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Volume 3. Storage and Distribution

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This third volume of CDC Z4A151 is concerned with storage and distribution, warehouse special actions, controlled medical items, inventory management, customer returns, excess material, and commercial returns.

Unit 1 provides the fundamentals of storage and distribution to include receiving and issuing medical supplies. Unit 2 covers pending actions, first aid kits, HAZMAT, medical gas types, storage of medical gasses, information on the management of controlled items, and the precious metals recovery program. Unit 3 covers procedures for inventory and stock control, conducting operating inventories, and how to retrieve data from the Defense Medical Logistics Standard Support (DMLSS). Unit 4 covers surplus materials and the credit returns program.

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

A glossary is included for your use.

Code numbers on figures are for preparing agency identification only.

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

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

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

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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. Storage and Distribution Management

EACH Department of Defense (DOD) supply installation involved in the receipt, storage, issue, and care of military supplies and equipment must follow established policies and procedures to ensure each item is properly received, stored, and issued to using activities. In your case, this applies to the storage and distribution function of medical logistics, within the medical treatment facility (MTF). Receipt, storage, and issue are some of the primary operations of medical logistics. The storage and distribution function of medical logistics supports the MTF by accomplishing these core tasks along with the maintenance of medical first-aid kits.

1–1. Principles of Storage and Distribution

By far, the most common way for continental United States (CONUS) bases to receive needed supplies is by common truck and trailer carriers. As a result, there will be trucks arriving to make deliveries several times a day. Many of the items may be needed by the facility immediately and will require you to receive and distribute them as soon as they arrive. Other items may be needed for backup stock and will require you to store them until the using activities need them. If you are assigned to the storage and distribution section, one of your primary tasks is to get the property received from the carrier, loaded into the Defense Medical Logistics Standard Support (DMLSS) system, and delivered to the using activity as quickly and accurately as possible. The receipt of property from the carrier or supply pickup point is the first step of the storage and distribution function. Once the materiel is in your warehouse, there are several basic principles of storage and distribution you need to be aware of. These basic principles include identifying storage requirements, protecting medical resources, and ensuring the serviceability of the materiel while in storage.

401. Planning for materiel storage

In medical materiel, we have numerous storage locations, each with distinct advantages and disadvantages. It is the responsibilty of warehouse personnel to determine when each location is best suited for a particular item type. In this lesson, we will discuss how to best utilize each location and how to plan for maximum efficiency.

Storage requirements

Determining the storage requirements of an item coming into your facility is critical. Every item must be stored according to manufacturer guidelines. Not storing items according to the specified requirements could mean thousands of dollars in wasted supplies. By now, I’m sure most of you have heard of incidents where shipments of items requiring “freezer” storage were inadvertently left at room temperature and the items thawed, thus rendering them unserviceable. In order to do everything within your power to handle the medical supplies efficiently, you need to consider the following factors when determining an item’s storage requirements:

1. TYPE—Nature of the item (e.g., vaccine, pharmaceutical, surgical tool). Perishable or deteriorative items must be temperature controlled.
2. QUANTITY—The amount of each item expected to be stored. Items with low quantities don't need much space as items with higher levels.
3. DIMENSIONS—Size, weight, and shape of the item, container or package. Large, bulky items need lots of room. It may also be advantageous to place them as near to the shipping and receiving points as possible to reduce the amount of handling.
4. TURNOVER—Place high-use items with rapid turnover rates as close as possible to the shipping points or those areas that are easily accessible. Place slow-moving items in less accessible locations.
5. PERISHABILITY—Do not stock perishable items near windows or doors because of possible damage from natural elements (e.g., sunlight, rain, snow, heat, cold).

The fact that items vary to such a degree complicates the problem of storing items in our warehouse or other storage areas. With this in mind, let's look at some of the most basic storage locations that you will encounter in your Medical Logistics warehouse.

General purpose—with heating, ventilation, and air conditioning

The general purpose warehouse space with heating, ventilation and air conditioning (HVAC) is storage areas where the temperature is controlled within specified limits by the application of heat and/or air conditioning. It does not include storage areas specially designed for storage of highly flammable or hazardous material. The majority of items will need to be stored in this manner. Review packaging for storage advice. Also, items with an expiration or use by date require controlled temperatures to prevent accelerated decay.

General purpose—without HVAC

This refers to warehouse space (other than controlled humidity and flammable/hazardous storage) that is not equipped with heating or air conditioning capability. Considered to be long term storage for non-deteriorative items, (i.e., gas cylinders, furniture, litters, etc.).

Flammable/hazardous

This is warehouse space that has been specially designed for the storage of hazardous and/or flammable materials.

Vault/controlled storage

This is storage space that is specially constructed, nonportable, secure, and fire-resistant for storage of material that requires maximum protection against pilferage and destruction.

Refrigerated (Refer)

This is refrigerated storage space in which the temperature can be controlled between 35 and 46 degrees Fahrenheit (°F) or 0 and 10 degrees Celsius (°C).

Frozen

This is refrigerated warehouse space in which the temperature can be controlled below a level of 32 °F (0 °C).

Storage planning

Medical supplies must be properly stored and protected at all times. In addition, certain items require special storage and handling techniques. Therefore, you should have a sound working knowledge of warehousing principles and procedures.

The proper arrangement of materiel in storage and distribution sections involves careful planning to ensure maximum use of the available space. Your storage methods should focus on two key principles: space utilization and ease of access. Space utilization should ensure that all space is used effectively and that no space is wasted. When square footage is minimal, consider going up. Vertical

storage solutions are easy to justify, especially when comparing them to the cost of moving to or building a larger warehouse. All Air Force storage and distribution sections should have a plan on how items are to be stored. You must play your part during day-to-day operations to make sure that all items are stocked in the most efficient and effective way. If you notice inefficiencies or think of a better way to do things, present your ideas to your supervisor.

Use the following steps to determine ideal storage solutions.

Stock locator

You must be able to locate any item when necessary. To facilitate this, every storage facility needs to use a system for controlling the placement and location of supplies. This system must be understandable not only to the storekeeper, but to anyone who may be called to find materiel for any reason. Keep your locator system as simple a possible. For our purposes, DMLSS is used as our automated stock locator system. DMLSS contains the information necessary to identify where an item is located. The importance of keeping a locator system up-to-date cannot be overemphasized. Any system that is not accurate is of no value.

Stock arrangement

The arrangement of stock in the storage and distribution section may vary from one account to the other. Stock is normally stored in stock number sequence. DMLSS allows you the ability to store stock by product number sequence or by location codes. There are several types of storage areas (locations) in every storage and distribution section—loose, bulk, controlled, suspended, destruction, refrigerated, flammable, and so forth. Regardless of your section's arrangement, personnel must ensure:

- Materiel is protected from the deteriorating effects of weather, light, moisture, extreme temperatures, and vermin.
- Stocks can be readily inventoried and inspected.
- Minimum effort is expended in pulling stock for issue or shipment.
- Storage is adequate.
- Permissible floor load is not exceeded and wasted space is at a minimum.
- For bulk storage, the largest quantity of boxes, packages, and so forth, is stored in the smallest space. Of course, you must consider weight, damage to materiel, etc.
- Fire extinguishing systems, fire doors, and entrances are not blocked.

If each of the above principles is properly implemented and maintained, then frequent warehousing should *not* be required.

Loose issue stock

Loose issue stock refers to smaller items with container sizes and weights that do not require a large amount of space.The most common method to store loose issue items is to store them in stock number sequence. *Additional options* include the following:

1. Arrange a loose stock storage area to group fast-moving items in a single location (this is useful for internal distribution operation stocks).
2. Group families of related items.
3. Use a combination of arrangements, such as grouping items by size to conserve space.

Bulk stock

Bulk stock refers to items stored in their larger original containers which require a large amount of space. Bulk stock items usually require a large amount of storage space because of the quantity, size, or weight of the item. You should store bulk stock of a single item in only one location for operating stock. To do otherwise increases the potential for errors and discrepancies. Dual locations can also

cause stock not to be properly rotated, resulting in warehouse refusals. The use of locally assigned location codes discussed earlier in this course assists in preventing this problem. Depending on local storage facilities and arrangements, stock may or may *not* be stored in stock number sequence.

402. Resource protection

Now, more than ever, we are hearing the warnings to remain vigilant in our daily routines. With this in mind, resource protection and the security of the storage and distribution is crucial to our mission. In addition to your regular responsibility for public property, you must also be concerned with the abuse of stored items. The Medical Logistics Flight Commander (MLFC) may require that any highly pilferable or sensitive items be maintained in secured storage. The protection of property, including the prevention of internal pilferage or major thefts of government supplies and equipment, is one of the functions of the storage and distribution operation. This function must include the protection of supplies and equipment both in storage areas and while they are in transit. Depending on local conditions, protective measures for pilferable/sensitive items should include the use of a vault, cage, or other fenced-in and locked security areas. Procedures should also include the controlled movement of these items within the storage area.

Pilferable materiel

Pilferable materiel includes items that have a ready resale value or are highly desirable for personal use and are therefore subject to theft. These items may include needles, syringes, and highly pilferable medicines. Pilferable items should not be stored in regular storage areas lacking additional security protection.

Sensitive items

Sensitive items require a higher degree of protection and control due to statutory requirements or regulations. This includes items such as narcotics and drug abuse items and precious metals. Sensitive items classified as “controlled substances” must be stored in an approved vault or safe with a three-tumbler combination.

Controlled access

Authorized Medical Materiel personnel are the only people who should ever be allowed to go unescorted in a medical supply storage and distribution section. Civilian and military repair/maintenance workers in your work area should be monitored. If an unescorted person (other than Medical Materiel personnel) is observed in your storage and distribution section, immediately challenge the person, regardless of rank. Find out why the person is there and what authority he or she has for being there. Do this in a tactful, professional manner without showing disrespect. The person may have a valid reason for being there. Find out!

At the end of each duty day, ensure all doors and windows are secured. At many facilities, opening and securing the storage facility is an additional duty that is assigned on a rotational basis. Security Forces make periodic door and window checks after normal duty hours as part of installation security. The MTF security plan should outline security procedures and checklists for areas identified as classified or controlled. This is coordinated with the installation resource protection office.

403. Materiel serviceability

Caring for supplies to assure a ready-for-issue condition is an important task. The storage and distribution function is primarily responsible for the care of supplies in storage and must use quality control techniques and storage serviceability standards to ensure the serviceability of every item in storage. There are three major factors that affect the degree of activity required, to ensure the serviceability of an item: (1) the type of item, (2) type of storage required, and (3) the anticipated length of storage. You must provide adequate protection for the materiel from the elements by maintaining them within the appropriate environmental conditions. You provide the proper environmental conditions through proper storage faculties, preservation, packing, and a combination of these measures. Overall materiel serviceability is maintained via stock rotation and a sound item

management program. Note that expiration dates (including controlled items) are not tracked for operating stock in DMLSS. Therefore, all sites must increase expiration date monitoring and vigilance to ensure only non-expired items are issued.

Stock rotation

Stock rotation is a very important part of quality assurance and item surveillance. All medical materiel stocks must be rotated to the maximum extent possible, with particular attention given to those items with a manufacturer or expiration date. This practice of stock rotation helps us prevent items in our inventory from expiring or losing potency or serviceability.

Place newer stocks, with longer expiration dates, on the bottom of the stack or in the back of the shelves. In practice, this is known within supply chain management as *first-in first-out* (FIFO). In other words, if the item is first to expire, it should be rotated to the front and be the first one issued. The items with the longest expiration dates should be rotated to the back and be the last ones issued.

When dealing with non-expiration dated items, you should use the date of manufacture as your focal point. These items should also be issued using the FIFO principle. In some cases, suppliers may ship stock that was manufactured *before* the stock that you already have on hand. Always issue the oldest stock first, regardless of when the stock was received. Also, give special attention to dated items. Always issue the item with the oldest expiration date first. It is your responsibility to ensure that level controlled stocks are commingled (war reserve materiel [WRM], operating, and excess) as efficiently as possible so that the oldest stock is issued first.

The procedures for completing stock rotation are developed locally at each materiel account. Your procedures should include the following *general factors*:

1. Operating (leveled items) and WRM stock should be commingled to the greatest extent possible. Commingling means to mix or store in one location. For example, if potency dated items are maintained in both operating inventory and WRM, store the two quantities together. This procedure helps ensure the items with the oldest manufacture or expiration dates are issued first providing longer expiration dates for WRM items in case of immediate deployments.
2. Stocks are stored in such a way to ensure the oldest stock (based on manufacturer date or expiration date) is issued first. When restocking loose issue storage items, place new stocks with longer expiration dates or newer manufacturer dates at the back of the storage shelves, and issue stock from the front (FIFO). Store bulk, longer dated stock at the bottom of the stack (pallet storage) and issue from the top, using the item that expires first or has the oldest manufacturer date. If bulk containers are placed on a shelf, the same instructions for loose storage apply.

Deteriorative items

There are several items that require special storage. Special storage items can be identified by their note and storage coding in the Master Medical Catalog (MMC). Apply proper care to ensure deteriorative items are not exposed to excessive heat, cold, sunlight, or moisture. Manufacturers identify items that require storage at specified temperatures. These storage temperatures must be strictly observed to prevent the issue and use of an item that may be ineffective or dangerous. Store dated items as directed on their labels. Frozen and refrigerated items must be handled, stored, and shipped to comply with any special instructions appearing on the item manufacturer labels or in the MMC. Always be alert for refrigerated or frozen shipments. Take immediate action to receive and store these items.

Shelf-life items

Shelf-life (expiration dated) items are items that have deteriorative or unstable characteristics and usually have a storage time period to ensure they will remain serviceable up until the time of issue or use. The effectiveness and suitability of use for medical commodities is determined by a system of

condition codes. The Joint Readiness Clinical Advisory Board (JRCAB) standardizes and codes each item with a predetermined shelf life, type item, first and reinspection periods and inspection criteria.

There are two types of shelf-life items:

1. Type I: A medical item that has a definite storage time (shelf life) based on its deteriorative characteristics. The storage time of the item terminates on an expiration date. The shelf life of Type I items can only be extended through the Food and Drug Administration (FDA) or Shelf-life Extension Program (SLEP).
2. Type II: A supply item with a storage period (shelf life) that can be extended after completing local testing in accordance with prescribed inspection and restoration criteria.

You can determine the actual expiration date of an item from the product label. An item that has a label marked with an expiration date of a month and year only (i.e., January 2014) is considered to expire on the last day of the month (31 Jan 14). If the expiration date on the label is marked with a day, month, and year (i.e., 19 Feb 14) the item is considered to expire on the last day of the previous month (for example—31 Jan 14). Do not use items that have exceeded their shelf life unless you have the authority to do so from an official source such as the FDA or Air Force Medical Support Agency, Medical Logistics Division (AFMSA/SGSL).

Storage and condition marking

Storage and distribution personnel are responsible for the proper marking of items when they are in other than serviceable condition. The intent of accurate condition marking is to identify and prevent the items from a possible mix, duplicate inspection, or inadvertent shipment or use. The condition markings should contain adequate information regarding the identity and condition of the item.

Self-Test Questions

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

401. Planning for materiel storage

1. List the five factors used in determining storage requirements.

2. Which storage requirement would be used when items require specific temperature limits?

3. Which type of storage would be used when items require secure storage that provides maximum protection against pilferage and destruction?

4. Which storage type is used when items need to be maintained between 35 and 46 degrees Fahrenheit?

5. When planning, your storage method should focus on what two key princples?

6. When square footage is minimal, how can you create more space?

7. Which system contains the information about where an item is located?

8. In what sequence should stock normally be stored?

9. Which storage method is used to store items with smaller container sizes and weights?

10. Which storage method is used to store items which require a large amount of space?

402. Resource protection

1. How should highly pilferable items be stored?

2. What is the definition of pilferable materials?

3. What are sensitive items?

4. What security measures should be taken at the end of each duty day?

403. Materiel serviceability

1. What are the three major factors that affect your ability to ensure an item's serviceability?

2. Since expiration dates are not tracked for operating stock, what must be done to ensure expired items are not issued?

3. What practice helps to keep stocked items from expiring?

4. Which supply chain management principle is used to issue shorter expiration dated items first?

5. What date should be used when issuing non-expiration dated items?

6. When the same dated items are stored in both WRM and operating stock, how should the items be maintained when possible?

7. Deteriorative items should be protected from what elements?

8. Which shelf life is used to describe items that have definite storage time limitations?

9. What are the two methods for extending Type I dated items?

10. If an item has an expiration date of 19 Feb 14, when is it considered to be expired?

1–2. Receiving Procedures

Although the requisition procedures for prime vendor (PV) and local purchase (LP) sourced items are quite different, receiving procedures are very similar. This section discusses in-checking procedures and the process for resolving discrepencies. As you progress in medical materiel, you'll learn that there are various ways to get the job done, and no one way is necessarily better than the other. In some cases, you'll have to follow the rules to the letter and in other cases you'll have to interpret and apply the rules based on your understanding of the situation. The way supplies are received at one materiel account may be different from the way they are received at another account. Certain procedures work better than others at certain locations. Regardless of where you work though, there are a number of basic steps that are the same throughout. In this section, we will focus on the standards given to us for how we should be receiving and issuing medical supplies.

404. In-checking procedures

When medical supplies are delivered to the facility, Medical Logistics personnel are the first individuals to physically handle the items. During the in-checking process, you will accept the items from the commercial carrier, determine the corresponding purchase order number, retrieve documentation, inspect and verify the material, and store the items as applicable.

Receiving deliveries from a commercial carrier

When a truck arrives for delivery, assist the driver by serving as a spotter. After the vehicle is securely parked, the driver may then verify that the packages are for your facility and begin off-loading them. Always review the shipping documentation to ensure the correct number of packages are being delivered and they are all addressed to your account. During the off-loading process, the in-checker has several important tasks to perform. These are discussed below.

Sort and match packages against the bill of lading

The carrier's driver is responsible for off-loading the supplies from their truck to the loading dock. To speed up the process you may help the carrier unload the freight, if the driver allows it. Sometimes, the items in the carrier's truck are scattered throughout. To determine which items are for your facility, compare the item's reference number/transportation control number (TCN), Department of Defense Activity Address Code **(**DODAAC) account number, and "ship to" address with the number listed on the carrier's shipping list. The quantity on the list should agree with the quantity off-loaded

from the truck. When unloading a shipment, segregate the containers according to the TCN and be sure that the container marked number one of the shipment is easily obtainable because all of the receipt documents should be in this container. This should make in-checking of the property easier.

In addition to proper sorting, sometimes it is necessary to have the proper personnel assist with the receipt process. For example, ensure the controlled item custodian supervises the receipt of controlled items as outlined in Air Force Instruction (AFI) 41–209, *Medical Logistics Support*.

Check for obvious signs of damage to property

Checking for obvious damage helps ensure you receive serviceable supplies. When damages (or overages/shortages) of the container count are discovered, annotate the carrier's shipping document and get the signature of the carrier as an acknowledgment of the discrepancy. If errors are detected, contact the section supervisor.

Before signing the delivery list, count the containers twice, and be sure you have received all that you are signing for. Sign and date the listing, get the carrier's signature, and keep a copy of the listing for your records. At this point, the carrier is free to leave. Move the property inside your medical storage facility for in-checking.

In-checking property

Exterior packages may be marked with the FM account number and requisition number or local purchase order (PO) number. Sometimes a packing list will be affixed the package in a plastic envelope. Often though, you will need to open the package and retrieve the shipping document from inside. On rare occasion, the item may not have a shipping document. If multiple packages came from the same supply source, check those packages for a master packing list.

Before actually beginning to check in a shipment, determine whether any item requires special storage. If time permits, process special storage items first, and move them immediately to their respective storage areas. Whether processed first or not, make sure they are stored correctly. As already stated, if controlled medical items are involved, notify the controlled medical item custodian immediately. This person should perform or supervise the receipt and storage of all controlled items. Be watchful for containers with special materiel handling markings; such as biological hazard, radioactive, corrosive, or refrigerate upon arrival.

Checking-in the shipment

Now you are ready to check-in the shipment. PV and LP/commercial source shipments normally contain some sort of packing list. The packing list is similar to the ones you receive when ordering personal goods online. When LP sources do not include packing lists, you will need to conduct a due-in search for the item. If you find multiple due-ins for the same item, first consider what other items were included in the shipment. The other items can be used to determine which call number you should receive. Additionally, look at the order dates. It would be unrealistic to receive an order that was placed on the same day that it was received. Consider the average shipping time for the source in question when deciding between similar calls.

When receiving items, you should also be aware of priority packages that are needed by customers immediately; process them first.

Although the depot is no longer a primary source; at some point, you may receive items procured from the Defense Logistics Agency (DLA). DLA uses the DD Form 1348–1A, Issue Release/Receipt Document, for depot shipments. Remove the receiver's copies of the DD Form 1348–1A from the envelope attached to or inside, the number one container for DLA multiple packaged shipments (multi-pack). DLA shipments may contain a DD Form 1348–1A or DD Form 1155, Order for Supplies or Services.

Opening containers

The next step is to open the containers and verify the materiel. In most cases, not all of the individual containers will have to be opened. You are not required to open a container if the item is received in a standard or intermediate pack and the identity and quantity of the contents are indicated on the outside of the container. Regardless of the outer marking, feel free to open containers you suspect are damaged or discrepant. If you discover that a package does not contain a receipt document or packing list, set it aside and work on it last.

When it is necessary to open containers, be very careful not to harm yourself or the contents. Be aware of your medical facility's infection control procedures relating to medical materiel receipt and storage. Be mindful of items that are in sterile packaging. If the sterile field is broken, it may render the item useless. Also, certain sterile plastics *cannot* be marked with felt-tip pens because the ink absorbs through the plastic; thus compromising the sterile field. Remember: using the right tool for the job not only helps to prevent damage to your supplies but also helps to maintain safety.

Document verification

You are now ready to inspect the materiel and complete the receiving document. Compare the supplies received to the accompanying packing list or other receiving document. Check to make sure that the following pieces of information match:

- Stock number/item identification (ID).
- Unit of issue.
- Quantity shipped.

Make sure you have the correct item by comparing the item's stock number or item ID against the item ID on the receipt document. If the item does not have a stock number or item ID, compare the catalog/part number on the manufacturer's label on the item with the information on the receiving document.

It is important to note that during the receipt process there are three different types of quantities that we must work with and be able to identify:

1. Ordered—Amount requested and paid for by the Acquisitions department; listed on the DMLSS order document (i.e., DD 1155). Anything less than this amount is either a partial receipt or a discrepancy, unless a change order was coordinated with the requestor.
2. Shipped—Quantity the source of supply (SOS) claims to have picked, packed, and distributed to the requestor. It will normally be the same as the ordered quantity.
3. Received—Amount physically received by requestor. May not always be the same as the order quantity (e.g., partial shipment). However, amount should *always* be equal to the shipped quantity.

Prime vendors

One hundred percent of all PV orders will be inspected to include verifying the quantity received, item identity (part number, nomenclature, etc.), and condition of the items received. The inspector will sign or stamp the stock record copy of the release/receipt document. If items are received using a DMLSS hand held terminal (HHT), the receipt document will be printed and then signed or stamped by the receiver.

The DD Form 1155, printed from DMLSS, is used as the *required receiving document*. Verify that the quantity received equals the quantity ordered. If the quantities match, circle the quantity on the DD 1155. If the quantities do not match, conduct a recount. If the quantities still do not match, place an asterisk by the quantity shown as shipped. Annotate "Discrepancies Noted" on the document and explain the discrepancy. Notify your PV department of the discrepancy so that they may work with the source to resolve the error.

Local purchase

The DD Form 1155, printed from DMLSS, is used as the *receiving document*. If the quantity received equals the quantity ordered, circle the quantity on the DD 1155. If a line item is partially shipped, annotate the actual quantity shipped/received next to the quantity ordered on the DD 1155 and circle it. If the quantity received does not match the quantity shipped, first verify that the item was not shipped in another container. If the missing quantity is not located, annotate the discrepancy and notify your Acquisitions department.

Inspect the shipment

When in-checking materiel, look for dated items. When a dated item is received, determine the correct expiration date or dates for the entire quantity. Check for different expiration dates. Then write the expiration date or dates on the front of the receiving document in the year/month format. For example, write June 30, 2004, as 0406. Drugs or items marked with an expiration date specified as only a month and year (i.e., June 2004) are considered to expire on the last day of the month. It is a good idea to mark containers in such a manner that the expiration date is clearly visible on the front of the container. This aids in pulling issues and performing dated item inventories.

NOTE: Due to the fast turnover of stock from the storage and distribution area to the using activity, and then to the patient, some medical materiel accounts do not track expiration dates for short-term stocks. However, dates are normally recorded for long-term noncommingled WRM. Check with your supervisor for the procedures used at your account.

PV deliveries

There are some unique instructions for accepting and receiving PV shipments. These “rules” are designated by DLA for each PV contract and available for you to read in the *Prime Vendor Desk Reference* (available online at: https://www.medical.dla.mil). The following paragraphs highlight some of these items as they pertain to shipping and receiving procedures.

Delivery points

Just like ordering points, each participating medical facility has identified to DLA specific delivery points. If a facility desires to change its delivery locations, the facility must notify in writing the DLA medical contracting officer in advance.The contracting officer must negotiate any change in delivery locations with the PV.

Routine delivery times

Routine delivery is between the hours of 0800 and 1700 local time Monday–Friday, excluding federal holidays.

Delivery documents

The PV includes a packing list/slip with each shipment. The packing list/slip includes:

- The delivery order number.
- Date of order.
- Itemized list of supplies in the shipment and quantity shipped.

Also included on the packing list is the delivered price for each delivered item and a total delivered.

Refrigeration markings

PV supplies requiring refrigeration may be shipped without refrigeration for a limited period. These packages indicate the maximum remaining allowable time that the supplies can remain unrefrigerated at the time of delivery to the receiving point.

