.
13. Zero.

14. When QA message quantities are not updated by the times established in the QA Maintenance Table.
15. When a QA message is initiated in your MTF.
16. When there is reasonable probability that the use of, or exposure to, a violative product will cause serious adverse health consequences or death.
17. Those that do *not* match catalog records.
18. QA RECORDS.
19. To review detailed QA record information and transfer items internally.
20. The TRANSFER button on the vertical toolbar will be highlighted.

022.

1. They must evaluate for credibility, validity, and potential harm of the item.
2. Category I.
3. Category II.
4. Cat II.
5. Chain of custody.
6. Through AFMOA/SGALC.

023.

1. Air Force Occupational Safety and Health.
2. All employees in both the federal and private sectors.
3. Unit commanders, functional managers, and supervisors.
4. At least once a year.
5. At least once a month.
6. Commander or supervisor.
7. All Air Force personnel.
8. Supervisors.
9. Senior airmen, noncommissioned officers, civilians upon initial assignment to a supervisory position, and first-level supervisors who have not attended. In addition to these individuals, any supervisor who demonstrates a lack of safety knowledge or initiative is also required to attend or re-attend the course.
10. In approved flammable storage rooms or cabinets.
11. Lower shelves.
12. Procedures for identifying, handling, storing, using, and disposing of HAZMAT from receipt through use. The plan provides for identification and management of infectious waste from generation to final disposition.
13. Safety inspections.
14. At least monthly.
15. The process of identifying and controlling hazards to protect the force.
16. By prevention.
17. Lifting, carrying, dropping, and lowering.
18. Size, shape, weight, and distance the object is to be moved.
19. Team lifting.
20. Lift with your legs, not with your back.
21. Ensure loads are manageable in both size and weight distribution.
22. Supervisors.
23. Rings, jewelry, loosely fitting bracelets and neckware.
24. Never use a tool for a purpose other than that for which it was designed.
25. Cut away from your body.

024.

1. Observe your workers.
2. A detailed, systematic search to uncover the “who, what, when, where, why, and how” of a loss producing event, and to determine what corrective actions are needed to prevent a recurrence.
3. Safety officer.
4. Immediately.
5. Not later than the next duty day.
6. 30.

025.

1. AFMSA/SGSF.
2. The BEM.
3. The BEM.
4. The Environmental Compliance Assessment and Management Program.
5. BEE.
6. MLFC.
7. By providing a copy of the DMLSS Hazardous Material Report.
8. Known or suspected HM.

026.

1. The chemical, physical, and hazardous properties of material to the user.
2. To concisely inform you about the hazards of the materials you work with so that you can protect yourself and respond to emergency situations.
3. 16.
4. Section 4.
5. Exposure controls and personal protection.
6. Manufacturer’s Website, HMIS, free online repositories.
7. For 30 years after the date of the product’s last use.

Do 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.

53. (019) From where will you normally receive your daily Department of Defense medical materiel quality control (DODMMQC) messages?
- a. AFMSA.
 - b. DMLSS.
 - c. JMAR.
 - d. USAMMA.
54. (020) When managing Quality Assurance (QA) messages, what should you do *immediately* after receiving notification to suspend an item?
- a. Alert each using activity.
 - b. Create a QA record.
 - c. Inspect WRM stocks.
 - d. Reply to the alert message.
55. (020) Patient safety officer (PSO) collaboration notifications should include
- a. a copy of the Quality Assurance (QA) alert.
 - b. date the message was received.
 - c. number of quantities still in use.
 - d. the source of the recall.
56. (020) Who should receive a copy of the monthly quality assurance (QA) log?
- a. EOC committee.
 - b. Facility manager.
 - c. Patient safety officer.
 - d. Squadron commander.
57. (021) The Defense Medical Logistics Standard Support (DMLSS) quality assurance (QA) module allows customers to
- a. submit delinquency notices.
 - b. create potential complaints.
 - c. acknowledge Food and Drug Administration (FDA) recalls.
 - d. update the medical treatment facility (MTF) Quality Assurance (QA) database.
58. (021) Which pending action is viewed to determine if all quality assurance (QA) messages have been received?
- a. IM QA Import Failed.
 - b. Missing MMQC Message.
 - c. QA MMQC Info Bulletin.
 - d. Missing or No MTF Item ID Match.
59. (021) Which quality assurance (QA) pending action is produced for Type I items that are not updated by times established in the QA Maintenance Table?
- a. Alert, Item Qty Required.
 - b. Alert, Complaint Exists For Item.
 - c. Delinquency Notice, Item Qty.
 - d. Delinquency Notice, Immediate Recall.

60. (022) Which stratification are items placed in when potentially affected by a Medical Materiel Category I complaint?
- a. Operating.
 - b. Repairable.
 - c. Suspended.
 - d. Unserviceable.
61. (022) When a Medical Materiel Category I item has caused an injury, who will *notify* you when it can be disposed of or repaired?
- a. AFMOA.
 - b. DLA.
 - c. FDA.
 - d. JACC.
62. (023) Occupational Safety and Health Act (OSHA) directs health and safety standards for which type of employees?
- a. Air Force.
 - b. Federal.
 - c. Unemployed.
 - d. Self-employed.
63. (023) How frequently are safety, health, and fire inspections conducted in each workplace?
- a. Weekly.
 - b. Monthly.
 - c. Quarterly.
 - d. Annually.
64. (023) When unsafe or unhealthy working conditions are present, from whom may Air Force personnel request inspections?
- a. Facility Manager.
 - b. Ground Safety office.
 - c. Squadron Commander.
 - d. Bioenvironmental Engineering.
65. (023) When safety guidance is *not available* for a situation, what should you do to assess and determine appropriate safeguards?
- a. Apply ORM.
 - b. Alert the PSO.
 - c. Consult the TO.
 - d. Notify safety officer.
66. (023) What is the most effective way to reduce the probability of injury in the workplace?
- a. Prevention.
 - b. Proper lifting.
 - c. Safeguards.
 - d. Training.
67. (023) Which of the following should be considered when manually lifting material?
- a. Contents.
 - b. Distance.
 - c. Packaging.
 - d. Strength.

68. (023) When lifting bulky items, what is important to remember?
- a. Work fast.
 - b. Use your legs.
 - c. Lift with your back.
 - d. Focus on your balance.
69. (023) What personal protective equipment (PPE) should be used when cutting strapping?
- a. Latex gloves.
 - b. Safety glasses.
 - c. Hearing protection.
 - d. Protective footwear.
70. (024) What is the most effective way to evaluate your safety program and prevent mishaps?
- a. Observe your workers.
 - b. Implement ORM training.
 - c. Conduct routing inspections.
 - d. Monitor the number of incidents.
71. (024) Report on-duty mishaps immediately to the
- a. facility manager.
 - b. First Sergeant.
 - c. safety officer.
 - d. supervisor.
72. (025) Who administers wing level hazardous waste programs?
- a. Wing ground safety office.
 - b. Base environmental manager (BEM).
 - c. Hazardous materials (HAZMT) pharmacy.
 - d. Bioenvironmental Engineering (BEE).
73. (025) When Bioenvironmental Engineering (BEE) is performing a Defense Medical Logistics Standard Support (DMLSS) hazardous materiel (HM)/hazardous waste (HW) stream analysis, what does Medical Logistics provide them for assistance?
- a. HMIS-trained personnel.
 - b. Copy of available MSDSs.
 - c. DMLSS HAZMAT report.
 - d. Medical issue/turn-in summary.
74. (026) The primary objective of a materiel safety data sheet (MSDS) is to quickly inform you about
- a. required personal protective equipment.
 - b. accident response.
 - c. chemical hazards.
 - d. First Aid.
75. (026) When materiel safety data sheets (MSDS) are received, where should you forward a copy for inclusion in a central repository?
- a. Patient safety officer.
 - b. Storage & distribution.
 - c. Facilities management.
 - d. Bioenvironmental engineering.

Do not return your answer sheet to AFCDA.