Controlled substance markings

The PV must annotate the following statement on the packing list for applicable substances:

“CONTROLLED SUBSTANCE REQUIRES *VAULT* STORAGE”

or

"CONTROLLED SUBSTANCE REQUIRES *LIMITED ACCESS* STORAGE"

Hazardous material markings

Biohazardous and hazardous drugs, pharmaceuticals, and chemicals must be delivered by the PV in separate containers and marked as biohazardous or hazardous. The PV is responsible for obtaining material safety data sheets (MSDS) and hazard warning labels (HWL) from suppliers and providing them to ordering activities. The PV provides participating medical facilities with applicable MSDSs upon initial delivery of these items, and also keeps a file copy of all MSDSs and HWLs received from suppliers.

Minimum shelf life requirements

PVs are required to provide dated/shelf life products bearing an expiration date/shelf life with at least six months remaining upon delivery to the receiving activity. Products that have an initial expiration/shelf life of six months or less must have 75 percent of the dating remaining. Products not meeting the dating/shelf life requirement may be returned. For overseas accounts, PVs are required to provide dated/shelf life products bearing an expiration date/shelf life with at least 12 months remaining upon delivery to the receiving activity.

Inspecting and accepting the order

Immediately upon receipt of the ordered materiel, an authorized representative of the medical facility will inspect all supplies. After inspection, the customer should call the PV and notify them of any discrepancies with the shipment. If a credit is issued for the discrepancy, the receiving activity should record the credit memo number that is provided.

Store the materiel

After completing the receiving documents and verifying all shortages and overages, place the materiel in its storage location. When using storage shelving, place newer stock behind older stock in storage. When storing in stacks, place newer stock on the bottom and older stock on the top. When storing dated items, remember to store items that expire first in front or on top of items that expire last. This helps ensure older stock is issued first. Some items require storage in a specific manner to prevent deterioration.

Prepare lost shipping documents

As we mentioned earlier, you may receive items that do not contain a packing list or receipt document. This can be frustrating, and it slows down in-checking process. If the package is marked with the due-in document number or you know the stock number/item ID from past experience, inquire your DMLSS computer system to verify and validate. When the due-in is located, use this information to prepare a facsimile receiving document for DLA shipments. For LP shipments, you may use the due-in document number or the PO number obtained from the DMLSS inquiry. Normally, LP receiving documents are filed in document number sequence cross-referenced to the PO number. If the PO *cannot* be located in the file, contact your purchasing clerk for assistance.

405. Initiating corrective actions for discrepancies

It is very important for you to initiate correct action on shipment and packaging discrepancies immediately after they are discovered. You don't want the government to pay for items that were received in a condition or quantity other than expected. It is even more critical to resolve discrepancies on shipments that were ordered on an urgent basis. You don't want to have a patient or provider waiting for an item longer than necessary—besides it is poor customer service and goes against our logistics motto "Whatever it takes."

As stated in the previous lesson, make sure you annotate all discrepancies on the receipt document and place damaged materiel in segregated storage until you resolve the discrepancy. An overage or shortage in quantity shipped as well as obvious damage to an item is considered a discrepancy. Do

not report minor discrepancies such as typographical errors that do not constitute a misrepresentation of the property being shipped if you cannot reasonably expect the overall benefits to at least equal the administrative cost of processing a report.

Responsibilities for reporting discrepancies

Discrepancies can be the result of the shipper (vendor) or the carrier. The MLFC is responsible for reporting discrepancies caused by the shipper, including a manufacturer, vendor, or contractor. The transportation officer is responsible for reporting discrepancies caused by the carrier. Normally, the office with contracting authority that issued a purchase order has the responsibility for resolving discrepancies with that order. For example, if Medical Logistics wrote and issued a purchase, then the responsibility is theirs. The base contracting officer is responsible for training Medical Logistics personnel on the proper procedures to ensure the government is not unnecessarily obligated in the process of resolving a discrepancy.

Reporting discrepancies

As discussed above, there are two basic types of discrepancies: shipper and carrier. We will first go over the process for reporting these two types of discrepancies and then discuss PV and other discrepancies.

Shipper discrepancies

Shipper discrepancies are reported on an electronic Standard Form (SF) 364, Supply Discrepancy Report (SDR). Submit the SDR online via the DLA Troop Support website (https://www.medical /dla.mil/) The SF 364 is used for the following discrepancies:

- General Services Administration (GSA) or with shortages or overages regardless of dollar value.
- DLA shipments with shortages or overages regardless of dollar value.
- Shipments from LP vendors with shortages or overages regardless of dollar value. If the contract has an excess quantity clause, overages of $250 or less may be received according to the contract terms. This clause does not include duplicate shipments.
- Shipments containing classified or controlled items regardless of dollar value.
- Duplicate shipments or shipments or erroneous materiel or unacceptable substitutes, regardless of dollar value.
- Materiel received against a confirmed canceled requisition regardless of dollar value.
- Materiel received that was shipped by parcel post and not received or received in damaged condition regardless of the dollar value.
- When supply documentation is missing or improperly prepared regardless of dollar value.
- When materiel is invoiced or shipped to the wrong activity regardless of dollar value.
- When item technical data markings are missing or incomplete, regardless of dollar value.
- When the shipping documents and package labels show the same identity but the materiel itself is different. In this case, it is reasonable to assume the remaining stock at the shipping point may be erroneously identified and it is especially important to submit the SDR quickly.
- When repetitive discrepancies are observed or when conditions not listed here that affect the item’s serviceability, usability, or identification of an item are found at time of receipt regardless of dollar value.
- Report shortages and wrong item discrepancies discovered while opening a sealed vendor or shipper pack regardless of the dollar value. These reports must contain the contract number from the pack and, if available, the original document number. Report these discrepancies when discovered regardless of the date shipped or received.

Carrier discrepancies

The transportation management officer (TMO) reports carrier discrepancies on a SF 361, Transportation Discrepancy Report. Medical Logistics provides the information necessary to complete the forms on medical materiel shipments to TMO.

Prime vendor discrepancies

You must contact the PV to resolve discrepancies involving PV shipments. If you cannot resolve the discrepancy by working directly with the PV, contact the PV case manager at DLA. The case manager will work with both parties to resolve the discrepancy. You can find additional guidance on resolving PV discrepancies in your PV contract and the DLA PV desk reference website.

Other discrepancies

When you reject a shipment or any part of it, make sure you state the reason for the rejection in the remarks section of the applicable form. When you encounter shipper discrepancies other than those listed above, make sure you describe them and include recommendations for the desired corrective action in the remarks section of the form. You must submit a discrepancy report for lost shipments or those that you have not received within a reasonable length of time. To determine a reasonable length of time compare the ship times of similar shipments. In general, report lost shipments as follows:

- CONUS activities must report lost parcel post shipments within 45 days (90 days for overseas activities) of the shipping date.
- CONUS activities must report other lost shipments within 75 calendar days (150 days for overseas) of the shipping date.

406. Processing receipt actions

Up to this point, you have learned how to in-check, inspect, and safely store the items that are received. There is more! Now you need to be able to process the correct receipt transaction in DMLSS so the item is accounted for (on-hand in the computer) and available for issue to the customer.

The RECEIPTS module in the inventory management (IM) application enables you to process receipts, due-in adjustments, and cancellation actions. A typical function of the RECEIPTS module includes processing information after receiving an item from an SOS. To gather receipt information, you may either process the receipts manually on a PC or use wireless HHT. You can obtain the required information to process a receipt from the package or receiving document. Using this data, you can effectively receive supplies and process complete, partial, discrepant, or receipt not due-in transactions. The following paragraphs cover the receipt process in DMLSS.

DMLSS RECEIPTS window

To begin the receipt process, you can access the RECEIPTS window three ways:

1. Select NAVIGATE on the menu bar and click RECEIPTS, or
2. Select RECEIPTS from the horizontal tool bar, or
3. Use the DMLSS shortcut Ctrl+Shift+Del.

Once you access the RECEPTS window, you will notice that there are three tabs.

1. Search.
2. Search RFID (radio frequency identification).
3. Process Receipts.

The RECEIPTS window is the primary window you will use to begin the receipt process. Let us first look at the RECEIPTS SEARCH tab.

RECEIPTS SEARCH tab

None of the RECEIPTS SEARCH tab fields are mandatory. However, you must enter at least three characters in any search field. DMLSS will not allow you to run a blank search.

In the RECEIPT SEARCH window, you can search the database for active or inactive due-in items, delivery lists, and processed receipts. To search for inactive rather than active receipts, click on the ACTIVE SEARCH toggle button. The button's label will change to INACTIVE SEARCH and you can search for receipts not due in or already processed. Enter information into any field for specific searches and click search from the vertical toolbar.

PROCESS RECEIPTS tab

DMLSS will retrieve and display in the PROCESS RECEIPTS tab all the receipts that met the criteria you used in the SEARCH tab. Fields that you can update appear with a white background.

To process a receipt in the PROCESS RECEIPT tab, use the following steps:

1. Verify that the information on the packing label or shipping document is correct against the item data in the window.
2. Place a checkmark in the box under the PROCESS column for all items you wish to receive. If you want to process all receipts that are displayed, click on the CHECK ALL PROCESSES button to select the PROCESS checkbox for all of the items. If you change your mind, you can clear the PROCESS checkbox for all of the items by clicking on the UNCHECK ALL PROCESSES button. DMLSS automatically places a checkmark in the PROCESS field by default except for:
   (a) PV orders when the vendor has not provided an advanced shipping notification (electronic data interchange [EDI] 856).
   (b) Receipts for hazardous materiel. You must process receipts on hazardous materiel manually by placing a checkmark in the PROCESS box to continue.
   (c) Receipts that require a local contract number. You must load a contract number for the item to process. Click the DETAIL button on the vertical toolbar and enter the local contract number from the source document. Close the DETAIL window to update the contract information in the due-in detail. The receipt may now be processed.
   (d) Receipts for an item that is on the quality alert (QA) file. The message "An existing QA message exists for this item ID." Completion of this receipt process will not be permitted unless the user first reviews the QA record and selects/checks the box in the QA column next to the 'running man'" that appears when you try to process a receipt for an item that is on the QA file. You cannot process a receipt for this item unless you have inspected the item and selected the QA checkbox. Review the data and the item to ensure it does not meet the QA criteria and select/check the box to process the receipt.
3. DMLSS adds a checkbox under the pipeline time (PLT) column for all records that have exceeded pipeline delivery times (the time from order to receipt of the item) by plus or minus ten days. If you want to include this receipt from the pipeline average calculation, select the PLT checkbox. If you leave the checkbox empty, the time will not be included in the average pipeline calculation.
4. If you want to cancel part or all of a receipt, type the cancellation quantity in the CANCEL QTY field and verify that the receipt quantity is adjusted.
5. Click on the PROC RCPTS button on the vertical toolbar to process all the receipts with a checkmark in the PROCESS checkbox. DMLSS will process the receipts and provide you with options to print a DD Form 1155, as well as print backorders, barcode labels, or both. DMLSS returns to the PROCESS RECEIPTS tab when all receipts are processed.
6. Click the YES or NO in response to the print message.
7. In the BACKORDER RELEASE window, you will need to take one of the following actions:

(a) If you want to print the backorder list, click on the PRINT LIST button.

(b) If you want to print the receipt list, click on the PRINT RECEIPT LABEL button.

(c) If you want to print the barcode label for the selected item(s), click on the PRINT BARCODE LABEL button.

8. Click CLOSE.

To edit receipt information:

1. Search for the receipt record you want to edit.
2. From the search results, select a receipt record you want to edit.
3. In the RECEIPT SEARCH window, click DETAIL. The RECEIPT DETAIL window appears with the DETAIL tab defaulted.
4. Do one of the following:

If	Then
You want to change the Receipt Quantity	In the Receipt Qty field, type a different quantity.
You want to cancel all or a portion of the Receipt Quantity	In the Cancel Qty field, type the quantity to cancel.
You need to change the Status U/P (unit of purchase) Price	In the Status U/P Price field, type a new price.

5. Click Close and the RECEIPT SEARCH window SEARCH SUMMARY RESULT tab reappears.

The RECEIPT DETAIL window contains the following tabs:

- DETAIL tab. In this tab you can view and edit information about due-in and process receipts. Editable fields depend on the SOS origin for the order.
- STATUS tab. In this tab you can view all due-in statuses recorded in the system for the selected due-in and retrieve status descriptions. To retrieve receipt status descriptions, click on the DESC button on the vertical toolbar. The Process Code and Description will display in a pop-up window.

Processing a receipt for an item not due-in

A receipt not due-in situation usually occurs when you have previously cancelled a due-in or you receive overage quantities (excluding purchase card purchases) against an order. If you previously processed the receipt, you will have to search for the receipt information in the inactive receipts. To gain variations or overage quantities in DMLSS, you must:

1. Determine if you can use the overage quantity. If the order was for a one time requirement or linked to a customer, verify that the customer can use and pay for the item and update the customer due-out. If the item cannot be used, coordinate with the vendor for return of the item(s). Remember to reference the purchase information and invoice number on all documentation. If the product is for stock, ensure you have a level established in DMLSS or that you can retain the item in economic retention.
2. Search for the receipt record (only if you have previously processed the receipt). Open Inventory Management (IM) RECEIPTS and change the search from ACTIVE to INACTIVE. From the receipt documentation, enter the document number or purchase order information and click SEARCH on the vertical toolbar. DMLSS will then display the RECEIPT DETAIL window with the original receipt information with a quantity of zero.
3. Enter the additional quantity in the quantity field and place a checkmark in the PROCESS check box. When all information is updated, click the PRO RCPTS button on the vertical

toolbar. DMLSS will then prompt you to print a DD Form 250 and any backorder releases. DMLSS will write an RND transaction history to document the receipt.

You must follow slightly different steps to process a receipt not due in on an item that you have not previously processed a receipt on and is not due in. Again, make sure to research the reason why a due-in was not initially established prior to proceeding to the next step. Once you have accessed the RECEIPT SEARCH window, you can click on the RCPT NOT DUEIN button on the vertical tool bar to access the RECEIPT NOT DUEIN window. In this window you can create new orders and add additional items to current orders. Select the item ID for the item you want to process and type in the required information. Click on the PROCESS button on the vertical toolbar and click YES on the response to the save message. If there are any backorders, the BACKORDER RELEASE window will open and DMLSS will give you the options to review the information and print it if necessary.

Processing receipt discrepancies

When you process a receipt with a discrepancy, DMLSS uses the transaction quantity, receipt document quantity, current due-in quantity, and price to determine if the receipt is partial or complete. It also uses this information to determine if the discrepancy is a consequential or inconsequential overage or shortage. The supply source and dollar value of the discrepancy determine whether a discrepancy is consequential or inconsequential. You cannot process discrepancies against prime vendor SOS type code DLA prime vendor (DPV) items.

You can process a discrepancy for a due-in order, print a discrepancy report and add a note to the discrepancy in the DISCREPANCY DETAIL window. To process a receipt discrepancy:

1. Search for the receipt record you want to process as a discrepancy.
2. From the search results, select the receipt record you want to process.
3. Click on the DISCREPANCY button on the vertical toolbar to open the DISCREPANCY DETAIL window.
4. Type the discrepancy information in the required fields (field with red dots).
   a) Reason/Actions Taken: Explain the reason and actions for the discrepancy.
   b) At Fault: Attribute the discrepancy to the shipper or the carrier depending on the type of discrepancy.
   c) Discrepancy code: Select a code from the dropdown list. You can also view the codes by accessing the TABLE MAINTENANCE UTILITY (TMU) module in System Services.
   d) Action code: Select a code from the dropdown list. You can also view the action codes by accessing the TMU module in System Services.
5. Click the SAVE button on the vertical toolbar.
6. Click YES or NO in response to the print message.
7. Click CLOSE.

Consequential discrepancies

For consequential receipt discrepancies, DMLSS will automatically generate a receipt not due-in (RND) transaction for any receipt quantity overages. Meanwhile, a receipt quantity shortage will generate a due-in cancellation (DQC) transaction. These transactions build claims records for the discrepant quantity on the finance system. For overages, the claims record is used to generate payment for the additional quantity received. For shortages, the claims record is used to accept credit from the supply source.

Inconsequential discrepancies

For inconsequential receipt discrepancies, DMLSS builds a shipping discrepancy gain (SDG) transaction for the overage quantity or a shipping discrepancy loss (SDL) transaction for the shortage. These transactions are passed to finance to update financial inventory data but they do not build claims records.

Linked due-outs

Discrepancies involving due-in shortages, that also have a current fiscal year (FY) linked due-out, will result in the cancellation of the linked-due out. To counter this, DMLSS will automatically generate a reversal for the due-out cancellation (IOC) transaction. This action ensures the customer's requirement remains valid.

Printing a discrepancy report

You can print a discrepancy report from the DISCREPANCY DETAIL window after you have processed the receipt discrepancy by clicking on the DISCR REPORT button on the vertical toolbar. The DISCR REPORT button will not be available to you until you have entered a reason/action taken in the designated field.

Processing receipt reversals

You can reverse a receipt that you processed in error from the IM TRANSACTION HISTORY module. To reverse a receipt, enter the document number and click the SEARCH button on the vertical toolbar. To narrow the search, select additional data such as transaction type, user ID, item ID, and to and from transaction dates. Select the transaction from the list and click the REVERSE button on the vertical toolbar. Verify the reversal quantity and click OK. The receipt reversal process will reverse all backorder releases and the receipt. These transactions are reestablished in the due-in and due-out files. Transaction history will record the reversal action and create additional detail lines to reflect the reversal. Receipt reversals are identified with an "X" in the Reversal Transaction (Rev Txn) checkbox and in red colored text.

Self-Test Questions

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

404. In-checking procedures

1. Who is responsible for off-loading supplies from a carrier's truck?

2. How should you determine which items on a truck are for your facility?

3. Who should supervise the receipt of controlled items?

4. What should you do when discovering a damaged container while the carrier is off-loading it?

5. What should you do before signing the carrier's delivery list?

6. Which item types should be received first, if at all possible?

7. What should you do when an LP source does not include a packing list?

8. You are not required to open a standard or intermediate packaging container when what is clearly indicated on the outside?

9. What should you do if you suspect the contents of a package to be damaged?

10. Why should you *not* write on sterile packages with ink?

11. What three pieces of information should match when comparing received items to their packing list?

12. List the three different types of quantities that we work with.

13. What percentage of PV orders must be inspected to include verifying quantity, identity, and condition?

14. Which DMLSS document is used as the required receiving document?

15. PVs are required to deliver expiration dated products with a shelf life of at least how many months?

16. After completing the receiving documents, where should the material be placed if it is not an immediate backorder release?

405. Initiating corrective actions for discrepancies

1. Where should damaged material be placed while working to resolve the discrepancy?

2. What three factors constitute a discrepancy?

3. When should you *not* report minor discrepancies such as typographical errors?

4. Who is responsible for reporting discrepancies caused by the shipper, including a manufacturer, vendor, or contractor?

5. Who is responsible for reporting discrepancies caused by the carrier?

6. Shipper discrepancies are reported on what electronic form?

7. Shipments from LP vendors with shortages or overages should be reported if they exceed what dollar value?

8. What action does Medical Logistics take when TMO reports carrier discrepancies?

9. If you cannot resolve a discrepancy by working directly with the PV, who should you contact next?

10. CONUS activities must report lost parcel post shipments within how many days?

406. Processing receipt actions

1. The RECEIPTS module allows you to process what three actions?

2. Where do you obtain the required information to process a receipt?

3. List the three ways to access the RECEIPTS window.

4. What three tabs are seen in the RECEIPTS window?

5. How do you search for receipts that have already been processed?

6. What is the second step to processing a receipt, after you have verified the shipping document is correct?

7. If you want to process all receipts that are displayed, which button should you select?

8. If you want to clear the PROCESS checkbox for all items, which button should you select?

9. A checkbox is added under the PLT column for all records that have exceeded pipeline delivery times by how many days?

10. Which button do you select to process all items with a checkmark in the PROCESS checkbox?

11. When editing a receipt, what should you do if you want to change the receipt quantity?

12. When editing a receipt, what should you do if you need to change the status U/P price?

13. Which window is used to create new orders and add additional items to current orders that were not originally due-in?

14. What two factors determine whether a discrepancy is consequential or inconsequential?

15. You can process a discrepancy for a due-in order, print a discrepancy report, and add a note to a discrepancy in which DMLSS window?

16. What transaction will be generated for *consequential* receipt *overages*?

17. What transaction will be generated for *consequential* receipt *shortages*?

18. What transaction is generated for *inconsequential* receipt *overages*?

19. What transaction is generated for *inconsequential* receipt *shortages*?

20. How does DMLSS counter the cancellation of a linked due-out attributable to a due-in shortage?

1–3. Issue Procedures

After medical supplies are received and stored, there is one last step … issuing them to the customer. The distribution portion of the warehouse is responsible for picking the right stock from the shelves, at the right time, and delivering them to the right customer. In this section, you'll study the procedures related to pulling and delivering supplies to our customers and how to resolve related discrepancies.

407. Pulling, confirming, and delivering

Materiel issuing schedules are established based on the needs of the customer and your available resources. Become familiar with your custodians' ordering tendencies and the way they like to receive their supplies. The primary purpose of an issue schedule is to improve customer support by promoting a more efficient workflow pattern in Medical Materiel while also providing a predictable delivery pattern for the customer. The storage and distribution section uses DMLSS picklists and delivery lists to select the items that need to be pulled from the shelves and to determine where they need to be delivered to.

The issues process generally includes the following steps: (1) generating the picklist; (2) pulling the items; (3) confirming the picklist; (4) printing the delivery list; and (5) delivering the material.

Generating a picklist

To generate a picklist you will use the following steps:

1. Open the ISSUES window in the IM application.
2. Search for the customer's issues for which you want to generate the picklist.
3. From the search results, select the customer order.
4. Select GEN PICKLIST icon from the vertical toolbar.
5. Select how you want the list separated (e.g., storage area, location ID, cust ID).
6. Select the order you want the results sorted by.

The Break and Sort criteria allow warehouse personnel to process issues more efficiently. If you are creating one picklist to satisfy multiple customer orders, you may want to break by customer and secondarily by storage area or location ID.

DMLSS will notify you if any items will be backordered or canceled. The on-screen picklist will also show one of the following Action Indicator codes next to each item:

- P—Partial.
- I—Issue.
- C—Cancel.
- B—Backorder.

Pulling the items

After the picklist is printed, use it to pull and verify stock items located in the LOG storage locations. Go to the storage location and pull the stock. Use the space provided on the picklist, next to each item ID, to indicate the quantity pulled. If you are unable to locate the item annotate the quantity pulled as 0. After pulling all the required issues for a particular list, sign the picklist to indicate all items have been pulled.

After you finish pulling all of the items on the picklist, you must confirm the picklist actions in DMLSS to complete the process.

Confirming picklists

From the IM NAVIGATE menu, select ISSUES and click on CONFIRM PICKS. This opens the CONFIRM PICKLIST(S) window. Select the picklist that is being updated and click CONFIRM PICKS on the vertical toolbar. All picklists may be selected by clicking the SELECT ALL button on the vertical toolbar. The picklist information is displayed with the Picked Qty field highlighted for updates. Perform the following:

- If the actual quantity picked is equal to the issue quantity, leave the Picked Qty field empty.
- If the actual quantity picked is different than the issue quantity, type the actual quantity pulled in the Picked Qty field.
- If nothing is entered in the confirm picks window, DMLSS logic takes the position that all of the counts were correct.

After updating the window click the COMPL button on the vertical toolbar.

NOTE: If the quantity picked is less then the indicated issue quantity, it is considered to be a "Warehouse refusal". The quantity entered is released to the customer and then the item is locked. The lock prevents any further issue or receipt actions from being taken on that item. An inventory must be performed on the item, to verify the actual on hand balance, in order to clear the lock.

After the item is processed:

- If the item is in stock, DMLSS will process an ISS (Issue sale) transaction type to the customer.
- If the item is not in stock, DMLSS will generate an IOU transaction to the LOG (logistics) activity, indicating that a back-order requirement needs to be filled.

Printing the delivery list

The DELIVERY LIST is used to deliver the assets to the receiving customer. In IM, you can automatically print the delivery list as part of the confirm picklist process. A delivery list includes all of the items that are ready to be delivered to the customer such as confirmed picklist items and backorder releases. Printing the delivery list reduces LOG balances and processes an INR (nonroutine issue transaction) to the customer. Printing a delivery list updates the customer's estimated on-hand (EOH) quantities. All picklist items must be confirmed before you can generate a delivery list.

To print a delivery list, on the NAVIGATE menu, click on DELIVERY LIST to open the window, select a customer and click the PROCESS button on the vertical toolbar. A message box appears and asks, "Would you like to print the selected Delivery Lists?" Click YES to access the PRINT SELECTION window. If you click NO, you will receive the Action Pending item "Unprocessed Delivery Lists" in your IN BOX. To complete the process, click OK and DMLSS will return to the DELIVERY LIST window.

Delivering material to using activities

Segregate picked and confirmed items from regular stock and items awaiting receipt. Many activities will either place the items on a designated shelf or on delivery carts with the delivery list visable. Special storage items should remain in their special storage areas until delivery to the using activity. For example, flammable, refrigerator, or freezer items should be marked for their intented recipient and be pulled only when you are ready to deliver them.

If there are any refrigerated or frozen items included in the delivery inform the supply representative when you deliver supplies to an activity. These supplies should be returned to refrigeration immediately.

It may or may *not* be a requirement of your particular account to have customers sign for their issues. However, it is good policy to do so to prevent any misunderstanding. Regardless of whether the customer's signature is required, encourage customers to check their supplies for item and quantity

discrepancies. The final step is to give one copy of the picklist to the using activity. The activity can use this copy to identify issues and items on backorder. Send one copy to the acquisition management section to be filed in the permanent document file.

408. Resolving discrepancies

There will be times when you will have issue discrepancies or warehouse refusals. The term *warehouse refusal* identifies items that were processed for issue, but storage and distribution section personnel were unable to locate them when pulling issues using the picklist.When you cannot locate an item in its assigned storage area and location, as indicated on the picklist, you should initially check the immediate area around where the item should have been located. The item may not have been shelved in proper stock number sequence and could be in the general area, just out of place. If the item is not found, then you should indicate this on your picklist by annotating the actual quantity picked. If nothing was pulled, indicate this by annotating a zero in the Actual Qty column on the picklist; if a partial was pulled then indicate the actual number pulled. After confirming the picklist, an inventory exception will be generated and the item will be locked for inventory. Individuals with the proper privileges will receive an alert in the form of an IM Issue Exception notification in their DMLSS inbox.

Resolving inventory exceptions

The following steps should be followed first in an attempt to locate the missing item:

1. Look for the item in its normal shelf location and the immediate surrounding around.
2. Search other storage locations to determine if the items were misplaced (loose versus bulk, freezer versus refrigerator, or flammable storage).
3. Check the receiving area. The item may have been received but has not been placed on the shelf yet.
4. If you still cannot find the item, check the receipt document for any clues to the location of the item. Check with the person who received the item. Inquire the transaction history file to determine if a transaction processed in error. Also, review documents from the last physical inventory to determine if any overages and/or shortages might have caused the problem.
5. Contact the using activity to determine if they already received the item, prior to the issue cycle completing. The item may have been pulled without being issued properly.

Closing out the item inventory

After the item search has been completed, open the IM Issue Exception pending action in the IM inbox. Make sure the scope is set to IM, then select Enter Counts for INVENTORIES FROM ISSUE EXCEPTIONS. Finally, select the correct inventory number and then click Search. The physical inventory detail screen will open. This is the same screen used during annual operating inventories. Enter the actual quantity located. This includes any item that was *given* to the customer without being issued.

- If the same count is entered as the current DMLSS on-hand (O/H) balance, the inventory closes-out with no additional changes taking place.
- If the count is *less than* the O/H balance, DMLSS generates an inventory adjustment loss (IAL).
- If the count is *greater than* the O/H balance, DMLSS generates an inventory adjustment gain (IAG).

NOTE: If the second count does not match the first count from the original pick process, DMLSS prompts you to conduct a third count. If none of the counts match, it is recommended that another count be counducted off-line until at least two counts match.

If the inventory results in an increase or decrease to the DMLSS O/H balance or a third count is required, the Inventory Manager will need to process the Physical Inventory—Research Discrepancies screen and enter a final count and an adjustment reason. The inventory will then need

to be finalized using the Finalize Inventory action. Gains or losses will generate an inventory adjustment voucher (IAV) that will need to be signed by the MTF commander or administrator.

Generating inventory losses is a major event and should not be taken lightly by anyone. It is up to you to work with your supervisor to develop a plan to minimize the occurance of inventory exceptions. Some accounts conduct line by line inventories as they pick stock. Other accounts may prefer to conduct partial inventories through out the year, while others conduct one full inventory per year.

Self-Test Questions

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

407. Pulling, confirming, and delivering

1. Which two factors are used to establish materiel issuing schedules?

2. How does an issue schedule improve customer support?

3. List the five general steps included in the issue process.

4. Which window is used to generate a picklist?

5. Which vertical toolbar icon is used to create the picklist?

6. List the four picklist Action Indicator codes with each of their meanings.

7. The space provided on the picklist, next to each item ID, is used to indicate what?

8. When confirming the picklist, what should you do if the quantity picked is equal to the issue quantity?

9. If the actual quantity picked is different than the issue quantity, what should you type in the Picked Qty field?

10. How is a warehouse refusal lock cleared from an item?

11. Items that are ready to be distributed to the customer are listed on which document?

12. What should you do when delivering refrigerated or frozen material to an activity?

408. Resolving discrepancies

1. What should you do initially when you cannot locate an item in its assigned storage area and location?

2. If the item is not found after an initial search, what should you indicate on the picklist?

3. Which DMLSS inbox notification is used to alert personnel that an item has been locked for inventory?

4. Why should you contact the using activity if you cannot locate an item?

5. When closing out the inventory, what happens if the count is less than the O/H balance?

6. Inventory gains or losses will generate what document that needs to be signed by the MTF commander?

Answers to Self-Test Questions

401.

1. Type, quantity, dimensions, turnover, perishability.
2. General purpose with HVAC.
3. Vault/controlled.
4. Refrigerated (refer).
5. Space utilization and ease of access.
6. Consider going up; use vertical storage solutions.
7. DMLSS.
8. Stock number.
9. Loose issue stock.
10. Bulk stock.

402.

1. In secure storage.
2. Items that have a ready resale value or are highly desirable for personal use and are therefore subject to theft.
3. Items that require a higher degree of protection and control due to statutory requirements or regulations.
4. Ensure all doors and windows are secured.

403.

1. The type of item, type of storage required and the anticipated length of storage.
2. All sites must increase expiration date monitoring and vigilance.
3. Stock rotation.
4. FIFO.
5. Manufacture date.
6. Commingled.
7. Excessive heat, cold, sunlight, or moisture.
8. Type I.
9. FDA and SLEP.
10. On the last day of the previous month (31 Jan 14).

404.

1. The driver.
2. Compare the item's reference number/TCN, FM account number, and "ship to" address with the number listed on the carrier's shipping list.
3. Controlled items custodian.
4. Annotate the carrier's shipping document and get the signature of the carrier as an acknowledgment of the discrepancy.
5. Count the containers twice, and be sure you have received all you are signing for.
6. Special storage items.
7. Conduct a due-in search for the item.
8. Identity and quantity of the contents.
9. Open the container.
10. The ink may absorb through the plastic and compromise the sterile field.
11. Stock number/item identification, unit of issue, quantity shipped.
12. Ordered, Shipped, Received.
13. 100 percent.
14. DD Form 1155.
15. Six.
16. In its storage location.

405.

1. Segregated storage.
2. Overage or shortage in quantity shipped as well as obvious damage.
3. When you cannot reasonably expect the overall benefits to at least equal the administrative cost of processing a report.
4. MLFC.
5. Transportation officer.
6. SF 364, Supply Discrepancy Report (SDR).
7. Any.
8. Provide the information necessary to complete the forms on medical materiel shipments to TMO.

9. The PV case manager at DLA.
10. 45 days.

406.

1. Receipts, due-in adjustments, and cancellations.
2. From the package or receiving document.
3. Select receipts from the navigation menu or horizontal tool bar, or use Ctrl+Shift+Del shortcut.
4. Search, Search RFID, and Process receipts.
5. Conduct an INACTIVE search.
6. Place a checkmark in the box under the PROCESS column for all items you wish to receive.
7. CHECK ALL PROCESSES.
8. UNCHECK ALL PROCESSES.
9. Plus or minus ten days.
10. PROC RCPTS.
11. In the Receipt Qty field, type a different quantity.
12. In the Status U/P Price field, type a new price.
13. RECEIPT NOT DUEIN.
14. The supply source and dollar value of the discrepancy.
15. DISCREPANCY DETAIL.
16. RND.
17. DQC.
18. SDG.
19. SDL.
20. IOC reversal.

407.

1. Needs of the customer and your available resources.
2. By promoting a more efficient workflow pattern in Medical Materiel while also providing a predictable delivery pattern for the customer.
3. Generate picklist, pull items, confirm picklist, print delivery list, deliver material.
4. ISSUES.
5. GEN PICKLIST.
6. P—Partial, I—Issue, C—Cancel, B—Backorder.
7. The quantity pulled.
8. Leave the Picked Qty field empty.
9. The actual quantity pulled.
10. An inventory must be performed to verify the actual on hand balance.
11. The delivery list.
12. Inform the supply representative.

408.

1. Check the immediate area around where the item should have been located.
2. The actual quantity picked.
3. Issue Exception.
4. The item may have been pulled without being issued properly.
5. DMLSS will generate an IAL.
6. IAV.

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

Unit Review Exercises

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

1. (401) Which medical materiel storage factor involves placing fast moving items in more accessible areas?
   a. Perishability.
   b. Pilferability.
   c. Turnover.
   d. Type.

2. (401) Refrigerated storage space must maintain what temperature range?
   a. 0–10 degrees Fahrenheit (°F).
   b. 12–22°F.
   c. 32–43°F.
   d. 35–46°F.

3. (401) Which key principle should be a focus during the storage planning phase for medical materiel?
   a. Stock location.
   b. Space utilization.
   c. Vertical solutions.
   d. Difficulty of access.

4. (401) What is the most *common* method used to store loose issue items?
   a. Group like items together.
   b. Arrange by size and weight.
   c. Maintain in only one location.
   d. Place in stock number sequence.

5. (402) What term is used to define items that are highly desirable for personal use and are therefore subject to increased theft?
   a. Controlled.
   b. Pilferable.
   c. Restricted.
   d. Sensitive.

6. (402) What should you do if you observe an unescorted person in your medical materiel storage and distribution section?
   a. Alert security forces.
   b. Challenge the person.
   c. Detain the individual.
   d. Watch for suspicious activity.

7. (403) A very important part of quality assurance and item surveillance for medical materiel is
   a. resource protection.
   b. manufacture date.
   c. operating level.
   d. stock rotation.

8. (404) While in-checking a shipment, which items should be processed first?
   a. Expedited deliveries.
   b. Damaged parcels.
   c. Special storage.
   d. Prime vendor.

9. (404) What percentage of prime vendor (PV) orders need to be inspected during the receipt process?
   a. 25.
   b. 50.
   c. 75.
   d. 100.

10. (404) Items marked with expiration dates consisting of *only* a month and year expire on what day?
    a. Last day of the previous month.
    b. First day of the listed month.
    c. Last day of the listed month.
    d. First day of the following month.

11. (404) At a *minimum*, prime vendor (PV) items must have how many months of shelf-life remaining upon delivery?
    a. 1.
    b. 3.
    c. 6.
    d. 12.

12. (405) Who is responsible for reporting discrepancies attributable to the carrier?
    a. Base contracting.
    b. Transportation officer.
    c. Defense Logistics Agency.
    d. Medical Logistics Flight Commander.

13. (405) A supply discrepancy report (SDR) must be submitted for which of the following when an error is discovered?
    a. General Services Administration (GSA) overages greater than $250.
    b. Defense Logistics Agency (DLA) orders shipped by parcel post.
    c. Shipments containing controlled items.
    d. Only on items valued over $100.

14. (405) Who should you contact if you cannot resolve a discrepancy by working directly with your prime vendor (PV)?
    a. Air Force Medical Support Agency.
    b. Transportation management officer.
    c. Defense Logistics Agency.
    d. Base contracting officer.

15. (406) When processing receipts in Defense Medical Logistics Standard Support (DMLSS), which of the following does *not* receive an automatic check in the Process field?
    a. Hazardous items.
    b. Pilferable items.
    c. Items with a contract number loaded.
    d. PV items with advanced shipping notification.

16. (406) Defense Medical Logistics Standard Support (DMLSS) transactions will not be *automatically* included in a pipeline average if the new pipeline delivery time differs from the average pipeline time (PLT) by how many days?
    a. 3.
    b. 5.
    c. 7.
    d. 10.

17. (406) Which factor is used to determine if a discrepancy is consequential or inconsequential?
    a. End user.
    b. Dollar value.
    c. Item classification.
    d. Pre-existing need.

18. (407) The materiel issuing process typically starts with which step?
    a. Confirming the picklist.
    b. Generating the picklist.
    c. Printing the delivery list.
    d. Pulling the items.

19. (408) When closing-out inventories from issue exceptions, what Defense Medical Logistics Standard Support (DMLSS) transaction is made when the actual count is *less than* the on-hand (O/H) balance?
    a. IAL.
    b. ISU.
    c. RND.
    d. SFL.

Please read the unit menu for unit 2 and continue ➔

Student Notes

Unit 2. Warehouse Special Actions

IN THIS UNIT WE DISCUSS THE UNIQUE OPERATIONS that Medical Materiel warehouse personnel typically manage. Warehouse personnel monitor and resolve certain pending actions, repack first aid kits, handle hazardous materials, and manage and store medical gasses. Additionally, personnel assigned to the warehouse must be able to identify, receive, store, handle, deliver, and inventory controlled medical items, to include precious metals. This unit will cover these additional special actions as they apply to the medical warehouse and you.

2–1. Warehouse Special Actions

The materiel warehouse does much more than storage and distribution, they are responsible for numerous additional operations. These additional responsibilities include monitoring pending actions which affect customer accounts, maintaining first aid and survival kits, processing and documenting hazardous material actions, and maintaining the MTF's supply of medical gas cylinders.

409. Maintaining Customer Area Inventory Management and Customer Support pending actions

There are two main DMLSS applications designed for customer support: Customer Area Inventory Management (CAIM) and Customer Support (CS). One of the primary objectives of Medical Logistics is to provide outstanding materiel and services support to the using activities. As such, the different applications of DMLSS are designed to facilitate achieving this objective. The two main DMLSS applications designed for customer support are CAIM and CS. The tasks you can accomplish within each DMLSS application are so numerous that DMLSS is designed to assist you by monitoring, identifying, and alerting you to potential errors with each task. These errors, if left uncorrected, can reduce MTF customer support effectiveness. DMLSS is designed to alert you to potential errors through a series of messages referred to as *pending actions*. In this lesson, we will be looking at the pending actions that are used in the CAIM and CS applications.

Customer applications

CAIM enables the customers to identify materiel required for patient care and clinical support by providing automated support for requesting materiel, physical inventory, ordering, storage, transfer, receipt, and tracking of patient care related materiel up to the point of use. CAIM is primarily used by supply custodians for ordering medical supplies. CS provides MTF personnel with a convenient and efficient means of managing requests for materiel and maintenance work. In CS, you can search extensively for products in the database and retrieve detailed data on pharmaceutical and medical/surgical items, including pricing information. You also have online ordering capabilities if you have the appropriate privileges. In addition, CS lets you create, submit, and monitor facility work order requests primarily used by property custodians to manage section resources, for expense center oversite, and to submit new item requests (NIR).

Pending actions

These messages are posted in each application's INBOX and require you to manually review them and take corrective action. In most cases, DMLSS will not complete certain tasks until you access and correct the pending actions. You must have pending action privileges to view/access pending actions from the INBOX for the particular action(s) assigned. The pending actions are assigned to specific users in DMLSS System Services–User Privileges.

Supply custodians must be assigned the pending action privelege and the applicable pending actions. They should then be trained on how to monitor their DMLSS inbox and when they must take action.

Monitoring the INBOX

The INBOX opens automatically when accessing the CAIM/CS modules as a customer and only if there are pending actions for the user to complete. The pending actions are listed by the as of dates. The user can also access the INBOX by selecting UTILITIES from the top horizontal menu bar and clicking on INBOX.

You must review and work the pending actions in the INBOX daily to ensure customer areas are managed properly. To initiate a process or report, click on the "running man" JUMP TO icon located at the bottom of the window or double click on the pending action message. Make the appropriate changes as required and save the actions to complete the process. You can also print any reports as needed. When you complete a process, close the window to return to the INBOX. If the pending action does not auto-delete upon completion, you may delete them as long as your have completed the required actions. The INBOX may be closed or left open while in the module.

Processing pending actions

The following table lists several of the pending action messages that can appear in the INBOX, the cause of the action, and a suggested resolution. Refer to Air Force Manual (AFMAN) 41–216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*, for a complete list of DMLSS pending actions. When you select a pending action message in the INBOX, click the JUMP TO button and DMLSS will jump to the related record.

Pending Actions		
Message	**When/Why DMLSS Produces this Message**	**How to Resolve this Message**
Customer Restrictions	This pending action is created if a customer attempts to order an item that they are not authorized to order.	Users cannot order an item they are not authorized to obtain.
Item Has Been Marked For Deletion Check W/Supply	DMLSS produces this pending action notification when an item has been marked for deletion at the MTF/LOG catalog level.	Users should use this information to research and seek an alternate item, if applicable, to replace the item being deleted.
Replenishment Exception	Posted as a result of processing a replenishment inventory in either batch or "RF" HHT mode.	The system will provide a message in the remarks field indicating why an item ID/s failed during the replenishment process. Often caused by invalid bar code labels being scanned.
Unexecuted Orders	DMLSS typically generates an "Unexecuted Orders" pending action message during the end of period (EOP) processing cycle when a CAIM customer performs a replenishment action but does not complete the Build/Process/Submit (BPS) process.	Upon launching the Pending Action, the user can complete the BPS process and/or correct the exception situation which caused the order to fail in execution.
Unprocessed Delivery List	The system produces this message if a CAIM SOS has completed a "Picklist" but does not print the associated "Delivery List."	Upon launching the Pending Action, the user has the option to choose which delivery list they wish to finish printing.

410. Maintaining medical first-aid kits

One of your many duties in the storage and distribution section is to inspect and maintain first-aid and survival kits. In this lesson, we'll discuss the management and authorization information pertaining to first-aid and survival kits. We'll also discuss some procedures for ordering, inspecting, and repackaging kits.

Management and authorization

The proper management of the first-aid and survival kits is just as important as managing WRM. First-aid and survival kits are similar to WRM in that you must maintain the items in a ready-state for either a deployment or contingency.

Guidance

Technical order (TO) 00–35A–39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*, is the primary publication concerning the management of medical kits. This publication offers directions and specifications for repackaging kits, including a list of components and/or modules for certain kits. TO–00–35A–39 also contains a cross-reference of the stock numbers for each kit to the applicable allowance standard (AS), which lists activities authorizing the issue of first aid and survival kits.

Authorization

Various organizations on base are authorized first-aid or survival kits because of the nature of their mission. Security forces, aircraft maintenance, and flying squadrons fall into this category. In addition to the authorizations in the following table, various USAF technical orders list one or more of these kits for installation in aircraft, survival kits, or other major items. Organizations requiring medical kits not specifically authorized by the current AS should cite the appropriate TO as the authority for issue.

Authorized First Aid Kits	
National Stock Numbers (NSN)	**First Aid Kit Item Description**
6545-01-528-6546	First Aid Kit, Individual (IFAK)
6545-01-530-9451	First Aid Kit, Individual Air Force Special Operations Command (AFSOC) **NOTE:** For AFSOC Personnel Use Only!
6545-01-534-0779	First Aid Kit, General Purpose
6545-01-533-7043	First Aid Kit, General Purpose, Aircraft Panel Mounted
6545-01-534-0894	First Aid Kit, Survival (E&E)
6545-01-526-0423	First Aid Set, Mass Casualty
6910-01-526-9455	Self-Aid Buddy Care Instructor Training Kit (SABC)

Shelf Life Items Requiring Periodic Replacement		
Item	**NSN**	**Shelf Life**
Combat Gauze	6510-01-562-3325	3 Years
Minor Module	6545-01-525-9849	3 Years
Trauma Module	6545-01-525-9847	5 Years

Normally, requests for initial issues or replacement kits are submitted directly to the MLFC. Before the request is approved, Medical Materiel personnel should verify the TO or AS. If the requesting unit is not authorized per any TO or AS they may request special authorization. The MTF commander may grant special Equipment Balance/Authorization, based on allowance source code (ASC) 041 authorization. There are several factors the MTF commander must consider, such as the availability of other medical services and supplies. If medical assistance is only minutes away, a medical kit may *not* be required.

All medical kits are designed for a specific purpose and use. They must *not* be modified, disassembled, issued, or used in any manner not prescribed in accordance with the guidance. In nonemergency situations, medical kits must *not* be used when other medical services and supplies are readily available. The kits need to be ready and completely assembled for their intended purpose.

Inspection and repacking

Using activities are responsible for inspecting kits in their possession periodically. This inspection is to ensure the kits have not been opened, used, or exposed to an environment hostile to the kit. Kits that have been opened or have the outside appearance or indication the contents may be damaged must be turned in to Medical Logistics for inspection and quality control. Using activities are limited to an external inspection of the container and seals of the kits only. Only Medical Logistics personnel can remove the AFTO Form 104, First Aid/Survival Kit Inspection Certification or DD Form 1574, Serviceable Tag–Materiel.

Medical Logistics will normally inspect medical kits listed in the TO every 36 months or when:

- a kit or one of its components is suspended, or
- a using activity turns the kit into Medical Logistics in accordance with the TO.

Medical Logistics personnel will do the following *minimal actions* during the inspection of kits:

- Ensures kits are properly marked in accordance with the TO.
- Replaces all expiration-dated items that have less than 36 months of remaining shelf life when possible. If not possible, the NEXT INSPECTION DUE AND/OR OVERAGE DATE annotated on the serviceability tag will be that of the component with the shortest expiration date or shelf life.
- Ensures the contents of the kit are complete and serviceable.
- Replaces subsistence item with items that have a later manufacture date.
- Ensures a list of contents and dosage instructions for federal supply class 6505 items are included in the kits.
- Ensures Defense Logistics Agency Regulation (DLAR) 4155-37, Medical Quality Control Storage Standards, is used as a reference in the inspection of kits and components.
- Replaces or withdraws component items deleted through normal supply action from the kits during the next normally scheduled inspection cycle.
- Replaces the kit if the case or all of the components are unserviceable.

Medical Logistics personnel are required to identify and report possible abuse of first aid kits or its components to the MLFC, unit, and MTF commanders. As mentioned previously, if the kit or all of its contents need to be replaced, the using activity will be charged for the replacement kit.

The repacking of the kits after inspection is unique to each type of kit because of its purpose and contents. For example, the components of a survival kit must be enclosed in a waterproof enclosure. Medical Logistics personnel must use polyethylene bags to seal the replacement items that are not sealed in a primary plastic or aluminum enclosure. Refer to the TO under the respective guidance for a kit for specific instructions on the repacking process. After you inspect and repack a kit, the next step is to prepare the appropriate labels and tags.

Prepare and affix serviceability tags

The only authorized document used to identify the serviceability of medical kits is the DD Form 1574. The DD Form 1574 is affixed to the kit by passing a thin plastic break-away seal through the tag's reinforced eyelet and then through the kit's fastener to prevent tampering. The table below shows the various forms that must be affixed to first aid kits. The DD Form 1574 is attached to all kits *except* for the Survival, Escape and Evade kit (6545-01-534-0894). The form should indicate the

date the next inspection is due or the overage date. Also, enter the inspection activity, which is the location of the materiel account. Finally, the individual inspecting the kit must sign and date the form.

411. Processing Hazardous Materials Pharmacy requirements

The purpose of the Hazardous Materials Pharmacy (HMP) is to provide Air Force installations with a standard way to monitor the procurement and use of hazardous materials (HM) and comply with environment, safety, and occupational health (ESOH) requirements. The HMP is tasked by the HMP Implementation Plan to minimize HM on base and to track it from the time it is requested through its final use or disposition. The responsibilities of the HMP also include those identified by the base environmental manager (EM) and Bioenvironmental Engineering Squadron (BES). The HMP must review, validate, and approve all requests for HM and ozone depleting substances (ODS). Items applied directly to a patient for medical purposes are exempt from this particular process.

Using activity ordering process

Before submitting a new request, using activities should identify HM by type (flammable, corrosive, reactive, toxic, radioactive, antineoplastic (chemotherapy drug). Coordinate with the BES to certify that the new items are the least hazardous available to do the job and ensure workplace users have been properly trained and equipped (HW receptacles and protective gear) to use the item. The using activity is responsible for obtaining the necessary health and environmental authorization from the base HMP.

HM authorization process

The authorization process is documented on an AF Form 3952, Chemical/Hazardous Material Request/Authorization, and establishes a standardized procedure for requesting and authorizing HM through all sources of supply. The work area supervisors use the AF Form 3952 to initiate a request for HM. This detailed request provides information to support the hazardous materials management plan (HMMP). Authorized requests are entered into the defense environmental security corporate information management (DESCIM)-approved HM tracking system. This system is used to create an authorized users list (AUL) for the HM item. HM will not be procured or issued unless the authorization for the user appears on the AUL. The requesting activity must maintain copies of their completed AF Forms 3952. The approval process includes BES, the base HMP, and Medical Logistics.

Medical Logistics review process

Medical Logistics personnel review available research tools prior to establishing a medical HM requirement. Take all new item requests that have been verified as HM or have a federal supply class (FSC) contained in Federal Standard 313c, Material Safety Data, Transportation Data and Disposal Data for Hazardous Materials Furnished to Government Activities, to BES for their review and verification. Cross-check items against the most current data maintained in DMLSS to determine if an “H” (hazardous) notes code is assigned. Also check the item against ESOH-Management Information System (MIS) for pre-existing records. If required, users should ensure the item has a HAZMAT (harzardous materials) code of “Y” loaded in the MTF catalog, as well as the appropriate MTF restriction and destruction codes for each hazardous item.

There are four hazardous material codes (shown in the following table).

Hazardous Material Codes	
HAZMAT Code	**Description**
D	Hazardous, no Hazardous Materials Identification System (HMIS) information.
N	Non-hazardous.
P	May be hazardous, no HMIS information.
Y	Hazardous.

The MTF restrictions tab lists any restrictions placed on the item. The restrictions include a code with an associated description.

MTF Restriction Code	
Code	**Description**
B	Corrosive or poison.
C	End item containing one or more component items that are coded “R”.
D	Antineoplastic (chemotherapy) drug.
F	Subject to change by freezing.
G	Require refrigeration 2–8 degrees Celsius.
H	Hazardous.
I	Flammable or oxidizing.
J	Subject to pilferage control/items not controlled.
M	Potential recoverable precious metal.
Q	Drug Enforcement Administration (DEA) Class III, IV, or V substances and other items requiring security storage.
R	DEA Class II substances and other items requiring vault storage.
W	Must be frozen for storage.

Processing HM receipt

Upon receipt of HM, inspect the condition of the container to ensure it is sealed and in good condition. If damage or leaks are apparent, do not accept the materiel from the shipper. If the shipper has departed, exercise the Medical Logistics Emergency Spill Response Plan, don protective clothing, and proceed with spill clean-up according to the spill clean-up plan.