Glossary of Terms and Acronyms

Terms

accountability—The added degree of responsibility for property that exists when a designated individual must maintain property records that are subject to audit.

accountable medical supply officer (ABMSO)—A medical Service Corps officer, civilian GS-11, or fully qualified senior NCO appointed to be accountable for the medical stock record account.

Air Force supplies—Materiel and supplies made available to AF activities and/or facilities through defense military management agencies or other authorized supply sources in order to support the USAF mission.

backorder—An obligation, assumed and recorded by any supply echelon, to continue at a later date a requisitioned item that was not immediately available for supply.

centrally managed—Refers to any record that is maintained by the FOAs, and is not editable (in DMLSS TMU module).

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.

database—A file on disk where information is stored and updated.

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.

due-in—An order owed to a location within a customer area or to a different customer area.

external sources (SOS)—Prime vendor, BPA/DBPA, and credit-card-type suppliers.

file/record maintenance—The act or method of making changes, deletions, or additions to elements of data on an established computer file.

fund code—A code used to indicate that funds are available to pay the charge when and where the asset is delivered.

hazardous materiel—Any materiel that is a physical or health hazard and requires an MSDS as defined in the latest version of FED-STD 313.

inventory—The comparison of items and quantities of materiel in storage and/or in-use with that reflected on the accountable records.

issue, nonrecurring—An issue made on a one-time basis with no foreseeable subsequent demand from the requisitioner.

issue to customer—Demands placed on the logistics account by a customer that were either partially or completely on-hand.

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.

materiel safety data sheet (MSDS)—A document containing the data required by, and prepared in accordance with, FED STD 313 to communicate to the user of the chemical, physical, and hazardous properties of materiel.

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.

MTF catalog—A table comprised of all items, both stocked and nonstocked, that an MTF uses.

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 code—A code that identifies an organization or internal function of Base Supply.

physical inventory—A record of property on hand based on a physical count.

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.

revolving funds—Accounts initially set up by Congress to finance a continuing cycle of operations. The funds are used to purchase the inventory that will be sold. Funds received from selling the inventory will be used to replenish the inventory.

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.

technical order (TO)—An AF publication that gives specific technical directives and information on inspection, storage, operation, modification, and maintenance of given AF items and equipment.

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 from 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
AFB	Air Force base
AFI	Air Force instruction
AFMAN	Air Force manual
AFML	Air Force Medical Logistics
AFMLO	Air Force Medical Logistics Office
AFMOA	Air Force Medical Operations Agency
AFMSA	Air Force Medical Support Agency
AFOSH	Air Force occupational safety and health
AFPC	Air Force Personnel Center
AFRIMS	Air Force Records Information Management System
AFWCF	Air Force Working Capital Fund
AIS	Automated Information System
AM	Assemblage Management (DMLSS module)
ANSI	American National Standards Institute
AS	allowance standards
BEE	bioenvironmental engineering
BEM	base environmental manager
BMET	biomedical equipment technician
BO	BusinessObjects
CAC	common access card
CAIM	Customer Area Inventory Management
CDC	career development course
CD-ROM	compact disk-read only memory
CMA	Chemical Manufacturers' Association
CONOPS	concept of operations
CPF	Civilian Personnel Flight
CPU	central processing unit
CR/LL	custodian receipt/location list
CS	Customer Service (DMLSS module)
DAO	Defense Accounting Office
DBOF	Defense Business Operations Fund
DBPA	decentralized blanket purchase agreement