Verify that the labeling and markings on each container agree with the manifest or shipping document. Ensure the MSDS is on hand or in the container. If HM is received which was not previously identified to receiving personnel as HM, consult the MSDS for handling procedures, update the appropriate catalog record in DMLSS to identify the item as hazardous, and provide a copy of the MSDS to BES. Handle items according to MSDS information. If an MSDS cannot be located, segregate HM in a safe location and contact the source of supply and BES for assistance.

ESOH-MIS generated barcodes are affixed to each item for accountability.

Issuing HM

When breaking down containers to smaller units of issue, ensure proper HM labeling is present on all units of issue (unit containers, intermediate containers, and exterior packs). The supplier should have included labels in the original container or the information can be found in the HMIS. Include the following on each label:

- Product trade name.
- National drug code (NDC) or part number.
- Batch or lot number.

Labels must also include manufacturer’s name, date of manufacture, emergency telephone number, and applicable shelf-life information. Do not deface the HM label information. It is against the law and carries severe penalties.

Segregate incompatible items to ensure safe delivery by reducing the possibility of dangerous chemical reactions. Follow base HM transportation requirements when transporting HM on base, and federal, state, and local transportation regulations and laws for transporting HM off base. For additional information contact the TMO.

412. Identifying medical gas types

Some type of medicinal gas is always in use at each MTF within the Air Force. In many cases, medicinal oxygen is piped from a central bank within the facility to patient areas throughout the facility. This is commonly called bulk oxygen. In addition to bulk oxygen, many facilities use bottled medicinal gases or cylinders as a backup in emergency situations. If you have not seen your medical gas storage area, this is a good time to ask for a tour.

Terms

In the following pages, you may be unfamiliar with with several terms that are used. So, before you proceed, take time to learn these terms and their definitions.

Cylinder

A compressed gas cylinder is a pressure vessel designed for the storage and transportation of a compressed gas at pressures higher than 40 pounds per square inch absolute (psia), or 25 pounds per square inch gage (psig).

Compressed gas cylinders in use by DOD activities and other government activities are three basic types:

1. High pressure.
2. Low pressure.
3. Low pressure for gas in solution.

High-pressure cylinders are those marked with a service pressure of 900 psig (6,200 kilopascal (kPa) or greater and low pressure cylinders are marked with a service pressure of less than 900 psig (6,200 kPa).

The cylinders used throughout DOD that are managed by DLA are identified by the Department of Transportation (DOT) specifications 3, 3A, 3AA, 3AL, 4, 4A, 4AA, 4B, 4BA, 4BW, 8, and 8AL. In most instances, depending on product and application, cylinders of a given basic type are interchangeable. You are most likely to come in contact with DOT 3A, 3AA, 4B, 4BA, and 4BW are the types of cylinders.

Compressed gas

A compressed gas is any material or mixture having, in the container, an absolute pressure exceeding 40 psia or 25 psig at 70º F.

Flammable gas

Flammable gas means any material that is a gas at 20º C (68º F) or less and 101.3 kPa (14.7 psia) of pressure which—

- Is ignitable at 101.3 kPa (14.7 psia) when in a mixture of 13 percent or less by volume.
- Has a flammable range at 101.3 kPa (14.7 psia) with air of at least 12 percent regardless of the lower limit.

Gas poisonous by inhalation

A gas poisonous by inhalation means a material that is a gas at 20º C (68º F) or less and 101.3 kPa (14.7 psia) of pressure (a material which has a boiling point of 20º C (68º F) or less at 101.3 kPa (14.7 psia) which—

- Is known to be as toxic to humans as to pose a hazard to health during transportation.
- In the absence of adequate data on human toxicity, is presumed to be toxic to humans.

Cryogenic liquid

A cryogenic liquid means a refrigerated liquified gas having a boiling point colder than –90 ºC (–130º F) at 101.3 kPa (14.7 psia). It must be super cooled (refrigerated) for it to condense into the liquid state. It is sometimes referred to as *a refrigerated liquid*. An example of this type of material is

partially described as “oxygen, refrigerated liquid.” Gases meeting these characteristics would be gases such as oxygen, nitrogen, argon, helium, and hydrogen.

Inert

Inert defines the type of compressed gas that is not flammable, corrosive, oxidizable, or poisonous and is essentially chemically inactive. Gases such as helium and nitrogen are considered inert.

Oxidizer

The term “oxidizer” defines a compressed gas that readily yields oxygen to stimulate the combustion of organic matter.

Pounds per square inch absolute. The abbreviation for pounds per square inch absolute is psia. This is gage pressure plus the atmospheric pressure of 14.7 psi.

Pounds per square inch gage

The abbreviation for pounds per square inch gage is psig. This is the pressure indicated on the pressure gage which represents the pressure above atmospheric.

Residue

Residue is the material (compressed gas) remaining in a cylinder after its contents have been exhausted to the maximum extent practicable and before the cylinder is either refilled or cleaned of HAZMAT and purged to remove any hazardous vapors.

Service pressure

Service pressure (also called working pressure) is defined as the authorized fill pressure of the compressed gas cylinder. This will be a numeric value immediately following the DOT specification stamped into the shoulder, head ring or foot ring of the cylinder. For example, for cylinders marked “DOT 3AA2265,” the service pressure is 2,265 psig. This is the predetermined pressure to which the cylinder is authorized to be charged at a stabilized temperature of 70º F.

Temperature limits

The temperature of 130º F is cited in Title 49 Code of Federal Regulations (CFR), §173.315, Compressed Gases in Cargo Tanks and Portable Tanks, as the upper temperature limit to be used for calculating when a cylinder will become liquid full, and in the definition of a compressed gas. This temperature has been determined to be the maximum temperature normally encountered during the transportation and storage of compressed gases.

United States Pharmacopoeia (USP) is a scientific nonprofit organization that establishes many standards, one of which includes those standards that govern the purity of medicines.

Gas types and identification

Air Force Joint Manual (AFJMAN) 23–227(I), *Storage and Handling of Liquified and Gaseous Compressed Gasses and their Full and Empty Cylinders,* and Military-Standard (MIL-STD)–101B, *Color Code for Pipelines and Compressed Gas Cylinders,* outlines the responsibilities for painting the proper color-code, recertification/hydrostatic testing, valve replacement repairs, and interior cleaning when required. Also included in the manual is general guidance on inspection, storage and handling, maintenance, safety precautions, and preparation for disposal action.

Cylinder colors

All personnel who handle or use compressed gas cylinders must be familiar with the purpose of color-coding cylinders to the requirements of MIL-STD–101B. These colors are specific to the DOD and may vary between regions when using commerical sources. Color-coding is provided as a hazard warning and should be used with other characteristics such as physical size, valve outlet connection, nomenclature stamped on the valve, nomenclature stenciled on the cylinder, the type, and the service pressure of the cylinder to identify the contents of the cylinder. The appearance of any of the

following six colors on the body or top or as a band(s) on compressed gas cylinders shall serve as a general hazard warning and will not be used as the sole means of identification:

Cylinder Hazard Color Codes	
Color	**Meaning**
Yellow	Flammable.
Brown	Toxic and poisonous.
Blue	Anesthetic and harmful.
Green	Oxidizer.
Gray	Dangerously high pressure and an asphyxiant.
Red	Fire protection (i.e., fire extenguisher).

If there is any doubt as to the contents of the cylinder, DLA or your local commercial vendor should be contacted immediately and the cylinder should be stored as a poison gas until the contents are verified. Cylinders that have a background color of yellow or black will have the markings stenciled in black. Cylinders with a background color of brown, black, blue, gray, or green will have the markings stenciled in white.

The following chart shows the hazardous color-code for the cylinders of the most commonly used gases. *Remember that the color does not denote contents, rather the type of hazard present*.

Cylinder Hazardous Color Codes for Most Commonly Used Gases				
Gas	**Top "A"**	**Band "B"**	**Band "C"**	**Body**
Carbon dioxide, USP	Gray	Gray	Gray	Gray
Helium-oxygen mixture	Buff	White	Green	Green
Nitrous oxide	Blue	Blue	Blue	Blue
Oxygen, medical	White	Green	Green	Green

Initial requirements for filled cylinders

In most cases, the initial requirements for filled cylinders are requisitioned by medical materiel from DLA. These same cylinders are used to obtain replacement gas from commercial vendors. Cylinders should not be rented long-term from commercial vendors.

Safety requirements

When working with or around these gases, safety must be uppermost in your mind. Most cylinders are equipped with a valve and screw-on-type safety cap protecting the valve. This safety cap should remain on the cylinder at all times, except when the cylinder is in use. Fire is always an acute hazard. Neither smoking nor any type of spark or flame is allowed near medicinal gases. Handle cylinders gently when moving them. Never drop a cylinder or bang it against another object. Anytime a cylinder is moved, even if only on a two-wheel hand truck, always use a chain or cargo strap to secure the cylinder. The primary danger associated with a falling cylinder is breaking the valve or other parts of the tank, causing pressure to be released. Depending on the amount of pressure in the cylinder when this occurs the cylinder becomes an unguided missile, reaching speeds up to 250 miles per hour.

Moving cylinders

The following guidelines will be observed in moving cylinders from one location to another:

- Do *not* roll, drag or slide cylinders. Where practical, use a suitable hand truck, fork truck, or similar device with chains or straps used to secure the cylinders. One cylinder at a time may be tilted at a slight angle and rolled on its bottom edge a short distance to and from a filling or dispensing manifold and to and from a staging area within the filling plant or using facility.
- Do *not* allow cylinders to drop or strike violently against each other or other surfaces.

- Do not lift cylinders by the safety cap. The flange that holds the cap on is only peened in place and may not hold the whole weight of the cylinder.

413. Storage and testing of medical gasses

The ideal storage area for medicinal gases is in a separate building or cage outside the medical facility that provides physical protection for the cylinders. If this is not feasible, store the cylinders upright in an area next to an outside wall on the ground floor of the facility. You must segregate compressed gases into three primary groups by their hazard class or division.

Compressed Gas Groups
Group I – Transportation Hazard Class or Division (2.1) (FLAMMABLE)
a. Flammable gas b. Flammable gas, corrosive
Group II – Transportation Hazard Class or Division (2.2) (NONFLAMMABLE)
a. Nonflammable gas b. Nonflammable gas, oxidizer c. Nonflammable gas, corrosive
Group III – Transportation Hazard Class or Division (2.3) (POISON)
a. Poison gas b. Poison gas, flammable gas c. Poison gas, oxidizer d. Poison gas, corrosive e. Poison gas, corrosive, oxidizer f. Poison gas, oxidizer, corrosive

Types of storage

You must follow certain storage requirements depending on the type of storage you are using. There are four types of storage you may encounter.

Storage in buildings and rooms with other commodities

This type of storage is defined as the storage of limited quantities of compressed gases in cylinders in the same room or bay of a building but physically separated by a specified minimum distance from incompatible compressed gases, flammable liquids, or incompatible materials. As a general rule applicable to cylinders and small liquified gas tanks, separation of at least 20 feet (6 meters) is considered appropriate for incompatible gases and materials. An alternative separation is to provide a noncombustible barrier with a fire resistance rating of at least 2 hours, constructed 5 feet in height for cylinder standing on the floor, or a height equal to the height of a stack of cylinders that are palletized and stacked more than one tier high. A minimum distance of 1 foot shall be maintained between the barrier and the cylinders in storage.

Storage in separate rooms without other commodities

This type of storage is defined as the storage of compressed gases contained in cylinders in the same building but isolated in a separate room from incompatible materials and gases, flammable liquids, or materials.

Storage in separate buildings without other commodities

This type of storage is defined as the storage of compatible compressed gases contained in cylinders in a separate building or structure located a specified safe distance from all other structures and equipment except those housing operations related directly to the production of the stored gases.

Outside open improved storage areas

Outside open improved storage areas are defined as designated, improved, and secured areas that will protect cylinders from physical and environmental damage and tampering from unauthorized personnel. The cylinders must be stored above ground on a raised concrete slab or other means that prevent their contact with the ground. The area should be covered with a fixed noncombustible canopy that will provide protection from inclement weather and the direct rays of the sun. Storage areas must be kept free of all weeds and all flammable and incompatible materials.

General storage requirements

Separate stalls or cubicles should be available for each type of gas. The walls of these cubicles or stalls should be made of concrete or cinder blocks. The storage area should be kept cool and cylinders should *not* be stored in direct sunlight. The reason for this safety concern is that increased temperature may cause overheating. The cylinder valve stem may rupture because of increased cylinder pressure caused by storing the cylinder in direct sunlight. A ruptured valve stem can cause a fire or explosion, or both. To prevent cylinders from falling over, medical cylinders should be stored upright and secured by a chain or cargo strap of sufficient strength. The storage area should be marked with appropriate identification and warning signs, including sufficient NO SMOKING signs.

The following guidelines are provided to assure safe storage of cylinders.

- Full and empty cylinders shall be stored in separate locations, in a manner that will allow cylinders with the oldest test date to be removed first with minimal handling of other cylinders. Cylinders shall be further segregated as necessary by Condition Code classification.
- Separate storage rooms or enclosures and separate cylinder storage buildings shall be well ventilated and dry. Temperatures within storage buildings or enclosures shall not be allowed to exceed 125º F (54.4º C) at the maximum height of the cylinders either standing on the floor or palletized and stacked.
- Outside open improved storage with no protection from the direct rays of the sun, where the surface of a cylinder could exceed 125 º F, shall be limited to use with empty cylinders or full cylinders containing only nonliquified compressed gases.
- All cylinders, regardless of their location, shall be protected from continuous dampness and shall not be stored near salt and other corrosive chemicals or fumes. Resulting rust or corrosive action will deteriorate the cylinders and their accessories to a condition that will create a safety hazard or cause the cylinders to become unusable.
- Cylinders that cannot otherwise be secured shall be bound together in groups of three or more to reduce their capability of being knocked over.
- Cylinders equipped with valves but without either provisions for a valve protection cap or a protective collar shall be stored and secured in a position that will protect the valve. If they are stored horizontally, protection will be provided to prevent anything from coming in contact with the valves. If they are stored vertically, they will be secured from tipping over and hitting the valve against something.

Special requirements for oxygen cylinders

In addition to the safety/storage requirements discussed earlier, certain other procedures are required for oxygen cylinders. A DD Form 1191, Warning Tag for Medical Oxygen Equipment, must be attached to each oxygen cylinder. The DD Form 1191 is a three-part tear-away tag that is used to indicate *Full*, *In-use*, and *Empty* status of the tank. This requirement can be included in the contract for refilling oxygen cylinders or may be assigned to MTF personnel who receive the oxygen cylinders from the servicing oxygen supply vendor. In addition to these requirements, the following are storage provisions pertaining specifically to flammable gases such as oxygen:

- Adequate portable fire extinguishers (carbon dioxide or dry chemical) shall be available for fire emergencies at storage installations.
- "No smoking" signs shall be posted around the storage area of buildings and at the entrance to special storage rooms.
- A flame shall not be used for detection of flammable gas leaks. Combustible gas indicators, soapy water, or other suitable solutions shall be used.

Medical bulk liquid oxygen

As we stated earlier, many MTFs use bulk liquid oxygen. Bulk liquid oxygen is stored in large storage containers sometimes called LOX (liquid oxygen) tanks. The concentration and amount of bulk liquid oxygen is tested, validated, certified and documented at the time of delivery to your MTF. Each LOX storage container should be equipped with an outlet that allows access for testing the purity of the oxygen. Purity testing determines the quality of oxygen by measuring the degree of nonoxygen contaminants.

Each medical materiel account MTF that has a liquid oxygen storage container is required to maintain written procedures specifying the steps for receipt and storage of bulk liquid oxygen. The MTF commander designates the individuals who are responsible for the receipt of liquid oxygen and for documenting the concentration of the liquid oxygen. This individual documents the results of the oxygen analysis and the name of the individual accepting delivery. To support medical claims, maintain this information on file for two years from the date of the receipt and testing.

Please do not attempt to perform purity testing without the proper training from your trainer. Only individuals who have been designated and have received training in the use of the oxygen analyzer are responsible for monitoring liquid oxygen deliveries. Normally, your MTF commander specifies what steps are to be taken and who must be notified if at the time of delivery the oxygen concentration is less than 95 percent.

Testing/requalification of cylinders

You must ensure all oxygen cylinders are hydrostatic tested every five years, but only after becoming empty. Each time a cylinder is requalified, the date of test or inspection, indicating the month and year, is stamped into the shoulder, collar, or foot ring of the cylinder with a steel stamp. This date is used to determine the next scheduled requalification date. The dates of all previous tests remain on the cylinders also. Requalification (inspection, hydrostatic testing, and physical reconditioning) of compressed gas cylinders shall be performed by requalification facilities. The DOT registration identification number of the requalification facility must be stamped between the month and year. This marking will provide traceability to the last facility that performed a requalification on the cylinder.

All pressurized medical cylinders have a hydrostatic retest period of five years. The purpose of this test is to ensure the cylinder can withstand the pressure when it is filled with gas. The date of the last test should be stamped on the shoulder or collar of the cylinder. Some manufacturers stamp the date on the foot ring of the cylinder. If the date has not exceeded the five-year reinspection period, the cylinder may be used for refilling. Empty cylinders with expired hydrostatic retest dates must *not be filled* until they have been tested. Filled cylinders with expired retest dates are considered serviceable. They are considered unserviceable only after they become empty. The requirements of TO 42B5–1–2, Compressed Gas Cylinders, states that hydrostatic testing is required only when the cylinder is empty and the last test date has expired.

All cylinders should be visually inspected for physical defects. A leakage test must be performed on all cylinders that have been filled with a compressed gas in accordance with the fill contract/deliver order. Each cylinder must be tested at all points that may provide a point of escape for the contents of the cylinder. Points to inspect are the pressure relief devices, points on each cylinder valve, such as

the stem, threads on the valve inlet and the valve outlet. Never use an open flame to detect gas leaks. Instead, use leak detection instruments or commercial leak detector solutions compatible with oxygen.

Self-Test Questions

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

409. Maintaining Customer Area Inventory Management and Customer Support pending actions

1. Which customer application is primarily used by supply custodians for ordering supplies?

2. Which customer application can be used to submit and monitor facility work order requests?

3. Where are pending action messages posted?

4. Where are individual pending actions assigned to particular users?

5. How does a user access the CAIM or CS inbox?

6. How often does the DMLSS INBOX need to be worked?

7. How do you initiate or open a pending action process?

8. What should you do after completing a pending action if the message does not auto-delete?

9. What should you do when an item has been marked for deletion?

10. What action should be taken when receiving an UNEXECUTED ORDERS message?

11. Which pending action is generated when the picklist is completed by the delivery list is not printed?

410. Maintaining medical first-aid kits

1. Which guidance details the management of first aid and survival kits?

2. List three on-base organizations that are authorized first aid kits because of the nature of their missions?

3. Which three items require periodic replacement?

4. Who may grant special authorization ASC 041 approval?

5. Who is responsible for periodically inspecting kits in their possession?

6. Using activities are limited to conducting what type of inspection on their own?

7. How frequently will Medical Logistics normally inspect medical kits listed in the TO?

8. To whom should Medical Logistics personnel report suspected first aid kit abuse?

411. Processing Hazardous Materials Pharmacy requirements

1. What is the purpose of the HMP?

2. Who is responsible for obtaining health and environmental authorizations from the base HMP?

3. The HM authorization process is documented using what form?

4. What DMLSS notes code is used to identify hazardous items?

5. List the four hazardous material codes used in DMLSS.

6. What should you do when receiving HM that is leaking and the shipper has already left?

7. What type of barcodes is affixed to each item for accountability?

8. Why should incompatible items be segregated during delivery?

412. Identifying medical gas types

1. What are the three basic types of gas cylinders used by the DOD?

2. Refrigerated liquid is another term for which type of gas?

3. What term is used to describe a compressed gas that readily yields oxygen?

4. What does the USP do?

5. What is the purpose of color-coding gas cylinders?

6. Match the cylinder color in column B to the hazardous type in Column A. Each option in column B may be used once, more than once, or not at all.

Column A	*Column B*
____ (1) Flammable	a. Green
____ (2) Toxic and poisonous	b. Brown
____ (3) Anesthetic and harmful	c. Red
____ (4) Oxidizers	d. Gray
____ (5) Dangerously high pressure	e. Yellow
____ (6) Asphyxiant	f. Blue
____ (7) Fire protection	g. White

7. What protective object should remain on the cylinder at all times, except when the cylinder is in use?

8. What is the primary danger associated with a falling cylinder?

9. A damaged cylinder could become an unguided missile capable of reaching what kind of speeds?

10. When practical, what type of equipment should be used to move cylinders?

11. What method may be used to move individual cylinders short distances?

12. Cylinders must not be lifted by which part of the cylinder?

413. Storage and testing of medical gasses

1. Define the ideal storage area for medicinal gases?

2. List the three primary groups which gasses must be segregated into.

3. How far should incompatible gasses be separated?

4. To prevent cylinders from falling over, how should they be stored?

5. Cylinder storage rooms must not exceed what temperature?

6. What form must be attached to oxygen cylinders to indicate status of the contents?

7. When is bulk liquid oxygen tested, validated, certified and documented?

8. How does purity testing determine the quality of oxygen?

9. Oxygen analysis records must be maintained for how long to support medical claims?

10. How often must cylinders undergo hydrostatic testing?

11. What is the purpose of hydrostatic testing?

12. Which document states the hydrostatic testing requirements?

2–2.Controlled Medical Items

In three-level apprentice training, you were taught how to identify controlled items inventory code R and Q items by product characteristics (cocaine, medicinal alcohol, etc.) and universal markings (CII, CIII, CIV, etc.). The Drug Enforcement Administration (DEA) determines the designation of drugs as controlled substances, and their assignment to one of five drug schedules. The schedule of a substance is determined by its medicinal value, harmfulness, and potential for abuse or addiction. The medical treatment facility commander or medical logistics flight commander may designate additional items to be accounted for and stored as prescribed for controlled item identification code (CIIC) R and Q items. In this section, we will also discuss the management of non-pharmaceutical controlled items, such as precious metals.

414. Managing controlled items

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

Identifying controlled medical items

MLFCs are responsible for properly managing controlled medical items. They may designate a noncommissioned officer (NCO) of grade E-5 or above, or civilian employee in general schedule (GS) grade 5 or above, or a qualified contractor as the controlled medical item custodian (CMIC). This designated individual supervises the receipt, storage, and issue of all items designated for controlled storage. The CMIC maintains storage control records for each item in controlled storage. The term “controlled medical items” includes CIIC R and Q items as described in the next paragraphs.

CIIC R items

CIIC R items apply to ethyl alcohol, medicinal whiskey, wine, brandy, precious metals, such as gold, silver (except silver alloy), and platinum and drugs or other substances designated as Schedule II controlled substances under the CSA. Drugs in this group are identified by the symbol II or C-II, which is prominently displayed (usually in red) on the label by the manufacturer. This includes both standard and local purchase items. CIIC R items are characterized as shown in the table below.

CIIC R ITEMS		
Schedule/Symbol	**Characteristics**	**Examples**
I or C-I	a. High potential for abuse. b. Currently no accepted medical use in treatment in the US. c. There is lack of accepted safety for use under medical supervision.	Heroin, marijuana, and LSD.
II or C-II	a. High potential for abuse. b. Currently has accepted medical use in treatment in the US or a currently accepted medical use with severe restrictions.	Ethyl alcohol, whiskey, wine, brandy, precious metals such as gold, silver (except silver alloy), and platinum, narcotics,

	c. Abuse may lead to severe psychological or physical dependence.	amphetamines, and barbiturates (dihydrocodeine, fentanyl, methadone).

CIIC Q items

CIIC Q items identify drugs or other substances designated by the DEA as Schedule III, IV, or V controlled substances under the CSA. Drugs in this group are identified by the symbols III or C-III, IV or C-IV, and V or C-V, which are prominently displayed on the manufacturer's label. Again, this includes both standard and local purchase items. The characteristics of CIIC Q items are shown below.

CIIC Q ITEMS		
Schedule/Symbol	**Characteristics**	**Examples**
III or C-III	a. Potential for abuse less than the drugs or substances in schedules I and II. b. Currently accepted medical use in treatment in the US. c. Abuse may lead to moderate or low physical dependence or high psychological dependence.	Nonbarbiturate sedatives, nonamphetamine stimulants and medications that contain a limited quantity of certain narcotics (anabolic steroids).
IV or C-IV	a. Low potential for abuse relative to the drugs and substances in schedule III. b. Currently accepted medical use in treatment in the US. c. Abuse may lead to limited physical or psychological dependence relative to the drugs or other substances in schedule III.	Barbital, methyphenobarbital, and phenobarbital.
V or C-V	a. Low potential for abuse relative to the drugs and substances in schedule IV. b. Currently accepted medical use in treatment in the US. c. Abuse may lead to limited physical or psychological dependence relative to the drugs or other substances in schedule IV.	Antitussives or antidiarrheals that contain small amounts of narcotics such as codeine.

DEA registration, power of attorney, and documentation

In the past, all CONUS Air Force medical activities were required to maintain a single DEA registration in order to procure schedule II drugs directly from commercial sources. However, recent changes now require each individual activity (i.e., pharmacy, Medical Logistics, etc.) to have their own registration. Furthermore, there are various types of registrations:

- MTF pharmacy: Hospital/Clinic registration.
- Satellite pharmacies: Retail registration.
- Other patient care activities: Hospital/Clinic or practitioner registration.
- Medical Logistics activities: Distributor registration.

There are no fees charged to government activities for the initial or renewal of the registration. The registration must be renewed every three years or when there is a change of name or address.

Power of attorney

The MTF commander will grant power of attorney (POA) to primary and alternate approving officials (AO) for procurement of C-II substances. AOs will review and sign the DEA-222, Order for Controlled Substances. The primary AO will be the accountable base medical supply officer (ABMSO). Alternates may include the MLFC (if not appointed as the ABMSO), the Pharmacy flight

commander, other assigned registered pharmacists, and 4A1/4A2 senior noncommissioned officers (SNCO) *only* if they are in the position of the MLFC. The MTF commander must initiate a new POA when the name or address changes or the person delegated the power of attorney changes.

Documentation

You must be familiar with the following registration forms:

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

As mentioned above, you must use the DEA Form 222 or approved electronic equivalent to purchase schedule II controlled substances. You must prepare the form according to the instructions. When you receive the materiel, enter the date and the number of packages received on the copy you retained for your files. All completed forms (including unaccepted or defective) must be kept for two years. The individual who signed the most recent application for the registration or renewal may authorize one or more individuals to obtain and execute order forms by filing a power of attorney. This is normally the MTF commander. The POA will be retained for the same period as any order form bearing the signature of the individual. The power of attorney can be revoked at any time. You must report lost or stolen order forms to the DEA to include the serial number or date of issuance if an entire book is lost or stolen. You must also notify DEA if you recover any lost or stolen forms.

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

Receiving controlled medical items

The procedures for receiving controlled medical items (CIIC R or Q items) are basically the same as for regular material, except that the procedures for controlled material are more rigid, detailed, and better documented. There are some unique procedures associated with the management of controlled medical items. These procedures involve receiving, packing, marking, and shipping controlled items.

Verify receipt of controlled items

First, controlled material should be received only by or under the direct supervision of the CMIC or MLFC. Supply sources normally ship Schedule II material by registered mail. However, it may also be shipped by rail express, air express, or armored service. On occasion, some local purchase vendors may ship the items by regular mail and use no special precautions.

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

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

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

CAUTION: Never leave controlled material unsecured.

After you place the material in the security/controlled storage area, it is a good idea to update the manual storage control records (AF Form 105F-2, Stock Record Card) if they are being used. As you update these documents, it is a good idea to annotate the total on-hand balance of the item in the margin of the shipping document. Then, as you place the item in storage, you can compare the physical on-hand balance with the annotated balance. If you have an error in updating, you probably will spot it at this time and correct it immediately. This extra precaution could save you much research during the monthly inventory.

Adjusting discrepancies for CIIC R items from any source

For any discrepancies for CIIC R items received from the prime vendor, contact the PV immediately. If the discrepancy cannot be resolved and it is determined that the carrier is not at fault, the MLFC will immediately prepare a DEA Form 106, Report of Loss or Theft of Controlled Drugs. The MLFC must submit the DEA Form 106 to the nearest DEA regional office.

Adjusting discrepancies for CIIC R items attributable to the carrier

Shortages or damages attributable to a carrier, regardless of the dollar value, are adjusted according to AFI 41–209, *Medical Logistics Support.* If a shortage is found, suspend the shipment and place the material in segregated, secure storage. Mark the shipment to indicate suspension. Indicate the shortage and the notation "See attached discrepancy report" on the receiving report and attach a copy of the discrepancy report. Notify the TMO when the shortage occurs in shipment transported by common carrier on a government bill of lading (GBL) or commercial bill of lading (CBL) and Air Force funds are charged for the transportation. TMO prepares the applicable discrepancy report (SF Form 361, Transportation Discrepancy Report) and notifies the carrier.

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

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

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

Overages, shortages, or damages attributable to the shipper

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

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

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

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

Issuing controlled medical items

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

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

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

General issuing process

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

that the counts are correct. The CMIC uses the delivery list from Log to record the delivery of the controlled items to the section controlled item custodian.

Storing and safeguarding

All controlled medical items require special protection. The MLFC ensures controlled items are properly stored. The adequacy of the vault or caged area is evaluated annually by the MLFC.

At the request of the MLFC, the Chief of Security Forces and the Base Civil Engineer may assist in performing this annual evaluation. Deficiencies are reported to the MTF commander for corrective action.

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

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

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

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

Storing CIIC R items

AFI 41–209 prescribes procedures and gives complete guidance for controlling and safeguarding CIIC R items. Primarily, CIIC R items must be stored in a safe or vault. Maintain the storage control records for these items in the area where the materiel is stored.

The CMIC maintains all accountable transactions affecting record balances. The CMIC also maintains a signed copy of all delivery lists for items with CIIC R and Q.

It is suggested that the CMIC perform periodic reviews of due-in status for controlled items on backorder. If the review indicates that an item was shipped and it has not been received in the normal time required, initiate tracer action.

Storing CIIC Q items

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

Taking inventory

At least monthly, inventory all CIIC R items. In addition, the Comprehensive Drug Abuse Prevention and Control Act of 1970 requires an inventory of all controlled substances on 1 May 1971 and biennially (every two years) thereafter.

The MTF commander appoints a disinterested officer, SNCO (MSgt or above), or civilian (GS–7 or above) to perform the monthly inventory. The MTF commander provides the inventory officer written instructions and medical technical information necessary to complete the inventory. The inventory officer certifies the correctness of the inventory.

Use of informal controlled item storage control records (AF Form 105F–2) are optional; but if you do use them and they show no activity since the preceding inventory, insert the inventory balance on the next line. One-time nonrecurring items and items no longer used, which reflect a zero balance on the storage control record, should be inventoried one time prior to the last issue and certified by the inventory official. The record may then be separated from active storage control records and need not be inventoried again as long as the items remain inactive.

The inventory officer reports the results of the inventory in writing to the MTF commander. Storage control records are disposed of according to instructions contained in AFI 37–138, *Records Disposition–Procedures and Responsibilities*.

To conduct the inventory, the CMIC prints the DMLSS Controlled Item Transaction Register from the IM REPORTS module. To print the report, select REPORTS from the horizontal toolbar, scroll down and select TRANSACTION REGISTER. DMLSS will display the TRANSACTION REGISTER CRITERIA window. In this window, select the IM scope, controlled items report type, and the CIIC code. You must also select the from/to date range for the report (usually the first through the last day of the month) at the bottom of the window. Click the OK button and DMLSS will display the controlled item TRANSACTION REGISTER REPORT VIEW window. Print the report by clicking on the PRINT button on the vertical toolbar. The CMIC compares the Controlled Item Transaction Register (formal inventory accounting balances) with the informal controlled item storage control records balances (optional AF Form 105F–2). Keep in mind that the balances may not agree if issues were made after the controlled item transaction register was produced.

Below is a recommended checklist for you to use for inventorying controlled medical items. This checklist is in AFI 41–209, Attachment 24.

Checklist for Inventorying Controlled Medical Items	
1.	Has the inventory officer reviewed sections of AFI 41–209, Chapter 5 as they pertain to controlled items?
2.	Is the materiel to be inventoried clearly identified? Is it neatly placed on shelves and clearly marked with the correct item ID?
3.	Are the storage control records accurately maintained to permit item identification and accurate entries of inventory results?
4.	Have vault and security storage records been established for controlled items that are component parts of kits or sets?
5.	Has the CMIC given the inventory officer a copy of the Transaction Register, report type “controlled items” to use in validating inventory counts and issues/turn-ins between medical materiel and activities?
6.	Has the inventory officer certified the correctness of the inventory count by signing each storage control record and/or the controlled item transaction register?
7.	Have the results of the inventory been reported to the MTF commander? (Any obvious deficiencies noted in the safeguarding of controlled items should also be reported.)

Biennial inventory of controlled substances

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

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

Researching discrepancies

Normally, the CMIC performs a preinventory before the formal inventory performed by the MTF commander-appointed inventory officer. This is not a mandatory requirement, but it does serve as a quality control check. The intent is to identify out-of-balance conditions between formal records and the actual physical quantities on-hand and correct them before the formal inventory. If you discover any discrepancies, you must research and correct them, or at least identify the cause of the discrepancy so you can explain the discrepancy to the inventory officer. Common causes for discrepancies are misplaced documentation and quantity errors caused by miscounting or mistocking. Use the delivery lists, controlled item transaction register, Issue/Turn-in Summary, and the IM TRANSACTION HISTORY search results to aid in researching balance discrepancies. Depending on the type of discrepancy (shortage or overage), you may need to review all the transactions that were processed on the item with the discrepancy. In most cases, you will be able to correct or explain the discrepancy under one of the causes mentioned above. By researching these discrepancies before the formal inventory, you have ample time to ensure the proper documentation has been completed.

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

Reporting inventory discrepancies

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

DD Form 200 supports shortage adjustments involving Schedule II drugs. A DD Form 200 may support shortage adjustments involving other CIIC R items (other than Schedule II drugs) at the discretion of the MTF commander. Record all discrepancies on the storage control records to show the date and the action taken. Forward one copy of all approved reports of survey (DD Form 200) pertaining to controlled substances to the major command (MAJCOM) surgeon. MAJCOM monitors report discrepancies to ensure appropriate action is taken regarding the discrepancy and to evaluate the trend of inventory adjustments.

Loss or theft

When a loss or theft of controlled substances is determined, the MLFC immediately prepares DEA Form 106, or online equivalent, and forwards it to the nearest DEA regional office. Discrepancies are adjusted by DMLSS produced inventory adjustment vouchers.

415. Managing the Precious Metals Recovery Program

The Defense Reutilization and Marketing Service (DRMS), a part of the DLA, manages the DOD Precious Metals Recovery Program (PMRP). The PMRP is a government-wide program established to promote the economic recovery of precious metals from excess and surplus materiels, and the use of recovered precious metals as government-furnished materiel and for other authorized Air Force uses. It is DOD policy that all department offices and operating units that use material that contains quantities of precious metals must participate in the PMRP. With the increased use of digital radiography across the DOD, it is unlikely that you will encounter many of the below listed precious metals bearing waste; however, you should remain vigilant at all times.

This lesson provides general policy for reusing and disposing of precious metals in the MTF. The majority of the tasks covered are performed by members in the grade of enlisted E–5 or civilian GS–5 or above. It is important that you obtain a basic knowledge of the PMRP program if you expect to incur additional responsibilities and advance within Medical Materiel.

Benefits of the PMRP

Thousands of dollars can be saved annually through the recovery of precious metals from otherwise waste material through this recovery program. Reclaimed precious metals can be reused or sold and the revenue from such sale is returned to the Treasury. On behalf of the DOD, DRMS has saved the government $235 million over the last 25 years through this program. Usually, the market value of precious metals is far greater than the costs to recover. The recovery of precious metals also helps conserve valuable resources and benefits the environment by reducing pollution. You can conserve critical, precious, and strategic metals through the effective management and utilization of the PMRP. The PMRP identifies and tracks property containing precious metals. Tracking continues from the time an item is ordered through receipt, storage, issue, and turn-in (life-cycle controls). This procedure helps to guard against loss, ensures economical recovery from surplus scrap or residual material, and maximizes reuse.

Precious metals designated for recovery

Specifically, precious metals designated for recovery are gold, silver, and metal in the platinum group such as palladium, iridium, rhodium, osmium, and ruthenium. The most common precious metals you will encounter in the MTF are gold, silver and platinum. Why are gold, silver, and platinum referred to as precious metals? It is because they are valued for their rarity and usefulness. Precious metals are a limited resource, and thus have a potential recycle value. In addition, these precious metals are critical elements in the many high-technology activities within the military forces. These metals share common physical properties (primarily resistance to corrosion) that make them suitable for these applications. As mentioned above, precious metals are also valued in dollars per troy ounce and their recovery and reuse results in significant savings to the Air Force, other DOD and federal agencies. Also, the Air Force has an obligation to effectively use natural resources and to properly dispose of material.

The PMRP program also includes the recovery of silver from silver-bearing scrap and waste. This includes used photographic fixing (hypo) solution, photographic and X-ray film, silver alloys, dental scrap. The PMRP in the MTF must include the recovery of silver from hypo solution and scrap film when economically feasible. Recover precious metals from scrap property only when it makes good business sense. In some cases, precious metals are too costly to recover, like the metal found in used silver batteries.

Recovery of silver from precious metals bearing scrap

Dental care units will save scrap gold, silver, silver amalgam, and platinum generated during dental care operations. Each type of precious metal must be kept separate. The dental activity must maintain records of generation of each type of precious metal and turn the material in to Medical Logistics for disposal. One responsibility of the DRMS is to provide the MTF PMRP monitor with hand-held vacuum cleaners. The vacuums are used in recovering precious metals bearing dust (gold, silver, etc.) in dental labs if there is potential for precious metal recovery. Based on local directives, any bags containing vacuumed dust are then stored in the vault or safe.

Recovery of silver from used hypo solution

Each unit must recover silver from hypo solution generated from photographic operations. The installation of a silver recovery system is the responsibility of the using activity and depends on the quantity of used hypo solution that is generated. Do not discharge hypo solution into the environment such as down a drain, without the proper safeguards and guidance from the base HMP. Small quantities of the hypo solution may be consolidated to a central recovery system. Recovered silver from hypo solution is turned in to Medical Logistics for disposal.

Recovery of silver from scrap film

Scrap film, photographic paper, and microfiche masters (black film) are a major source of recovered silver. Photography and X-ray activities must collect all film and photographic paper and disposed under the PMRP. The paper must be kept separate from the film. The PMRP monitor will provide technical assistance to the activities generating scrap film and photographic paper.

MTF PMRP monitor duties

The MTF commander appoints, by name, an individual assigned to Medical Logistics as the MTF PMRP monitor. This person ensures that MTF regulations assign responsibilities and provide guidance to safeguard, account for, and process precious metals and precious metals bearing scrap and waste. At many facilities this task is assigned to the controlled item custodian as an additional duty.

Medical Logistics stores precious metal turn-ins in the same manner as CIIC R items (vault/safe), pending turn-in to base supply or DRMS. The only exception to this procedure is X-ray film. For every item placed in the vault, a controlled item record must be established and maintained. All precious metals require a unique locally devised item ID to establish the catalog record. Normally, the base PMRP establishes the procedures for assigning stock numbers. The number may be as simple as 6525L0SCRAP for X-ray film or 6520L01SCRAP for dental gold.

DMLSS process for PMRP items

As mentioned previously, all PMRP items are turned in to Medical Logistics for disposal. Because PMRP items are classified as CIIC R items, accountability of PMRP items is very stringent. There are two transactions you will be required to process in DMLSS in order to record the turn-in of PMRP items to Medical Logistics and their disposal to DRMS.

Return item transaction

To turn-in PMRP items you will have to access the RETURN ITEM module from the IM application. This module allows customers to return stock no longer required, unserviceable, suspended, or overstocked from an item location to the internal source of supply. CAIM does not allow returns to external sources. To process an item return, follow these steps:

1. In IM, select the NAVIGATE menu.
2. Click RETURN ITEM to view the RETURN ITEM window.
3. Enter all required information in the FROM box in the window.
4. Entering the CUSTOMER ID will automatically populate the expense center field.
5. Entering the ITEM ID will populate the TO box and provide additional information on unit of sale (U/S), U/S Quantity, EOH, and U/S Ratio.
6. Select the STRAT TYPE and STRAT STATE from the respective dropdown list.
7. Since the customer will not get credit and the demand will not be affected for this item, ensure the checkboxes are not checked.
8. Select EXCESS as the reason for the return from the dropdown list box. More information can be entered in the reason box after selecting a reason, if required.
9. After information is entered click SAVE to process.
10. Users have the option of printing a return document.

As a result of processing the customer return on the PMRP item, DMLSS will generate and post a turn-in adjustment loss (TIL) transaction for the customer area losing or returning the item and a turn-in adjustment gain (TIG) transaction for LOG. Also, since the ISSUE CREDIT checkbox was not checked, the TIL will process with a refund code of “N” and no credit is allowed to the customer.

After processing, print the RETURN DOCUMENT in duplicate, sign both copies and provide a copy to the CMIC and customer. Make sure you post the document number of the TIG transaction to the storage control records.

Item loss transaction

In order to complete the disposal of PMRP items, you will have to process a loss transaction in DMLSS. In DMLSS, losses are processed in the ITEM GAINS/LOSSES window. The item gain or loss is posted to Transaction History after it is processed. Item losses can occur for various reasons and are listed in the transaction reason dropdown menu and populated from the table maintenance utility (TMU) table in systems services.

To process an item loss, click the GAIN/LOSS button on the horizontal toolbar or from the NAVIGATE menu click ITEM GAIN/LOSS. The ITEM GAIN/LOSS window opens. Select LOSS in the TRANSACTION field and then select the TRANSACTION REASON "Outshipment to DRMS" from the dropdown list. Make sure you enter all required information for the loss. Since this is an outshipment loss, DMLSS will prompt you to enter or verify the address.

After processing gains and losses a print screen opens to allow DMLSS users to print the appropriate source document—DD 1348–1A, Issue Release/Receipt Document (Default), DD Form 1149, Requisition and Invoice Shipping Document, or none. If shipping a document to another MTF, coordinate with the base transportation office to determine the correct form to use. Source documents should always be printed for file if hard copy documentation is kept. The gain/loss information can be recovered from REPORTS, Inventory Gain/Loss 1348–11A. Items printed on DD Form 1149 are stored in the Inventory Gain/Loss 1348A–1A report and are only recoverable in this format. As with the RETURN ITEM make sure you keep a copy of the shipping document and post the document number of the DRMS outshipment loss transaction (TZL transaction code) to the storage control records.

Detached units, geographically separated activities, and so forth, may turn in precious metal scrap and residue directly to the DRMS. The host medical materiel account *does not* record these direct turn-ins into DMLSS or to medical logistics controlled item vault records.

Dental amalgam

When disposing of dental amalgam, Medical Logistics serves as the liaison between the DRMS and the dental clinic. Dental technicians are responsible for ensuring amalgam scrap intended for recovery or recycling is sanitized or disinfected, dried, and stored in a sealed container prior to delivery to Medical Logistics.

At some stateside locations, amalgam scrap is discarded in nonregulated medical waste. If the local DRMS is not accepting the amalgam as part of the precious metals recovery program and it is not subject to base, federal, state, or local hazardous waste regulations, the amalgam can be disposed of in nonregulated medical waste. *Consult with the base HMP prior to discarding amalgam in any water sewage disposal.* Ensure amalgam scrap is not inadvertently placed in "red bag" containers. Red bag containers are used to store hazardous material. Normally, red bag waste is autoclaved or incinerated. Amalgam can produce hazardous mercury/silver vapor or ash if autoclaved or incinerated. Contact the local HMP and DRMS offices for guidance on turning in recovered scrap amalgam for recycling. If the local DRMS is accepting the amalgam, the dental technician turns in the storage container to medical logistics. Normally, the customer prepares a DD Form 1348–6, DOD Single Line Item Requisition System Document, or a locally devised document in two copies to document the turn-in. The MTF PMRP inspects and weighs the amalgam. The weight is recorded on the turn-in document and processed in DMLSS using the RETURN ITEM action for no ISSUE CREDIT (refund code N) and a TZL loss action to record the transfer to DRMS. Prepare a DD Form 1348–1A in the same manner as stated for transfers to DRMS. DMLSS users should use the RETURN ITEM procedures listed in previous paragraphs.

Environmental Protection Agency (EPA) hazardous waste regulations require manifesting spent hypo solution that contains as much as 5 milligrams of silver per liter if it is transported over public highways. Use EPA Forms 8700–22, Uniform Hazardous Waste Manifest**,** and 8700–22A, Uniform Hazardous Waste Manifest (Continuation Sheet). The checklist below is an example found in AFI 41–209, Attachment 25, of the PRMP checklist used throughout the medical logistics community.

Precious Metals Recovery Program Checklist	
1	Include the PMRP in your self/internal inspection program.
2	Are precious metals catalog records properly coded?
3	The CMICs are the only personnel who have access to precious metals stored in medical materiel.
4	AF Form 105F2, Stock Record Card (Cost Category II), or equivalent automated records is kept in the vault for each precious metal NSN.
5	The disinterested inventory officer compares vault records with actual stored item counts.
6	Provide the disinterested inventory officer a copy of the DMLSS Transaction Register, report type "controlled items" report.
7	Disinterested inventory officers compare weights on the precious metals package labels turned in from using activities with weight and balances on inventory records maintained by the using activities.
8	Receive and keep a record of all precious metals and scrap film turned in from using activities. Give a copy of the receiving documentation to the using activity PMRP custodian.
9	Place all turn-ins, except X-ray film, in the vault.
10	Establish an item ID or local stock number for each category of recovered precious metals.
11	Record and post all transactions to the vault records.
12	Process the turn-ins (TIG) with N refund code and transfer to DRMS (TZL) using the appropriate turn-in and transfer procedures discussed earlier in the lesson.
13	Transfer recovered precious metals within 5 duty days to the DRMS on a DD Form 1348–1A, Issue Release/Receipt Document. The CMIC will verify the item, stock number, unit of issue, and quantity against storage control documents and signs the form.
14	Comply with local hospital regulation (44 series) Protection of Medical Resources.

It is extremely important that the MTF PMRP maintain current and accurate knowledge of procedures relating to proper management of the precious metals recovery program. If a civilian contractor is being used for PMRP item disposal, you must be knowledgeable of the specific contract terms relating to contractor's responsibilities. The improper disposition of PRMP items can be costly, both monetarily in nonrecovered funds and physically in environmental health hazards. Take this task seriously.

Self-Test Questions

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

414. Managing controlled items

1. Who may the MLFC designate as the CMIC?

2. What symbol(s) is used for CIIC R items?

3. What symbol(s) is used for CIIC Q items?

4. How often must the MTF renew the DEA registration?

5. Who is appointed as the MTF's primary DEA 222 approving official?

6. How long must you keep all forms (including unaccepted or defective) used to purchase schedule II controlled substances?

7. Who may authorize one or more individuals to obtain and execute order forms by filing a power of attorney?

8. What information must you include when reporting lost or stolen order forms to the DEA if an entire book is lost or stolen?

9. Receipts for controlled material should be made by or under the supervision of what individual?

10. Before signing for a shipment of controlled materiel from the carrier, what two items are compared?

11. After you unpack a controlled item shipment, each item should be checked to ensure what?

12. When placing items in storage, what balances do you compare?

13. Who do you notify when a CIIC R item discrepancy is a shortage that occurs in shipment transported by common carrier on a GBL or CBL and Air Force funds are charged for the transportation?

14. What action by Medical Logistics is required when the investigation of the shortage indicates the shipper packed and shipped the missing item and it was not lost during shipment but may have been removed in an unauthorized manner at the receiving point?

15. What form is used as supporting documentation for all data record adjustments involving CIIC R discrepancies?

16. What DMLSS product is used to account for all issue transactions of CIIC R and Q items?

17. What action must you take before a delivery list can be generated?

18. How often must the MLFC evaluate the adequacy of vault or caged areas?

19. To whom are vault deficiencies reported?

20. Who is permitted to have knowledge of the vault/safe combination?

21. How are CIIC R items stored?

22. Who maintains all accountable transactions affecting CIIC R and Q record balances?

23. How often must CIIC R items be inventoried?

24. Who appoints the CIIC R inventorying officer and what are the grade requirements?

25. To whom does the inventory officer report the results of the inventory?

26. What DMLSS product is used to inventory CIIC R items?

27. Which Controlled Item Transaction Register should be used for the biennial inventory?

28. What form does the MLFC prepare when the loss or theft of controlled substances is determined?

415. Managing the Precious Metals Recovery Program

1. What activity manages the DOD PMRP?

2. List the most common precious metals you will encounter in the MTF.

3. What precious metal is recovered from used photographic fixing (hypo) solution and photographic and X-ray film?

4. What agency is responsible for providing the MTF PMRP monitor with hand-held vacuum cleaners?

5. Who is responsible for the installation of silver recovery systems to recovery silver from used hypo solution?

6. Who provides technical assistance to the activities generating scrap film and photographic paper?

7. Who appoints the MTF PMRP monitor?

8. How are precious metal turn-ins stored?

9. What DMLSS module do you access to process turn-in of PMRP items?

10. What transactions will DMLSS generate and post as a result of processing a customer return on a PMRP item?

11. What transaction will you have to process in DMLSS in order to complete the disposal of PMRP items?

12. When detached units, geographically separated activities, and so forth, turn in precious metal scrap and residue direct to the DRMS, is the host medical materiel account required to record those turn-ins into MEDLOG or to medical logistics controlled item vault records?

13. What is the responsibility of dental technicians relative to amalgam scrap turn-ins?

14. Why is it important that amalgam scrap not be placed in “red bag” containers?

Answers to Self-Test Questions

409

1. CAIM.
2. CS.
3. In each application’s INBOX.
4. DMLSS System Services—User Privileges.
5. By selecting UTILITIES from the top horizontal menu bar and clicking on INBOX.
6. Daily.
7. Click on the “running man” JUMP TO icon or double click on the pending action message.
8. You may delete it as long as your have completed the required actions.
9. Research and seek an alternate item.
10. Complete the BPS process and/or correct the exception situation which caused the order to fail.
11. Unprocessed Delivery List.

410

1. TO-00-35A-39.
2. Security forces, aircraft maintenance, and flying squadrons.
3. Combat gauze, minor module, trauma module.
4. MTF commander.
5. Using activities.
6. External; check seals.
7. Every 36 months.
8. MLFC, unit and MTF commanders.

411

1. To provide Air Force installations with a standard way to monitor the procurement and use of HM and comply with ESOH requirements.
2. Using activities.
3. AF Form 3952.
4. “H”.
5. D, N, P, Y.
6. Exercise the Medical Logistics Emergency Spill Response Plan, don protective clothing, and proceed with spill clean-up according to the spill clean-up plan.
7. ESOH-MIS generated.
8. To ensure safe delivery by reducing the possibility of dangerous chemical reactions.

412

1. High pressure, low pressure, low pressure for gas in solution.
2. Cryogenic liquid.
3. Oxidizer.
4. Establishes standards that govern the purity of medicines.
5. Serves as a hazard warning.
6. (1) e.
   (2) b.
   (3) f.

(4) a.
(5) d.
(6) d.
(7) c.

7. Safety cap.
8. Breaking the valve causing pressure to be released.
9. Up to 250 mph.
10. Hand truck, fork truck, or similar device with chains or straps used to secure the cylinders.
11. Tilt the cylinder at a slight angle and roll it on its bottom edge.
12. Safety cap.