DCM	Defense Medical Logistics Standard Support (DMLSS) communication management or manager
Desc	description
DFAS	Defense Finance and Accounting Service
DLA	Defense Logistics Agency
DMIS	Defense Medical Information System
DMLSS	Defense Medical Logistics Standard Support
DOD	Department of Defense
DODAAC	Department of Defense activity address code
DODMMQC	Department of Defense medical materiel quality control
DRMS	Defense Reutilization and Marketing Service
ECAT	electronic catalog
ECN	equipment control number
ECRI	Emergency Care Research Institute
EDI	electronic data interchange
EM	Equipment Management (DMLSS module)
email	electronic mail
EML	expeditionary Medical Logistics
EOC	environment of care (program) and equipment ownership change (DMLSS transaction code)
EOD	end-of-day
EOP	end-of-period
EOR	element of resource
EPCRA	Emergency Planning and Community Right to Know Act
ERM	electronic records management
ETM	Equipment and Technology Management (DMLSS application module)
FAX	facsimile machine
FDA	Food and Drug Administration
FED-STD	federal standard
FM	facility management
FOIA	Freedom of Information Act
FTP	file transfer protocol
FW&A	fraud, waste, and abuse
FY	fiscal year
GSA	General Services Administration
HAZMAT	hazardous material

HHT	hand-held terminal
HM	hazardous materiel
HMIS	Hazardous Materials Information System (DOD system developed by DLA)
HQ USAF	Headquarters, United States Air Force
HW	hazardous waste
HWMP	hazardous waste management plan
IAG	inventory adjustment gain (DMLSS transaction code)
IAL	inventory adjustment loss (DMLSS transaction code)
ICPA	Injury Compensation Program administrator
ID	identification
IG	inspector general
IM	inventory manager and Inventory Management (DMLSS application) module
IP	Internet protocol
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
JMAR	Joint Medical Asset Repository
JMLFDC	Joint Medical Logistics Functional Development Center
LAN	local area network
LOG	Logistics and logistics (as in log-owned)
LP	local purchase
MAJCOM	major command
MC-CBRN	medical countermeasures-chemical, biological, radiological, and nuclear
MDD	medical dental division
MEDCOM	medical command
MEMO	Medical Equipment Management Office
MFG	manufacturer
MFR	manufacturer
MHE	materiel handling equipment
MHS	Military Health Systems
MILSPEC	military specific
MIL-STD	military standard
MILSTRIP	military standard requisitioning and issue procedures
MLFC	Medical Logistics flight commander
MM	medical materiel
MMQC	medical materiel quality control
MSC	Medical Service Corps
MSD	Materiel Support Division

MSDS	materiel safety data sheet
MTF	medical treatment facility
MTFC	medical treatment facility commander
NCO	noncommissioned officer
NCOIC	noncommissioned officer in charge
NSN	national stock number
OI	operating instructions
O&M	operation and maintenance (fund type)
OP	other procurement (refers to fund type)
ORM	operational risk management
OSD	Office of the Secretary of Defense
OSHA	Occupational Safety and Health Act
PC	personal computer
PCS	permanent change of station
PFMR	Project Fund Management Record
PKI	public key infrastructure
POC	point of contact
POU	point of use
PPE	personal protective equipment
PSO	patient safety officer
PV	prime vendor
QA	quality assurance
QA/RM	Quality Assurance/Risk Management (program)
QC	quality control
OSD	Office of Secretary of Defense
RA	resource advisor
RDS	Records Disposition Schedule
RF	radio frequency
RM	risk manager
SA	system administrator
SC	supply chain
SCL	stock control level
SCM	supply chain management
S&D	storage and distribution
SDCR	Source Document Control Report
SG	surgeon general

SKT	specialty knowledge test
SM	security manager
SOS	source of supply
SRA	stock record account
SRAN	stock record account number
SRIM	Stock Record Inventory Management (DMLSS application module)
SS	System Services
SST	supervisor safety training (an AF course)
TAV	total assest visibility
TDY	temporary duty
TIG	turn-in adjustment gain (DMLSS transaction code)
TIL	turn-in adjustment loss (DMLSS transaction code)
TMU	table maintenance utility (DMLSS SS module)
TO	technical order
TRIMEDS	Tri-service Medical Excess Distribution System
TSD	treatment, storage, and disposal
U/I	unit of issue
U/M	unit of measure
UP	User Privilege-Assign or Manage (DMLSS modules)
USAMMA	United States Army Medical Materiel Agency
USB	universal serial bus
USR	unit safety representative
VAN	value added network
WCF	working capital fund
WLAN	wireless local area network
WRM	war reserve materiel

Student Notes

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