413

1. In a separate building or cage outside the medical facility that provides physical protection for the cylinders.
2. Flammable, Nonflammable, Poison.
3. At least 20 ft.
4. Upright and secured by a chain or cargo strap of sufficient strength.
5. 125º F (54.4º C).
6. DD Form 1191.
7. At the time of delivery to your MTF.
8. By measuring the degree of nonoxygen contaminants.
9. Two years.
10. Every five years, but only after becoming empty.
11. To ensure the cylinder can withstand the pressure when it is filled with gas.
12. TO 42B5–1–2.

414

1. An NCO of grade E5 or above, civilian GS grade 5 or above, or a qualified contractor.
2. II or C-II.
3. III or C-III, IV or C-IV, V or C-V.
4. Every three years or when there is a change of name or address.
5. ABMSO.
6. Two years.
7. The individual who signed the most recent application for the registration or renewal; normally the MTF commander.
8. Serial number or date of issuance.
9. CMIC or MLFC.
10. (1) Registry number on the shipping container with the number on the carrier receipt.
    (2) Number of containers.
11. Manufacturer’s seal is intact.
12. Compare the physical on-hand balance with the annotated balance.
13. TMO.
14. Initiate a DD Form 200, Financial Liability Investigation of Property Loss.
15. Standard Form 364, Report of Discrepancy.
16. Delivery list.
17. Confirm picklist.
18. Annually.
19. MTF commander.

20. CMIC, the alternate, and MLFC.
21. In a safe or vault.
22. CMIC.
23. At least monthly.
24. MTF commander; officer, SNCO, or civilian (GS–7 or above).
25. MTF commander, in writing.
26. Transaction register.
27. 30 April monthly controlled item transaction register.
28. DEA Form 106, Report of Loss or Theft of Controlled Drugs, or online equivalent.

415

1. DRMS.
2. (1) Gold.
   (2) Silver.
   (3) Platinum.
3. Silver.
4. DRMS.
5. Using activity.
6. PMRP monitor.
7. MTF commander.
8. Medical logistics stores precious metal turn-ins in the same manner as CIIC R items (vault/safe) pending turn-in to base supply or DRMS.
9. RETURN ITEM.
10. (1) TIL for the customer area losing or returning the item and
    (2) a TIG for LOG.
11. A loss.
12. No.
13. Ensuring amalgam scrap intended for recovery or recycling is sanitized or disinfected, dried, and stored in a sealed container prior to delivery to Medical Logistics.
14. “Red bag” waste is autoclaved or incinerated. When this procedure is used on amalgam, it can produce hazardous mercury/silver vapor or ash.

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

Unit Review Exercises

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

20. (409) Which Defense Medical Logistics Standard Support (DMLSS) application is primarily used by custodians for ordering medical supplies?
    a. CAIM.
    b. CS.
    c. IM.
    d. MM.

21. (409) How frequently must Defense Medical Logistics Standard Support (DMLSS) pending actions be reviewed and worked?
    a. Daily.
    b. Twice daily.
    c. Every other day.
    d. As needed.

22. (409) What Defense Medical Logistics Standard Support (DMLSS) pending action is created if a customer attempts to request an item they are not authorized to have?
    a. Item Has Been Marked For Deletion.
    b. Replenishment Exception.
    c. Customer Restrictions.
    d. Unexecuted Orders.

23. (410) Who may grant special Equipment Balance/Authorization, based on allowance source code (ASC) 041?
    a. Base supply officer.
    b. Unit readiness officer.
    c. Medical treatment facility (MTF) commander.
    d. Medical Logistics flight commander (MLFC).

24. (411) Who is responsible for obtaining environmental authorization from the base Hazardous Materiels Pharmacy (HMP) for hazardous items?
    a. Bioenvironmental engineering.
    b. Facility manager.
    c. Medical Logistics.
    d. Using activity.

25. (411) Which hazardous material code is used to identify an item that *may* be hazardous?
    a. D.
    b. N.
    c. P.
    d. Y.

26. (411) While receiving a hazardous item, what should you do if you *cannot locate* the materiel safety data sheet (MSDS)?
    a. Label item as hazardous.
    b. Deliver item promptly.
    c. Contact base fire marshal for assistance.
    d. Segregate the hazardous materiel in a safe location.

27. (412) Within the Department of Defense (DOD), what is the meaning of a green gas cylinder?
    a. Anesthetic.
    b. Flammable.
    c. Oxidizer.
    d. Toxic.

28. (412) Which medical gas is typically found within an all blue gas cylinder?
    a. Carbon dioxide.
    b. Helium mixture.
    c. Nitrous oxide.
    d. Oxygen.

29. (413) How often do medical gas cylinders need to be hydrostatically retested?
    a. Yearly.
    b. Every five years.
    c. Always when empty.
    d. Immediately upon expiration.

30. (414) Which controlled schedule do items belong to if they have a high potential for abuse *and* are acceptable for medical use?
    a. C-I.
    b. C-II.
    c. C-III.
    d. C-IV.

31. (414) Which type of Drug Enforcement Administration (DEA) registration are Medical Logistics activities required to have?
    a. Hospital/Clinic.
    b. Practitioner.
    c. Distributor.
    d. Retail.

32. (414) Controlled storage area deficiencies must be reported to whom for corrective action?
    a. Medical treatment facility (MTF) commander.
    b. Medical group (MDG) administrator.
    c. Chief of security forces.
    d. Wing commander.

33. (414) According to the Comprehensive Drug Abuse Prevention and Control Act of 1970, how frequently is a formal controlled item inventory conducted?
    a. Monthly.
    b. Annually.
    c. Every two years.
    d. Every three years.

34. (415) Who manages the Department of Defense's (DOD) precious metals recovery program?
    a. Air Force Medical Operations Agency/Medical Logistics division (AFMOA/SGAL).
    b. United States Army Medical Materiel Agency (USAMMA).
    c. Defense Reutilization and Marketing Service (DRMS).
    d. Base Civil Engineering (CE).

35. (415) When processing a Precious Metals Recovery Program (PMRP) return from a customer, what reason is used for the turn-in?
    a. Excess.
    b. Suspended.
    c. Unserviceable.
    d. No longer required.

Student Notes

Unit 3. Inventory Management

INVENTORY MANAGEMENT, also referred to as stock control, has various responsibilities that all revolve around the maintenance of the stock record account. As the name suggests, the primary purpose of this unit is to better manage the account's inventory. The major responsibilities include monitoring and correcting levels based on usage rates, establishing procedures to maximize on-hand inventory accuracy while minimizing waste, while using and analyzing DMLSS data to support their actions. This unit is divided into three sections, inventory control, operating inventory procedures, and data retrieval.

Imagine for a moment how your stock record account would function if the responsibilities listed in the opening paragraph were not accomplished. Have you ever been in a store where you could tell the ownership had no inventory policy? Further, they had no idea of what they had on the shelves, in the storeroom or whether stock was missing. Topping it all off is a business with poor practices such as lack of good record keeping, methods for researching, and inventory control. This unit provides the information you need to prevent this nightmare from occurring at your account.

3–1. Inventory and Stock Control

A sound definition of inventory management is "the supply operation required to provide materiel economically when and where it is needed, and in the necessary quantity." One aspect of inventory management is stratifying inventory into its appropriate inventory type (category) and continually managing the movement between inventory categories. The other portion of inventory management is determining the ideal amount of a product to maintain while balancing the associated workload, costs, and risks. This section covers these concepts and teaches you how to effectively stratify your inventory and how to determine ideal stock control levels.

416. Inventory control

The term "stratify" literally means to "arrange in layers;" therefore it means to "arrange in suitable classes or categories." The MLFC is responsible for the proper application of inventory to the appropriate level or objective as defined in AFI 41–209, *Medical Logistics Support.* As with most of the MLFC tasks you play a major role in the completion of this task. In this lesson, you'll review the different inventory stratification types, states, and procedures used to determine how items are stratified.

Inventory stratification types

As we stated previously, the MLFC is responsible for balancing obligations and sales. Achieving this objective sometimes requires us to transfer or stratify materiel into various inventory types. This permits better management of the account under the Medical Dental Division (MDD)

inventory/capital control concept. The following categories are used in the inventory stratification of medical materiel.

Stratification Type Codes	
Code	**Description**
OPR	Operating
SPJ	Special Projects
WRM	War Reserve Materiel

Operating inventory

Operating inventory designates materiel in stock, maintained for day-to-day consumption and is readily available to be issued when and where it is needed. The MLFC establishes an inventory control policy to minimize the costs of having too much or too little operating inventory on hand. The inventory control policy involves balancing the carrying costs of storage space, capital, and deterioration of stock against the costs of being out of stock when the item is needed, losing quantity discounts for local purchase items, and administrative costs of processing additional orders.

Special projects inventory

Special projects inventory is the inventory stratification type used to identify, separate, and control medical materiel required for a specific or unique purpose. This material is not used to satisfy materiel requirements to support war plans or day-to-day operations. MAJCOMs will direct the items to be maintained in this inventory stratification type.

War reserve materiel

War reserve materiel is materiel required to support the capability of a medical unit to function effectively in a contingency situation. This stratification type is covered in volume 4.

Economic retention quantity

Economic retention is any inventory quantity that exceeds the current operating needs or levels, which can be used within the next 12 months, based on historical consumption, or is determined to be more economical to retain compared to future procurement.

Restratification of economic retention

Materiel stock on-hand that exceeds operating stock control levels, and the ERQ authorized, should be applied to standing requirements in the following order:

1. War reserve materiel (WRM) requirements. Consider WRM first because of the dollar savings offered to the account through use of supplies that would otherwise be disposed of through excess disposition procedures. Due to the nature of materiel stored in WRM programs, shortages are common. Some items will expire while others become unserviceable due to normal deterioration. In addition, WRM is historically never funded 100 percent.
2. Special projects. Since a stock control level cannot be established for a special project, the system does *not* stratify assets to or from this category. When necessary, you may transfer assets to or from special projects with MAJCOM approval.
3. Excess. Let’s not forget, excess should be the last resort for getting rid of unneeded materiel. Final disposition can result in an overall loss to the MDD if the excess came from operating stock and no creditable refund is received as a result of reporting excess to DLA.

The INTERNAL TRANSFER module in IM is used to transfer assets between inventory stratification types (i.e., transfers from operating to special projects or WRM). We will cover this module later in this lesson.

Stratification states

DMLSS provides the ability to identify and segregate assets by processing stratification state (condition) transfers. When you determine that the condition of a specific item changed (i.e., FDA recalls/alert notices quality assurance issues, safety, etc.), you must take actions to record the change. The stratification state codes are listed below:

Stratification State Codes	
Code	**Description**
FDA	FDA test.
REP	Reparable.
SER	Serviceable.
SUS	Suspended.
UNS	Unserviceable.

You can process stratification state changes between operating, special projects, and WRM stratification types. In addition to processing the change in DMLSS, you must promptly segregate the physical items into unserviceable, suspended, reparable, or FDA testing state from the other serviceable items. Inventory and verify these items at least quarterly. As with processing changes to stratification types, you use the INTERNAL TRANSFER module in IM to transfer assets between stratification states.

Internal transfers

Internal transfers allow users to restratify assets and transfer an item from one stratification state to another. Upon transferring an item, DMLSS will create both an inventory transfer gain (ITG) to the new stratification state and inventory transfer loss (ITL) to the old stratification state.

417. Processing gains and losses

In any operation or business there is a certain amount of operational loss. In this lesson we discuss a few procedures used in recording and accounting for losses to inventory, as well as the occasional gain (other than normal receipts).

Gains

Although the primary reason or cause for increasing/gaining inventory is processing receipts for materiel, several other reasons exist. Some inventory gains are due to uncovering items that were lost and dropped from inventory, while other gains occur as a result of property being shipped from one account to another. Occasionally, materiel is found on base, or property is donated to the medical facility. Let’s explore some of the reasons for gains.

Inventory Gains		
Transaction Code	**Description/Reason Type Code**	**Purpose**
IAG	Inventory Adjustment gain (No reason type)	The balance of an item in a specific stratification increased due to a spot or cyclic inventory.
SHG	Shipment gain: In shipment gain (SFG)	An item was transferred between accounts.
MSG	Individual/Component Gain (IIG)	Miscellaneous gain.
MSG	End/Kit Item Gain (EIG)	Miscellaneous gain.
TIG	Turn-in Adjustment Gain: Found on Installation (FBG)	A supply or equipment item was found and turned in to Log.
SHG	Shipment gain: Donated Item Gain (DPG)	An item was donated to the command.
SHG	Shipment gain: Receipt from DRMS (FZG)	An item was received from DRMS.

Inventory Gains		
Transaction Code	**Description/Reason Type Code**	**Purpose**
MSG	Capitalization of stock fund (SF) asset (MDG)	Miscellaneous gain.

Inventory adjustment gain

The inventory adjustment gain (IAG) is processed to increase the balance records when the quantity of actual stock on hand is more than the quantity reflected on accountable records. Prior to using this reason for the gain, be sure you thoroughly research the item or items.

In-shipment gain

The in-shipment gain (SFG) is used to record individual gains from other medical materiel accounts. Place the computer-assigned document number on the receipt document before placing it in the permanent document file.

Found on installation

The found on installation (FBG) reason is used to process medical materiel (supply or equipment) found on base, outside of the MTF, and turned in to LOG. FBG materiel includes medical materiel that was lost, abandoned, or is not in the custody of an individual or organization. Additionally, medical consumable supplies obtained from individual patients, Office of Special Investigations seizures, or other sources where management controls are unknown or suspect will be considered FBG materiel. FBG materiel reported to medical logistics is considered *unserviceable* until proven otherwise by formal evaluation. The FBG normally is processed into unserviceable, suspended or repairable inventory states. Prepare a DD Form 1348–1, Single Line Item Release/Receipt Document or 1A, Issue Release/Receipt Document, as a source document. Annotate the computer-assigned document number on the DD Form 1348–1 prior to placing it in the permanent file.

Receipt from Defense Reutilization and Marketing Service

Often, hospital personnel will screen Defense Reutilization and Marketing Service (DRMS) stock looking for a needed item. Any Air Force member or employee may screen property at the DRMS; however, the property may be withdrawn only when authorized by the MLFC or a designated representative. The receipt from DRMS (FZG) reason is used to gain materiel drawn from DRMS. Prepare a DD Form 1348–1A as a source document. Annotate the computer-assigned document number on the DD Form 1348–1A before placing the form in a permanent file.

If you are withdrawing an item that was originally sent to DRMS by the MTF (our own excess that was turned-in) the materiel must be sold to the customer. In other words, you can't send your own stock to DRMS, withdraw it later, and then give it away.

Losses

There will be times when you will have losses to inventory. The reasons for losses discussed here are losses caused by normal supply activities. Any losses caused by other than normal supply activities such as fire and theft must be documented by reports of survey or statements of charges. Reasons for losses are listed below.

Inventory Losses		
Transaction Code	**Description/Reason Type Code**	**Purpose**
SHL	Shipment loss: Out shipment to DRMS (TZL)	An item was turned in to DRMS.
IAL	Inventory Adjustment Loss (IAL)	The balance of an item in a specific stratification decreased due to a spot or cyclic inventory.
SHL	Shipment Loss: Out shipment loss (SFL)	An item was transferred between MDD accounts.

Inventory Losses		
Transaction Code	**Description/Reason Type Code**	**Purpose**
TIL	Turn-in Adjustment Loss: Return to Source of Supply (RTL)	A supply or equipment item has been offered as excess and returned to the source of supply.
MSL	Individual/Component Loss (IIL)	Miscellaneous loss.
MSL	End/Kit Item Loss (EIL)	Miscellaneous loss.
TIL	Turn-in Adjustment Loss: Return Item for Trade-in (TRL)	A supply or equipment item was returned to the source of supply for trade-in.
IAL	Natural Disaster Inventory Loss (MIL)	The balance of an item in a specific stratification was decreased due to the item being destroyed by a natural disaster.
MSL	Decapitalization of stock fund (SF) asset (MDL)	Miscellaneous gain.

Out shipment to DRMS

Out shipments to DRMS (TZL) are used to record losses when medical logistics forwards materiel to the DRMS as directed by higher authority or in accordance with written guidance. Normally, medical materiel that cannot be redistributed and does not meet the criteria for destruction will be turned in to DRMS. Enter the computer-assigned document number on the shipping document prior to processing the shipment to the gaining activity. File one copy of the DD Form 1348–1A, signed by the DRMS representative, in the permanent document file to support the loss to inventory.

Out shipment loss

An out shipment loss (SFL) is used to record individual out shipments to another medical materiel account. DMLSS assigns a document number to each SFL processed. Place this document number on a shipping document. Ensure a copy of the shipping document is attached to each item being shipped. In most cases, these out shipments will consist of materiel that you have reported as excess.

Return to source of supply

The return to source of supply (RTL) action is used to record the out shipment loss of materiel returned as directed by DLA, GSA, AFMSA, or other authority for materiel returned to commercial vendors. Enter the computer-assigned document number on the shipping document prior to processing the shipment to the gaining activity

Return item for trade-in

The return item for trade-in (TRL) action is used to record the out shipment loss when an asset is shipped to a commercial source as a trade-in towards the purchase of another item. Enter the computer-assigned document number on the shipping document prior to processing the shipment to the gaining activity.

418. Establishing stock control methods

Medical Logistics inventory control policies require that we maintain sufficient stocks on hand to provide required materiel when needed. The primary keys to effective inventory management include factors such as local needs, economical investment in inventory, customer requirements, and medical mission requirements. We must consider these factors when we establish and revise stock control levels. This lesson covers some of the important principles of inventory control that are used to establish stock control levels.

The MLFC establishes the inventory control policy. In this lesson, you'll review the following two main methods of inventory control: stockless/just-in-time (JIT) and economic order quantity (EOQ) method.

Stockless/just-in-time

The stockless/JIT inventory method eliminates warehouse inventory and the associated overhead costs of operating a warehouse. Items managed as "stockless" are delivered directly to the requesting activities after being received. Electing to use the stockless/JIT inventory method requires extremely reliable suppliers and short delivery timeframes (24 hours to five days maximum).

The stockless/JIT inventory method allows the MLFC to focus manpower on providing logistics services directly in patient care areas by eliminating much of the need to manage warehouse stocks. Additional personnel may need to be assigned to the acquisitions department to cover the increase in daily ordering.

There are risks to this concept since no safety stocks are available for demand fluctuations, bad weather, and so forth. Prior to implementing any form of a stockless/JIT inventory policy, the MLFC should consider the following:

- Reliability of suppliers for different commodity lines.
- Ability of logistics staff to support ordering and receiving more frequently.
- Customer comfort level when no safety stock is available.
- Availability of adequate distribution systems and material handling equipment.
- Availability of backup supply sources.

Using this method, inventory control is applied to the maintenance of operation and maintenance (O&M) funded stock that is owned and stored at the using activity's level. There is no stock level maintained and no materiel stored in the warehouse. Instead, all stock is issued to, delivered to, and stored by the using activity. The stock is inventoried based upon predetermined schedules, and requirements are identified depending on the replenishment method used.

Economic order quantity

The EOQ inventory control method uses a minimum-maximum system to control operating inventory. Unlike the stockless/JIT method, the EOQ method maintains warehouse inventories for regularly used items. The planned minimum stock position under EOQ is the *safety level*, and the planned maximum is the *stock control level*. The safety level is the *least* amount of supplies you should have on hand (planned minimum) to support projected needs. This reserve can be used if receipts are delayed or if there are no projected increases in issues. The planned *maximum* of an item (referred to as the stock control level) should consist of the on-hand and on-order *minus* due-outs at any one time for operating purposes. The goal is to maintain stock between these two positions. While the on-hand quantity should not exceed the stock control level, requisitioning should occur in time to ensure receipt before stock on hand reaches the safety level. The EOQ method is more suitable for items whose supplier has a long (greater than one week) delivery timeframe. Using this method, inventory control is applied to assets owned by MDD of the Air Force Working Capital Fund (AFWCF).

Near-stockless

The MLFC at each account must determine which inventory control method best meets their accounts needs. However, for most bases, a combination of the two has shown to be ideal. Rarely should any account be completely stockless, nor should they stock every single item. Instead, the last decade has shown us that a combination of the two is ideal. The term "near-stockless" is used to describe an account that primarily uses the stockless/JIT concept, but backs it up with EOQ for a limited amount of long-pipeline items. Under this concept, every effort should be made to convert EOQ items to JIT by working with your prime vendor in an attempt to find a suitable substitute which they carry. Alternatively, you may request that the PV carry the item for you provided you have enough projected usage.

DMLSS computes a stock level based on the following factors:

1. History Begin Date (HBD)—Occurs when the first recurring issue of an item is recorded.
2. Daily Demand Rate (DDR)—The amount of stock consumed daily.
3. Requirement Code—Based on the projected dollar value of annual issues.
4. Safety Level Quantity—Equals the minimum number of days of stock to keep on-hand.
5. Economic Order Quantity (EOQ)—The number of days of stock deemed economically prudent to requisition.
6. Average Pipeline Time—The number of calendar days between the date a requisition is made and the date the materiel is received by medical materiel personnel.

DMLSS level computation policy

DMLSS has three options available for the level computation method:

1. Standard (STD) Leveling Algorithm.
2. Days of Stock.
3. Wilson EOQ.

These level control options are located in the system services application in the COMPUTATION tab of the materiel management (MM) SERVICE DETAIL. Air Force policy dictates this option always be set to "Days of Stock." The MLFC or system administrator is responsible for ensuring that medical logistic accounts operate in the Days of Stock level computation method. Generally, only the MLFC and materiel manager can edit information used for level computations so *do not* edit this information without their approval or guidance. In DMLSS you can establish and/or edit the level computation environment factors from the following modules:

1. System Services (SS) TMU ENVIRONMENTAL TABLE.
2. SS MM SERVICE DETAIL COMPUTATION tab.
3. Inventory management (IM) SOS ENVIRONMENT tab.
4. IM MTF CATALOG, LOG CAT tab.

Since only the MLFC or materiel manager accomplishes adding and/or editing the level computation methods in DMLSS, we will only briefly cover each module.

SS TMU ENVIRONMENTAL TABLE

TMU is a listing of all the values and codes used in DMLSS. To access this table, you need to go into the SS application and click on the TMU button on the horizontal toolbar or select Table Maintenance Utility from the NAVIGATE menu.

SS MM SERVICE DETAIL window

Details the factors and method used to determine stock levels. Air Force policy dictates that medical logistics accounts operate in the Days of Stock level computation method.

IM SOS ENVIRONMENT tab

In the SOS Environment tab, you can add and/or edit the factors (environment information) that are used to compute levels for items from a specific SOS. Remember; do not adjust these factors without the approval of the MLFC or materiel manager.

IM MTF CATALOG LOG CAT tab

In the IM application, you can change the computation method for an individual item. If you'll recall, in DMLSS, you can choose between three types of levels:

1. Static—the user maintains the level. After 90 days of consumption, the system will provide recommended level changes.
2. Core—computer controlled.
3. Stockless—customer will use the item but not stock it.

IM recommended level changes

DMLSS conducts automatic leveling during the end-of-month (EOM) processing and makes recommendations for level changes based on consumption history. The recommendations are posted as an "IM Recommended Level Changes" pending action message in the INBOX. DMLSS groups and displays recommended level changes into the following three categories and sequence:

1. Critical core items with a recommended level of zero.
2. Nonstocked items with a recommended level.
3. Static items with a recommended level change.

Self-Test Questions

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

416. Inventory control

1. Who is responsible for the proper application of inventory to the appropriate level or objective?

2. Name the three medical materiel inventory stratification types.

3. What type of inventory category designates materiel in stock maintained for day-to-day consumption and is readily available when and where it is needed?

4. Who establishes an inventory control policy to minimize the costs of having too much or too little operating inventory on hand?

5. What type of inventory is the inventory stratification type used to identify, separate, and control medical materiel required for a specific or unique purpose?

6. What type of inventory stratification type is materiel required in addition to primary operating stock necessary to support the capability of a medical unit to function effectively in a contingency situation?

7. What term identifies an inventory quantity that exceeds the operating level, and can be used within 12 months based on historical consumption?

8. List the order in which on-hand materiel stock that exceeds operating stock control levels should be applied to standing requirements.

9. What DMLSS module is used to transfer assets between inventory stratification types?

10. List the five stratification states in DMLSS.

11. What two transactions are created upon transferring an item?

417. Processing gains and losses

1. Match the inventory gain transaction code in column B with its description in column A. Items in column B are used only once.

Column A	*Column B*
____ (1) Inventory Adjustment.	a. DPG.
____ (2) In shipment.	b. EIG.
____ (3) Individual/Component.	c. FBG.
____ (4) End/Kit Item.	d. FZG.
____ (5) Found on Installation.	e. IAG.
____ (6) Donated Item.	f. IIG.
____ (7) Receipt from DRMO.	g. SFG.
____ (8) Capitalization of Stock Fund Asset.	h. MDG.

2. Match the inventory loss transaction code in column B with its description in column A. Items in column B are used only once.

Column A	*Column B*
____ (1) Out shipment to DRMS.	a. EIL.
____ (2) Inventory Adjustment.	b. IAL.
____ (3) Out shipment.	c. IIL.
____ (4) Return to Source of Supply.	d. MDL.
____ (5) Individual/Component.	e. MIL.
____ (6) End/Kit Item.	f. RTL.
____ (7) Return Item for Trade-in.	g. SFL.
____ (8) Natural Disaster.	h. TRL.
____ (9) Decapitalization of Stock Fund Asset.	i. TZL.

3. Normally, to what agency do you turn in medical materiel that cannot be redistributed and does not meet the criteria for destruction?

4. Which loss is used to record individual out shipments to another medical materiel account?

5. Which action is used to record the directed out shipment loss of materiel returned to a commercial vendor?

418. Establishing stock control methods

1. Who establishes the inventory control policy?

2. Name the two main methods of inventory control.

3. What inventory control method eliminates warehouse inventory and the associated overhead costs of operating a warehouse?

4. What inventory control method allows the MLFC to focus manpower on providing logistics services directly in patient care areas?

5. What inventory control method applies inventory control to O&M assets owned by a using activity?

6. What is the safety level in inventory control?

7. Explain the planned maximum stock control level?

8. What inventory control method applies inventory control to assets owned by the MDD?

9. How does DMLSS assign requirement codes?

10. What term describes the number of days between the date of a requisition and the date the materiel is received by medical materiel personnel?

11. Name the three options for level computation methods in DMLSS.

12. What level computation method are all Air Force DMLSS users directed to use?

13. Generally, who can edit information used for level computations in DMLSS?

14. Name the DMLSS modules where level computation environment factors can be established and/or edited?

15. Name the three types of levels in DMLSS.

16. What level type is user maintained?

17. What level type is computer controlled?

18. What level type designates items that a customer will use but not stock?

19. When does DMLSS conduct automatic leveling?

20. How does DMLSS make recommendations for level changes based on consumption history?

21. Name the three categories of DMLSS recommended level changes.

3–2. Operating Inventories

Have you ever gone grocery shipping without taking notice of what was already available at home? Then, later returned home to discover that you did not need more of an item because you already had plenty? I'm sure you may have thought to yourself that it was a waste, especially if the new item had a short expiration date. This oversight could have easily been prevented by taking a quick inventory of your on-hand assets before leaving. It is just as crucial to Medical Logistics that we maintain accurate inventory records to avoid spending tax-payer's dollars on items that we do not need.

In this section, you will study the various types of inventories, when to initiate them, how you manage them, and what information you may expect to gain. You will also learn about the necessary adjustments to inventory records and how to process the various inventory related DMLSS transactions.

419. Physical inventory preparations

As you've learned, materiel represents money—funds appropriated by officials elected by the citizens of the United States. You, as a member of the Air Force, should be committed (and are legally bound) to efficiently manage the resources for which you are responsible. Inventory is one of the most important systems used to support good medical materiel management. This lesson will cover the basic concepts involved in processing an operating stock inventory.

Establishing inventory guidelines

Before you begin studying inventories, let's be sure that you understand the meaning. The term has two definitions, one when it is used as a noun and another when it is used as a verb. When the term *inventory* is used as a noun, it refers to *quantities* of materiel; used as a verb, inventory means to *make a physical count* or list of materiel. We'll use the term in both forms.

The objective of a physical inventory is to verify on-hand catalog record balances against actual stocks on hand. We cannot say that we never make errors. Rather, we must realize that even in the best of operations some errors are made. We must find these errors and make the correct adjustments as quickly as possible.

Before initiating an inventory a few general guidelines must be created. First, customers must be notified in advance of the pending temporary shut-down. If the inventory is expected to be short (i.e. a few hours) the closure is likely to go unnoticed. If the closure is expected to last a few days, customers must be advised to place their orders early to cover the closure period. Next, a team must be selected. Typically, teams of two or three work well with at least one individual having thorough experience who can train the remaining team member(s). Each team should be given a specific inventory segment and should not re-count their own segment if another count is required. Prior to starting the inventory, everyone involved should receive training on how to identify, count and annotate both regular items and write-ins that are not listed on their count sheets.

Types of inventories

There are two types of inventories used to satisfy our annual inventory requirement: complete and cyclical.

A *complete inventory* is a physical count of all property during a specified period. This type of inventory is normally used at medium and small sized accounts having less inventory. In a complete inventory, all on-hand stock is inventoried during the same period.

A cyclical inventory is a physical count of selective groupings/segments during a specified period. For example, during a cyclical inventory in January you may inventory FSCs 6505 through 6515, in May FSCs 6520 through 6640, and in August FSC 6645 and all remaining FSCs. Cyclical inventories are commonly used at larger MTFs that have medium to very large inventories. Cyclical inventories allow the MLFC to shut down normal materiel operations for short periods and complete the annual inventory requirement in segments rather than all at one specified time, which could take days.

In addition to complete and cyclical inventories, special inventories may be completed as directed. Special inventories generally involve one or more specific items, or a specific FSC or segment. Since the intent is limited and specific in nature, this type of inventory does not count towards our annual requirement. The MLFC may direct that a special inventory be performed for items when the following conditions exist:

1. The storage and distribution section is unable to furnish the required quantities for issue.
2. The storage and distribution section shows an item on hand for which there is no recorded stock balance.
3. Obvious storage discrepancies are discovered, such as an overage or shortage in a container count.
4. There is an internal packaging change on an adjusted unit of issue item.
5. Customers complain about shortages in unopened, sealed containers.

Frequency of inventories

A complete or total cyclical inventory must be accomplished annually (once a year). For example, if the last annual inventory was completed on February 25, 2014, the next annual inventory must be completed on or before February 25, 2015. When the inventory accuracy of a specific inventory

segment is less than 95 percent, that segment must be reinventoried within six months. However, this will not exempt the requirement for the regularly scheduled annual inventory.

If mission-related complications occur, a delay in performing the annual inventory may be warranted. A waiver for the required annual inventory is authorized only when unavoidable, or when unforeseen circumstances prevent taking an inventory. Requests for waivers must be forwarded to the Air Force Medical Operations Agency/Medical Logistics Division (AFMOA/SGAL) for approval.

Preparing for an inventory

To ensure efficiency in performing an inventory, plan all aspects of the program in advance. Good planning, of course, is a good management procedure in any phase of medical materiel, but it is particularly important where an inventory is to be accomplished. The following information explains the inventory planning process.

Plan the inventory

Make thorough preparations to do an accurate inventory with the least amount of disruptions. The plan should provide for the minimum amount of interruptions in the normal supply operations. Before an inventory begins, take the following actions as soon as possible:

- Establish the inventory deadline date.
- Notify using activities.
- Make individual assignments of personnel.
- Train personnel on inventory procedures.

Deadline date

Establish an inventory date for selected items to be inventoried. This is the date that the inventory count is scheduled to begin. After the date is established, notify all using activities of that date. To prevent the inventory from interfering with their mission, using activities need advance notice to regulate or restrict issue requests.

Assignments and responsibilities

Give those taking part in the inventory their assignments and responsibilities, and prepare and distribute a schedule of assignments as soon as possible. Personnel assigned to perform inventory counts are *not* permitted to process inventory adjustments. To help ensure the inventory is performed as accurately as possible, the Count List used by the inventory team *must not contain* inventory balance data (on-hand balances) except when inventorying WRM assets. Train your inventory staff in advance on inventory procedures. This training should include, but is not limited to, the following:

- Correct reading of stock numbers/item ID and other pertinent data on all documents or records used during the inventory.
- Sequence and arrangement of stock balance and locator information, and types of condition tags on property.
- Sequence and arrangement of storage and distribution locations, including multiple storage locations.
- Counting methods, including trial counting, for training purposes.
- Procedures for annotating inventory documents.

Complete stock updates

It is important that all receipts are processed and stock placed in storage *before* starting the inventory. Once the inventory is started all affected items are locked (frozen) so that no further processing can take place against them. Therefore, pending receipts should either be received and placed in stock or segregated, if not received before the inventory freeze. You should also examine and process all other transactions that would affect the inventory, issues, turn-ins, destructions, excess shipments, and suspensions. Ensure all materiel is placed in its correct storage location and all processed issues are

pulled from inventory. Designate a segregated storage area for storing items delivered after the inventory deadline date. Adding new stock to the shelves after the inventory has been frozen will cause inventory count errors and require countless hours of research time.

Opening packages

During the inventory, you do not need to open unopened packages unless the information on the outside of the package is not legible or does not contain sufficient information to indicate the correct quantity. Or, you may want to open a package if there is reason to suspect the contents are damaged or misidentified.

Preinventory counts

Preinventory counts may be taken and accepted for inventory purposes of closed stocks of non-deteriorating, long-term stocked items in bulk storage. Preinventories of WRM are an example. When this is done, a placard is displayed on each stack containing the item ID, total box or container count, total item count, date of count, and name of person performing the count.

Conducting a physical inventory

Now let's take a look at some general procedures involved in conducting the inventory. Inventories can be very labor intensive; however the importance of counting each item cannot be overstated. Take that extra minute to check behind boxes and on the floor behind the storage shelf. The better the job you do the more accurate the inventory results.

Inventory controls

The MLFC establishes the exact controls to be maintained over the inventory count documents prepared prior to or during the course of the inventory. The inventory NCOIC will distribute the Inventory Count Lists to the inventory count teams, where the actual count is written, during inventory, in the physical count/initials column of the Inventory Count List. The inventory counter enters the quantity physically counted and initials in the appropriate space of the inventory document. As mentioned earlier, you should probably perform an inventory of expiration dates at the same time an inventory count is being made. Results of the expiration date inventory may be annotated in the remarks section of the count list.

Inventory counts

When making the count, give special attention to avoiding omissions, particularly when inventories are stored in several locations, such as WRM, suspended, loose, bulk, and pallet. Include any items discovered during the inventory that do not appear on an inventory count list by adding the appropriate information (i.e., quantity, location, and item ID) on the bottom of the inventory count list. Procedures should ensure the inventory includes rechecks to determine whether any item is not counted during the inventory.

Spot checks

The inventory supervisor may perform a spot check for physical re-counts, and, if verified, should initial the appropriate space on the Inventory Count List.

Count comparisons

The inventory research team compares the actually quantity counted with the DMLSS on-hand quantities. Initially, when the inventory count and the balance in DMLSS do not agree, a second count is conducted. If the second count does not agree with the first count a third count will be directed. If the third count does not agree either, the item will be referred to the inventory research team for resolution. Normally, third recounts are not needed. After the final count, it is time to research and decide on how to correct the error in inventory.

420. DMLSS inventory procedures

When you are ready to start the physical inventory all steps, from locking the inventory to finalizing it, will be processed through the DMLSS IM module.

Initiating an inventory

A typical inventory process begins with selecting a set of items and locking them for inventory. Then count lists are generated and assigned to teams for counting. The resulting counts are then documented. After all required counts for an item have been completed, the potential gain or loss is documented and the item is available for research. After all required research has been completed, the inventory is finalized. A physical inventory may be for an entire customer area, a storage area, selected locations, or selected item IDs. Basically, the physical inventory process consists of five main steps:

1. Selecting the inventory segment: Identify the scope of the inventory and lock the items.
2. Generating count lists: Create count lists and assign to counters. Breaks the inventory into manageable sections. You can move items from one count list to another. This is helpful in assigning similar numbers of records to multiple count lists.
3. Document physical inventory counts: Counting the items in the inventory and then annotating on count list or entering the physical counts in DMLSS.
4. Researching discrepancies: This step is only necessary if after entering three counts for the inventory, you still have discrepant amounts. Select items needing research and research/resolve potential inventory adjustments.
5. Finalizing the inventory: This step involves reviewing and processing inventory adjustments and post inventory actions before finalizing the inventory.

Inventory control number status

You can view the status of the inventory in the PHYSICAL INVENTORY CONTROL NUMBER STATUS window. In this window you can see the current processing status of all inventories that are in progress. The processing status of an inventory can be any of the following:

- Counting—All counts have not yet been completed.
- Research—All counts have been completed, but required research has not been completed.
- Finalization—All required actions have been completed and the inventory is ready to finalize.

While counting is in progress, you can view the COUNT LIST DETAIL window by double-clicking an inventory control number or by clicking the DETAIL button. Then you can assign a count list or reassign a list to a different count team. When the window appears you do the following:

COUNT LIST DETAIL Window	
If	**Then**
You want to see all the count lists for a particular team.	In the View All Count Lists for Team field select the team and click on GO.
You want to see all the count lists for the inventory control number.	Click the GO button next to the inventory control number.
You want to assign a count list to another team.	In the list of count lists, next to the count list number, select the team and click on SAVE.
You want to print the details in the window.	Click PRINT.

Cancel an inventory

In the INVENTORY CONTROL NUMBER STATUS window, you can unlock all records that are locked by a physical inventory in progress by selecting and canceling the inventory. To cancel an inventory, select it from the list and click on the CANCEL icon on the vertical toolbar. DMLSS will prompt you with a confirmation message to verify that you want to complete the cancellation action. Click YES and the inventory is canceled and the items are unlocked.

Selecting the inventory segment

Use the PHYSICAL INVENTORY window to search for and select physical inventory segments for processing. Locked items are assigned to inventory segments in item ID sequence so that a portion of

an inventory can be repeated later if found to be below desired accuracy standards. The size of each segment depends on the number of items locked for inventory. If the number of items locked is less than 1,000, each segment is 50 items. If the number of items locked is greater than 1,000, each segment is 100 items. Users can also display locked physical inventory items for processing. DMLSS allows searches for inventory segments in inventory management or assemblage management by:

- IM/Assemblage Management (AM) Scope.
- Stratification Type.
- Stratification State.
- Item ID (for those items with an on-hand balance).
- Location.
- Sub Location.
- Storage Area.
- Organization.

To select an inventory segment, from the NAVIGATE menu, point to PHYSICAL INVENTORY and click SELECT INVENTORY SEGMENT. The PHYSICAL INVENTORY–SELECT INVENTORY SEGMENT window appears with the search Scope defaulted to IM. Users can select a STRAT TYPE and STRAT STATE or elect to process with the defaults.

Select at least one of the available processing options (Item ID, Location, Storage Area) or select information from all three for the inventory. Multiple Item IDs can be selected using CTRL and clicking each item or using shift and selecting a list of items. Selecting locations and storage areas establishes an inventory segment for all items associated with the chosen location or storage area. Click the SEARCH button on the vertical toolbar after the information is entered. DMLSS compiles the information, locks the item for inventory, and displays the results in the SEARCH RESULTS tab.

Users have the option of adjusting inventory criteria in the SEARCH RESULTS tab. Place a checkmark in the inventory checkbox for each item included in the inventory segment. Users can click the SELECT ALL and then the INVENTORY button at the bottom of the window if all items require processing. Items not selected for inventory will be unlocked and returned to normal operating status. After all items are selected click the PROCESS INV button on the vertical toolbar. A message is displayed providing the inventory control number. This control number identifies the inventory segment that was just created and represents all of the items, locations, and storage areas you selected in the segment. Click the OK button and DMLSS displays the option for you to generate count lists. You have the option of generating separate counts lists for each storage area or location. Click the OK button and DMLSS will take you to the second step of generating count lists and assigning teams.

DMLSS will store all inventory segments in the PROCESS COUNTS window until the inventory is processed or cancelled. This is the last opportunity to cancel an inventory segment. Once a segment is selected and SEARCH is clicked the inventory locks until processing is complete.

Generating count lists

When you have selected the inventory segment and DMLSS has assigned an inventory control number (ICN), the GENERATE COUNT LISTS window will open. You can also access this window from the NAVIGATE menu, PHYSICAL INVENTORY and selecting GENERATE COUNT LISTS. In this window, you can create count lists for an ICN, assign those lists to count teams, and view the distribution of items by team or count list. Up to 26 count teams (teams A through Z) can be used for inventories. If you decide to generate the count lists, DMLSS will prompt you to enter the count list information and then displays the GENERATE COUNT LISTS AND ASSIGN TEAMS window. From this window you can add count teams and the number of lists required for an inventory segment. Count lists for the inventory are printed from the PHYSICAL INVENTORY REPORTS module. Enter the ICN and print the required count lists. The STATISTICS icon on the vertical

toolbar of the GENERATE COUNT LISTS AND ASSIGN TEAMS window enables you to view the total number of item locations and percentages counted by count team or by count list. This function provides a snapshot of the inventory progress at a given point between the start and finish of the inventory. The ICN status identifies the current status of an active inventory. The window lists all active ICNs, current status or progress, and the number of records. You can view the count list summary information for items with the process status of counting by clicking the DETAIL icon or double-clicking the ICN. DMLSS does not track which individuals belong to a particular count team. If necessary, document this information on a letter and file it with other completed inventory documentation.

You can perform the following tasks in the GENERATE COUNT LISTS window:

- Add a count list: Depending on the size of the inventory segment, click on the ADD COUNT LIST button to add as many lists as necessary and assign them to teams.
- Add a team to the list of available inventory teams: Up to 26 count teams (teams A through Z) can be used for an inventory. These teams can be selected in the ASSIGNED TEAM field. To add another team to the list (for example, if teams A through D already appear in the list, but you need a team E) click on the ADD TEAM button and the next alphabetical team is now available in the ASSIGNED TEAM field.
- Assign a team to a count list: Select a team from the ASSIGNED TEAM field dropdown list for the count list number displayed next to this field and click the SAVE button on the vertical toolbar.
- Move selected items on a count list to another count list: To move an item to another count list, select the item(s) to be moved in the lower section of the window. You can select multiple items by pressing the SHIFT or CTRL keys on your keyboard while selecting the items with the mouse. In the CHANGE HIGHLIGHTED ROWS TO COUNT LIST field, select the new count list and then click the APPLY and SAVE buttons.
- Regenerate count lists: If you want to regenerate a count list (for example, if you want the list sorted differently), click on the REGEN LISTS icon on the vertical toolbar. This action will open the GENERATE COUNT LISTS AND ASSIGN TEAM CRITERIA window where you will select the ICN, break and sort criteria for the list, and click OK.
- View the statistics for a count list: To view the statistics for a physical inventory count list, click on the STATISTICS icon on the vertical toolbar to open the window. Once in the window, select TEAMS or COUNT LISTS to view specific statistics by inventory teams or count lists. You can also select PRINT to print the statistics or click OK to close the window.

To print the count lists, access the NAVIGATE menu, select PHYSICAL INVENTORY, REPORTS to display the PHYSICAL INVENTORY REPORTS window. Select the INVENTORY COUNT LIST and click on the VIEW icon on the vertical toolbar. DMLSS will display the SPECIFY REPORT SELECTION CRITERIA—INVENTORY COUNT LIST window. Select the ICN and count list(s) you want to print and click OK to view them in the INVENTORY COUNT LIST—IM window. Click on the PRINT icon on the vertical toolbar to print the report. You will have to repeat this process to print new count lists for counts 2 and 3 if necessary.

Processing the inventory

When you begin an inventory, an ICN is assigned for the selected inventory segment. In the CRITERIA FOR ENTERING PHYSICAL INVENTORY COUNTS window, you can select a count list number and retrieve the related items to record/enter the counts. The search criteria are slightly different for AM or IM inventories, but the basic functionality is the same for both. You can perform the following tasks in the CRITERIA FOR ENTERING PHYSICAL INVENTORY COUNTS window:

- Enter an inventory count.

- Use an HHT to enter an inventory count.

To enter an inventory count, from the NAVIGATE menu, select PHYSICAL INVENTORY and then click on ENTER COUNTS. This action displays the CRITERIA FOR ENTERING PHYSICAL INVENTORY COUNTS window. Select the criteria for the inventory count you want to enter and click the SEARCH icon on the vertical toolbar. The next window you will see is the ENTER COUNTS FOR PHYSICAL INVENTORY: (ICN) window. In this window, in the available count column (1st, 2nd, or 3rd), enter the inventory count. You can also perform the following actions by clicking on the buttons at the bottom of the window:

ENTER COUNTS FOR PHYSICAL INVENTORY Window	
If	**Then**
You want to undo the counts that you have entered.	Click the REMOVE COUNTS button.
You want to use the on-hand balance number for the first count.	Click the MOVE O/H INTO 1st COUNT button.
You want to use the numbers from the first count for the second count.	Click the MOVE 1st COUNT INTO 2nd COUNT button.
You want to use the numbers from the second count for the third count.	Click the MOVE 2nd COUNT INTO 3rd COUNT button.

If while entering the inventory count you find that an item was not included in the original inventory, you can add the item to the inventory by clicking on the ADD ITEM icon on the vertical toolbar. DMLSS will display the PHYSICAL INVENTORY—ADD ITEM window. Enter the item ID and the 1st count for the item and if necessary update the MTF catalog record by clicking on the MTF CAT icon on the vertical toolbar. Click the PROCESS ITEM to add it to the inventory and DMLSS will return to the ENTER COUNTS window. Clicking on the SAVE icon completes the process for 1st counts and the system determines which items can be dropped from the inventory. Quantities that are different from the on-hand quantity require a recount. The ENTER COUNT window will display only the items that have an out-of-balance from the first count. You will need to repeat this process for 2nd and/or 3rd counts if necessary. DMLSS processes the physical inventory counts as follows:

- No processing occurs until all locations for an item have been counted.
- All entries for locations other than the primary location are displayed with an asterisk (*) after the quantity (IM scope only).
- Once all locations for an item have been counted, the sum of all counts is compared to the recorded inventory balance.
- If the balances agree, the item is unlocked and removed from the inventory.
- If the balances disagree, and it is either the 3rd count or the 1st/2nd count and the value of the potential inventory adjustment is below the count criteria value, no further counts are required.

Self-Test Questions

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

419. Physical inventory preparations

1. What is the objective of taking a physical inventory?

2. Name the two types of inventories used to satisfy the annual inventory requirement?

3. What type of inventory is a physical count of all property during a specified period and is normally used at medium and small accounts?

4. What type of inventory is commonly used at larger MTFs that have medium to very large inventories?

5. What is the minimum frequency for an inventory?

6. Who approves a waiver request if circumstances *do not allow* a required inventory to be taken?

7. Before beginning an inventory, what are some inventory preparations?

8. What is the inventory deadline date?

9. Why is it important to designate a segregated storage area for storing items that are delivered after the inventory freeze?

10. When are sealed packages opened?

11. When can preinventories be taken and accepted for inventory purposes?

12. Who prescribes the exact controls to be maintained over the inventory count documents?

13. Who initials each entry on the physical inventory count list?

14. Who may perform spot checks for physical counts, and if verified, must initial the Inventory Count List?

15. Who compares the quantity actually counted with the DMLSS on-hand quantities?

420. DMLSS inventory procedures

1. Name the five main steps of the physical inventory process.

2. What DMLSS window allows you to view the current processing status of all inventories in progress?

3. Name the three processing statuses of an inventory.

4. What DMLSS window allows you to assign a count list or reassign a list to a different count team?

5. How many items are in a segment when the number of items locked for inventory is less than 1,000?

6. How many items are in a segment when the number of items locked for inventory is greater than 1,000?

7. In DMLSS, when does the inventory become locked with no opportunity to cancel until processing is complete?

8. When generating count lists, up to how many count teams can be used for inventories?

9. What function in DMLSS provides a snapshot of the inventory progress at a given point between the start and finish of the inventory?

10. List the tasks you can perform in the GENERATE COUNT LISTS window.

11. What DMLSS window allows you to enter inventory counts?

12. What action do you take if you want to use the numbers from the first count for the second count when entering inventory counts?

13. When entering inventory counts, what action does DMLSS process if the balances agree?

3–3. Data Retrieval

In this section we will cover some miscellaneous inventory management functions that we have already touched on briefly. Specifically, DMLSS provides a variety of inquiries, standard reports, and pending action reports to help you manage your account. Each inquiry, report, and pending action will help you manage a certain process. In this section, we will distinguish the differences between an inquiry, a report, and a pending action and also cover various ways to request and process these items.

421. Generating inquires

In general, an inquiry is nothing more than processing a query of the DMLSS database. The inquiry is usually a "search" query available in each application. Depending on the reason for your inquiry, you may be able to print the results of your search or access specific details of the data you need. In most cases, the information you search for is required to answer a customer's question, initiate procurement action, or make a stock objective decision. Inquiries are user generated. Meanwhile, DMLSS facilitates those requests.

As mentioned previously, an inquiry is a query of the DMLSS database. There are two basic inquiries you will perform frequently: search and transaction history inquiries. You have the option to perform these inquiries in each DMLSS module.

Search inquires

The process for performing a "search" inquiry involves accessing a specific module and clicking the SEARCH button on the vertical toolbar. DMLSS will display the SEARCH button only when that option is available. Before you click on this button, you will have to enter your search criteria. Click on this button to see the results once you have entered your search criteria. In many search windows, you will not have to enter any search criteria at all. When you leave the search criteria blank DMLSS will display ALL records for that module.

TRANSACTION HISTORY inquiries

The transaction history inquiry is basically a search inquiry but on a transaction level. The TRANSACTION HISTORY module maintains a 24-month history of transactions that you can access to review for reporting purposes or correcting errors. To perform a transaction history inquiry, select TRANSACTION HISTORY from the NAVIGATE menu or select the TRANS HISTORY button on the horizontal toolbar. This action will open the TRANSACTION SEARCH window. The TRANSACTION SEARCH window enables you to search the database for existing transaction information. You must enter information into at least one of the search fields to initiate the search. The transaction history date range defaults to one day; the user must change it if they want a longer history range. The TRANSACTION SEARCH window is divided into two tabs, GENERIC SEARCH and SEARCH SUMMARY RESULTS.

The GENERIC SEARCH tab allows you to enter search criteria for existing transaction information. There are several search options available depending on the nature of the search. It is recommended that you enter as much known information as possible to minimize processing. The broader the search, the longer DMLSS needs to process the search. DMLSS also limits search criteria to 500 records; however the user may reduce the number of search records as needed. Search results are displayed in the SEARCH SUMMARY RESULTS tab.

The SEARCH SUMMARY RESULTS tab displays search criteria results along with management data. The management data changes returned information based on the transaction you selected. Basic information such as U/S price, surcharge, refund and demand codes, and quantity are fairly standard across all management data views.

A typical function of the TRANSACTION HISTORY module includes conducting a daily review of transactions. All of the processed transactions are included in the transaction history. In this module you can also reverse transactions. The following transactions can be reversed.

Reversible Transactions	
Transaction Code	**Description**
BRI	Backorder Release Issue—The user cannot reverse this transaction, but in some instances, it is reversed. automatically when an RRD (receipt) is reversed.
BRS	Backorder Release Issue (Sales).
DDL	Destructions.
DQC	Due-in Cancellation.
INR	Issue Non-Routine.
ISS	Issue Sale.
MSG	Miscellaneous Gain.
MSL	Miscellaneous Loss.
RND	Receipt Not Due-in.
RNR	Receipt Non-Routine—The user cannot reverse this transaction, but in some instances, it is reversed automatically when an INR is reversed.
RPI	Repair Part Issue.
RRD	Receipt.
SDG	Shipment Discrepancy Gain.
SDL	Shipment Discrepancy Loss.
SHG	Shipment Gain.
SHL	Shipment Loss.
TIG	Turn-in Adjustment Gain.
TIL	Turn-in Adjustment Loss.

422. Generating reports

A report is a collection of data presented automatically on a periodic or event driven basis. Reports represent the status at that point in time and/or present data of a historical nature. The data is presented in a standardized format, and cannot be manipulated. Reports are not available if the Report Date field is not populated. Standard reports essential for the effective management of the account are prepared automatically. You will need to produce standard reports for local MTF management, and to meet the requirements of higher headquarters reporting.

The REPORTS module in each application enables you to generate, view, and print DMLSS reports. There are two basic types of reports: Standard and BusinessObjects (BO) reports. The main difference between the types of reports is how they are built. You can choose to run an existing standard report or use BO to modify or create an ad hoc report. You will use a combination of these reports to manage the activity of the account, as well as prepare reports required for higher headquarters.

The user will be identified, through the definition of roles and responsibilities, as having permission to generate and view standard reports. The user will access the REPORTS module via the Navigation menu or Navigation toolbar. At that point, the user can select Reports or Standard Reports.

The user will be able to view standard reports that are generated during the end-of-period (EOP) processing. DMLSS will maintain these standard reports throughout the specified retention period. This will allow the user to view previous standard reports and also to facilitate trending. When viewing standard inquiries, DMLSS will require the user to select a report and enter the input parameters. The user can view the reports and then elect to print the reports. The user will also be able to save the report data to a text file for storage after the retention period has been exceeded.

Standard reports

Standard reports are compiled in an application and cannot be altered by the user. To access a report, go to the NAVIGATE menu and click STANDARD REPORTS or REPORTS. The LIST OF REPORTS window appears and lists the reports available for the specific application you are in. To view any report, highlight it and then click on the VIEW button on the vertical toolbar. This action will open the SPECIFY REPORT SELECTION CRITERIA window. In this window, enter the necessary information (the fields in this window will vary depending on the report you selected). Click OK to open the REPORT VIEWER window for the selected report.

BusinessObjects

BusinessObjects is a separate commercial-off-the-shelf (COTS) software package that executes independently within DMLSS to meet special reporting needs. BO enables you to search the databases and produce ad hoc reports that are not available in each application's REPORT module. You can refine the building criteria for these reports. This topic covers the BO concepts and steps to create a basic BO ad hoc report.

You need to be familiar with the following concepts to use BO:

1. Objects—An object is one specific type of data, such as "room size" or "drug type." It is the smallest category in BO and is the first level to group together all the data items that exist in the application. Objects are represented in BO as items inside a folder. Objects can be grouped together in a class. In a standard (existing) report, these objects are already chosen. In ad hoc (new) report, you choose the objects. There are three types of objects:

   a) Dimension—This is a *key* object in which you would base a report and is static (e.g., you can base a report on *ITEM ID*). A *dimension object* is identified in DMLSS with the symbol of a square.

   b) Detail—This object is also static and may not form the basis of a report but would provide detailed information of a dimension object (e.g., *Advice Description* could provide the additional information of its *Advice Code*). A *detail object* is identified in DMLSS with the symbol of a triangle.

   c) Measure—This object represents the total calculations. It is a dynamic object where the value is dependent on the dimension object with which it is grouped in a query. For example, the result of estimated on-hand quantity and location ID will produce different results in the output of the measure object than estimated on-hand quantity and operational level. A *measure object* is identified in DMLSS with the symbol of a circle.

2. Classes—A class is one level higher than an object and groups together objects that are related to one another. In some cases, a class is called a "major class" and is made up of subclasses. Classes are represented in BO as folders. Examples of objects in a class together are room size, room number, and room location, or drug type, unit size, and shelf location. When you create a report, only the objects from one class may be used. The objects are grouped together such that if you choose the class most suited to the report you want to create, every object that would be necessary is within that major class.

3. Universe—A universe is the highest-level grouping in BO and corresponds directly to an application. The universe contains several folders, or classes, in which the objects are kept. For example, since CAIM has its own data classes containing data objects which are queried to run reports, it has its own universes. When you open BO from DMLSS NAVIGATE window, the appropriate universes are automatically available for selection. Different universes in each application support both general and specific queries.

4. Repository—The repository is the group of databases in which standard (existing) reports and universe definitions for the DMLSS application are stored. You can extract information from the repository in the form of reports by using BO.

423. Processing pending actions

A pending action is a report that presents data in a standard preprogrammed format. DMLSS automatically produces pending action reports on an event driven basis. DMLSS automatically posts pending action reports to the INBOX of the application it applies to. To determine which pending action messages appear in your INBOX, ask your supervisor, system administrator or someone with the proper system privileges to access System Services and assign particular pending action messages to your user ID. In the INBOX, you can see important information about actions that require follow-up.

The INBOX opens automatically when you initially access an application and there are pending actions for users to complete. You can use the INBOX to immediately view and resolve issues, thus preventing the possibility of problems developing and expanding. Pending actions are listed by the as of dates. Users can also gain access to the INBOX by selecting UTILITIES from the menu bar and clicking on INBOX or by using the hotkey shortcut. You must have Pending Action privileges to view/access pending actions from the INBOX and the particular action(s) assigned.

Review and work processes in the INBOX daily to ensure proper management of all operating stock, excesses, quality assurance, assemblages, equipment records and facility management actions. You can access a process or report by clicking on the “JUMP TO” icon located at the bottom of the window. Make changes as required and save actions to complete the process. Print any required reports as needed. When you complete a process, close the window to return to the INBOX. The INBOX can be closed or left open while in a module. The INBOX is not automatically updated when a pending action message is added or updated. It is recommended that you periodically click REFRESH to retrieve your latest messages. The pending actions are too numerous to list here, but refer to AFMAN 41–216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*, for a complete list of pending actions by application (IM, AM, CAIM, EM). The list includes the pending action title, when/why DMLSS produces the message, and how/why the user should work it.

CAIM allows you to associate pending actions to a specific user. To associate pending actions, from the UTILITIES menu, click MAINTAIN PENDING ACTION REPORTS to view the assigned pending actions window. To assign a pending action, select the YES checkbox. The INBOX opens automatically when accessing the CAIM Module as a customer and there are pending actions for users to complete. Pending actions are listed by the as of dates. Users may also gain access to the INBOX by selecting UTILITIES from the menu bar and clicking on INBOX.

Review and work processes in the inbox daily to ensure proper management of the customer’s area. To initiate a process or report, click on the “Jump To” icon located at the bottom of the window. Make changes as required and save actions to complete the process. Print any required reports as needed. When you complete the process, close the window to return to the INBOX. Delete pending actions once they are completed. The INBOX can be closed or left open while in the CAIM module. You can select reports or processes to post in the CAIM INBOX when an action is pending.

From the Utilities menu, click Maintain Pending Action Report to view the criteria window. All report defaults are set to “Yes” to post in the Inbox when changes or updates take place that affect one of the criteria reports. To make changes, click the “Yes” or “No” radio button and click the Save icon.

Reports that are not to be sent to the Inbox can be accessed from the REPORTS module or from the Navigate and Utilities menu.

You only need to resolve a pending action if the ACTION REQUIRED field equals YES. If it equals NO, you can simply delete it. To resolve a pending action, select it and click the JUMP TO button and perform the required action(s) and close. The INBOX window reappears and the pending action is removed from the list. If the action is still in the list, click the REFRESH button. If the action is still present select the action and click DELETE to remove the product. You can only delete a pending action message if the ACTION REQUIRED field equals NO. If it equals YES, the pending action

will remain in the INBOX until you resolve it. Processes or reports not completed and considered still pending will reappear in the INBOX after EOP processing.

Self-Test Questions

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

421. Generating inquires

1. What term is used for processing a query of the DMLSS database?

2. Name the two basic inquiries of the DMLSS database you will perform.

3. What action will DMLSS take if you leave the search criteria blank when conducting a search inquiry?

4. How many months of history is maintained in the TRANSACTION HISTORY module?

5. Name the two tabs of the TRANSACTION SEARCH window.

422. Generating reports

1. What term is used for a collection of data presented automatically on a periodic or event driven basis?

2. What module in each DMLSS application enables you to generate, view, and print reports?

3. Name the two basic types of reports in DMLSS.

4. Which type of reports is compiled in an application and cannot be altered by the user?

5. What report is a separate COTS software package that executes independently with DMLSS to meet special reporting needs?

6. What report enables you to search the database and produce ad hoc reports that are not available in each application’s REPORT module?

7. Name the four concepts in BO.

8. What BO concept is the smallest category in BO and is the first level to group together all the data items that exist in the application?

9. Name the three types of Objects in BO.

10. What BO Object is a *key* object in which you would base a report and is static?

11. What BO concept is the highest-level grouping in BO and corresponds directly to an application?

423. Processing pending actions

1. What term is used for a report that presents data in a standard preprogrammed format?

2. Where does DMLSS post pending action reports?

3. How are pending actions listed?

4. How often should you review and work processes in the INBOX?

5. What action should you take to retrieve your latest messages since the INBOX is not automatically updated when a pending action message is added or updated?

6. What action do you take on a pending action if the ACTION REQUIRED field equals NO?

Answers to Self-Test Questions

416.

1. MLFC.
2. (1) OPR—Operating.
   (2) SPJ—Special Projects.
   (3) WRM—War Reserve Materiel.
3. Operating.
4. MLFC.
5. Special projects.
6. WRM.
7. Economic retention.
8. (1) WRM requirements.
   (2) Special projects.
   (3) Excess.
9. INTERNAL TRANSFER.
10. (1) FDA—FDA test.
    (2) REP—Reparable.
    (3) SER—Serviceable.
    (4) SUS—Suspended.
    (5) UNS—Unserviceable.
11. ITG and ITL.

417.

1. (1) e.
   (2) g.
   (3) f.
   (4) b.
   (5) c.
   (6) a.
   (7) d.
   (8) h.
2. (1) i.
   (2) b.
   (3) g.
   (4) f.
   (5) c.
   (6) a.
   (7) h.
   (8) e.
   (9) d.
3. DRMS.
4. Out shipment (SFL).
5. Return to source of supply (RTL).

418.

1. MLFC.
2. Stockless/JIT, and EOQ.
3. Stockless/JIT.
4. Stockless/JIT.
5. Stockless/JIT.
6. Planned minimum.

7. This is the *maximum* quantity of an item that should be on hand and on order *minus* due-outs at any one time for operating purposes.
8. EOQ.
9. Based on the projected dollar value of annual issues.
10. Average pipeline time.
11. (1) STD Leveling Algorithm.
    (2) Days of Stock.
    (3) Wilson EOQ.
12. Days of stock.
13. MLFC and materiel manager.
14. (1) SS TMU ENVIRONMENTAL TABLE.
    (2) SS MM SERVICE DETAIL COMPUTATION tab.
    (3) IM SOS ENVIRONMENT tab.
    (4) IM MTF CATALOG, LOG CAT tab.
15. (1) Static.
    (2) Core.
    (3) Stockless.
16. Static.
17. Core.
18. Stockless.
19. During EOM.
20. Posted as an "IM Recommended Level Changes" pending action message in the INBOX.
21. (1) Critical core items with a recommended level of zero.
    (2) Nonstocked items with a recommended level.
    (3) Static items with a recommended level change.

419.

1. To verify on-hand master record balances against actual stocks on hand.
2. (1) Complete.
    (2) Cyclical.
3. Complete.
4. Cyclical.
5. Once a year.
6. AFMOA/SGAL.
7. Establish the inventory deadline date, notify using activities, make individual assignments of personnel, and train personnel on inventory procedures.
8. The date the inventory count is scheduled to begin.
9. Adding new stock to the shelves will cause inventory count errors and require countless hours of research time.
10. When the information on the outside of the container is not legible or you suspect damage.
11. On closed stock and nondeteriorating, long-term stocked items in bulk storage.
12. MLFC.
13. The person performing the inventory.
14. Inventory supervisor.
15. Inventory research team.

420.

1. (1) Selecting the inventory segment.
    (2) Generating count lists.
    (3) Document physical inventory counts.

(4) Researching discrepancies.
(5) Finalizing the inventory.

2. PHYSICAL INVENTORY CONTROL NUMBER STATUS.
3. (1) Counting.
(2) Research.
(3) Finalization.
4. COUNT LIST DETAIL.
5. 50 items.
6. 100 items.
7. Once a segment is selected and Search is clicked.
8. 26 (teams A through Z).
9. STATISTICS icon in the GENERATE COUNT LISTS AND ASSIGN TEAMS window.
10. (1) Add a count list.
(2) Add a team to the list of available inventory teams.
(3) Assign a team to a count list.
(4) Move selected items on a count list to another count list.
(5) Regenerate count lists.
(6) View the statistics for a count list.
11. ENTER COUNTS FOR PHYSICAL INVENTORY: (ICN) window.
12. Click the MOVE FIRST COUNT INTO SECOND COUNT button.
13. The item is unlocked and removed from the inventory.

421.

1. Inquiry.
2. (1) Search.
(2) Transaction history.
3. DMLSS will display ALL records for that module.
4. 24.
5. GENERIC SEARCH and SEARCH SUMMARY RESULTS.

422.

1. Report.
2. Reports.
3. Standard and BO.
4. Standard.
5. BO.
6. BO.
7. (1) Objects.
(2) Classes.
(3) Universe.
(4) Repository.
8. Object.
9. (1) Dimension.
(2) Detail.
(3) Measure.
10. Dimension.
11. Universe.

423.

1. Pending action.
2. INBOX.
3. By as of date.
4. Daily.
5. Click REFRESH.
6. Delete it.

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

Unit Review Exercises

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

36. (416) What is the goal of the Medical Logistics flight commander's (MLFC) inventory policy?
    a. Decrease on-hand stock.
    b. Increase on-hand stock.
    c. Maximize associated costs.
    d. Minimize associated costs.

37. (416) Within how many months should economic retention inventory be used, based on historical consumption?
    a. 12.
    b. 18.
    c. 24.
    d. 30.

38. (417) Which transaction code is used to record individual gains transferred from other medical materiel accounts?
    a. FBG.
    b. IAG.
    c. MSG.
    d. SFG.

39. (417) Which transaction code is used to record abandoned items that were discovered on base and turned-in to Logistics (LOG)?
    a. FBG.
    b. IAG.
    c. MSG.
    d. SFG.

40. (417) Which transaction code is used to record the return of items back to the source of supply?
    a. IAL.
    b. RTL.
    c. SFL.
    d. TRL.

41. (418) Which inventory control method involves the delivery of items directly to the using activity after being received?
    a. Economic order.
    b. Prime vendor.
    c. Priority requisition.
    d. Stockless.

42. (419) Which inventory type involves a physical count of all property during a specified period?
    a. Total.
    b. Cyclical.
    c. Complete.
    d. Unofficial.

43. (419) When the inventory accuracy of a specific segment is less than 95 percent, when must that segment be re-inventoried?
    a. Immediately.
    b. Within 45 days.
    c. Within 6 months.
    d. Within 12 months.

44. (419) Who is the approval authority for annual inventory waivers?
    a. Medical treatment facility (MTF) commander.
    b. Accountable base medical supply officer (ABMSO).
    c. Major Command/Surgeon General (MAJCOM/SG).
    d. Air Force Medical Operations Agency/Medical Logistics Division (AFMOA/SGAL).

45. (420) Which Defense Medical Logistics Standard Support (DMLSS) window is used to cancel a physical inventory?
    a. COUNT LIST DETAIL.
    b. VIEW ALL COUNT LISTS.
    c. FINALIZE INVENTORY PROCESS.
    d. INVENTORY CONTROL NUMBER STATUS.

46. (420) What is the *maximum number* of counts teams that can be used for an inventory?
    a. 10.
    b. 26.
    c. 50.
    d. 99.

47. (421) How many months of history are maintained by the TRANSACTION HISTORY module?
    a. 12.
    b. 24.
    c. 36.
    d. 48.

48. (421) Which transaction is not directly reversible by the user, but is instead reversed-out when the associated receipt (RRD transaction code) is reversed?
    a. BRI.
    b. BRS.
    c. INR.
    d. RNR.

49. (422) What term is used to define a collection of data presented automatically on a periodic basis in Defense Medical Logistics Standard Support (DMLSS)?
    a. Pending action.
    b. Inquiry.
    c. Ad hoc.
    d. Report.

50. (422) Which of the following is one of the basic report types in Defense Medical Logistics Standard Support (DMLSS)?
    a. Pending actions.
    b. BusinessObjects.
    c. Inquiry.
    d. Ad hoc.

51. (422) What is the highest category of data available in BusinessObjects (BO)?
    a. Class.
    b. Dimension.
    c. Repository.
    d. Universe.

52. (423) What term is used to define data presented in a standard format in Defense Medical Logistics Standard Support (DMLSS) that is produced automatically on an event driven basis?
    a. Ad hoc.
    b. Inquiry.
    c. BusinessObjects.
    d. Pending actions.

53. (423) In what order are pending actions listed in the INBOX of Defense Medical Logistics Standard Support (DMLSS)?
    a. Account number.
    b. Alphabetically.
    c. As of date.
    d. Criticality.

54. (423) Which field in the Defense Medical Logistics Standard Support (DMLSS) must indicate NO before a pending action can be deleted?
    a. ACTION REQUIRED.
    b. REVIEW REQUIRED.
    c. PENDING RESOLUTION.
    d. PENDING MAINTENANCE.

Please read the unit menu for unit 4 and continue ➔

Student Notes

Unit 4. Customer Returns, Excess Materiel, and Commercial Returns

THIS UNIT PERTAINS TO CERTAIN ASPECTS OF INVENTORY MANAGEMENT that are not as glamorous as the ones you have already learned about. As with off-duty hobbies or projects, it can sometimes be more fun to make the mess than clean it up. Customer returns, excess materiel, and commercial returns are part of the clean-up process. The customer wanted certain items; medical logistics procured, stored and issued the items, and now the items are excess, no longer serviceable, or just no longer wanted by the customer. Going back to our example, the job is not done until the clean-up is done. This unit includes information on the proper way to "clean up" these problems.

4–1. Surplus Materials

No matter how much we rely on levels and reorder points, at some point you will need to determine disposition on excess stocks. Some of this excess will come as surplus supplies from the customer. Other times, the excess will come off of the warehouse shelves. This section will focus on how to handle both of these situations.

424. Processing customer returns

As you are probably aware, customers sometimes order items and later they determine that they don't want, need, or have a use for them. Sometimes this occurs from an error in communication with the medical physician, and sometimes it's just human error. Regardless of the reason, the customer needs to return (turn in) the item. In this lesson, you'll learn about procedures for customer returns.

Accepting customer returns

The using activity ensures supply and equipment assets being returned are made available to Medical Logistics. Normally, customers returning supplies deliver the items to the storage and distribution section or another acceptance point.

Normally, the customer prepares DD Form 1348–6, DOD Single Line Item Requisition System Document, in two copies for each different item returned. Storage and distribution section personnel check to ensure the quantity turned in is a complete unit of issue. We suggest you ask the customer two questions before signing the customer return document:

1. What is the known condition of the item?
2. What is the reason for the return?

If the reason for the return affects current usage rates, inform inventory management personnel of the potential changes.

It is important that the individual accepting the returned item determines whether the quantity matches the unit of purchase (U/P). In other words, if the U/P is a case containing 12 bottles, at least 12, 24, or 36 bottles must be returned to equal 1, 2, or 3 cases. Using the same example, if a customer returns 25 bottles, you can process a return for 2 cases. The one bottle over the U/P is disposed of based on local directives. The extra bottle would be considered a residual quantity. Residual quantities that equal at least half or more of a U/P may be considered as a whole U/P when gained

into DMLSS. The only exceptions to this procedure are items issued in adjusted packaging. Supplies in less than the standard U/P are accepted from the customer for return regardless of intermediate unit of sale or adjusted packaging quantity. If the item is not an adjusted packaging item, the return document must be clearly marked to indicate that the quantity being turned in is less than the standard U/P. This is important because you can only accept into inventory the standard U/P or adjusted packaging quantity. As stated earlier, these types of returns are processed based on local directives.

Verifying customer returns

Verifying customer returns is a very important step in the return process and should be performed by personnel who received training in inspection procedures. Normally, Medical Materiel personnel with the assistance of the professional staff, if needed, determine the condition of nonequipment items being returned and annotate the condition on the return document. Biomedical Equipment Repair (BMER) personnel evaluate the condition of equipment items. The materiel inspector uses Defense Logisitcs Agency Directive (DLAD) 4155.37, *Materiel Quality Control Storage Standards Policy for Shelf-Life Materiel*, to perform the inspection on supply items. Any item with a damaged or mutilated label is considered unserviceable. Likewise, a sealed or sterile unit that has been opened also is considered unserviceable. To determine if the item has been suspended or should be destroyed, perform a search for the item in DMLSS and check for quality assurance (QA) actions.

If the item is a local purchase (LP) item, check for a complete item description on the return document. Sign both return document copies, return one copy to the using activity as a receipt, and forward one copy to the inventory management section. The inventory management section or customer service will determine if credit is granted (refund cost to customers account) for the returned item.

Determining credit

You may grant credit for serviceable supplies returned that will be resold to other activities within 30 days. Since returns often indicate the potential for reduced customer demand for the item, before granting credit, contact the major users to review the probability of future use of the item by other activities. Also *grant credit* for the following:

- Specified unserviceable and repairable items for which a known credit is to be received.
- Serviceable expense equipment if there is a known issue requirement.

Do not allow credit for the following:

- Serviceable returned items that will not be resold within 30 days.
- Materiel that will be destroyed or turned in to DLA Disposition Services.
- Materiel suspended from issue and use with the exception of items suspended by DOD MMQC message where the return credit is specifically cited in the message.
- Investment type items.
- Expired drugs returned to Medical Logistics for return to manufacturers for credit.
- Centrally managed items.
- Customer returns being restratified into WRM projects.

Determining disposition

When the inspection is complete and all required documentation has been forwarded to the inventory management section, store the property in the appropriate storage area. If the materiel is suspended or unserviceable, identify it with a DD Form 1575, Suspended Tag-Materiel, or DD Form 1575–1, Suspended Label–Materiel. Also, indicate the using activity from which the materiel was received and the reason for the suspension or nonserviceability. Then, place the materiel in segregated storage. Never allow serviceable and unserviceable materiel to be stored in the same area. To do so could result in a serious health-care problem if the wrong item is issued.

Disposition of returned materiel depends on the reason for the return. Use the following guidelines to determine the disposition.

Disposition of Returned Materiel	
Reason for Return	**Disposition**
Excess	Resale, restratify, or report item excess in accordance with AFI 41–209.
No Longer Needed	Resale, restratify, or report item excess in accordance with AFI 41–209.
Unserviceable	Destroy, or process a commercial return in accordance with AFI 41–209.
Suspended	Destroy in accordance with AFI 41–209 only when directed by higher authority.

DMLSS return item procedures

DMLSS utilizes the RETURN ITEM window to allow customers to return stock no longer required, unserviceable, suspended, or overstocked from an item location to the internal source of supply. Before processing, you must determine if you are going to allow credit and reduce consumption history for the returned item.

To process an item return, select the NAVIGATE menu and click RETURN ITEM to view the RETURN ITEM window. Enter all required information in the FROM section of the window. Entering the Customer ID will automatically populate the Expense Center field. Entering the Item ID will populate the TO section and provide additional information on U/S, U/S quantity, EOH, and U/S ratio. If the item you want to return is not in the dropdown list, click the JUMP TO button to add the item to your Customer Catalog.

Select a Reason for the return from the dropdown list. More information can be entered in the Reason field after selecting a reason, if required. After information is entered click SAVE to process the return and DMLSS will display the option to print a return document.

How to Treat A Return to Logistics	
If	**Then**
The returning customer area is customer-owned, the DMLSS LOG fund is O&M, and the Legacy LOG fund is stock fund.	The return increases LOG fund credits, decreases LOG fund reimbursable sales, and increases credits for the returning customer area.
The returning customer area is LOG-owned, the DMLSS LOG fund is stock fund, and the Legacy LOG fund is stock fund.	There are no fund adjustments made.

Issue Credit checkbox

The Issue Credit checkbox is used to indicate whether credit is allowed. If the Issue Credit checkbox is checked, DMLSS will process a credit to the user's account. The unit price is used when computing the total dollar value of allowed credit. Credit is not allowed for the local purchase surcharge amount. Also, the LOG Fund record must have a target amount loaded to process a return sale with credit. If the checkbox is not checked, the following occurs:

- Turn-in adjustment gain (TIG) updates LOG balance records and generates the turn-in adjustment loss (TIL) for the returning customer.
- Refund code "N" processes, and credit is not allowed.
- Return transactions are posted to the TRANSACTION HISTORY module.

Effect of returns on issue consumption

For supply items, the demand code determines if issue consumption should be reduced. If the Reduce Demand checkbox is checked, DMLSS generates a consumption history (CHZ) transaction with demand code "R" to reduce current month issue consumption by the quantity of the transaction. DMLSS reduces current month consumption to zero if it is less than the transaction quantity. If the Reduce Demand checkbox is not checked, DMLSS generates a CHZ transaction with demand code

"N" and issue consumption is not reduced. The turn-in of equipment does not affect issue consumption.

425. Managing excess materiel

On-hand materiel, for which an account has neither an immediate need nor an anticipated requirement, can be a costly burden. Costly in both the sense that another account may have a requirement and in terms of the manpower and storage space required to properly maintain the materiel. Proper management demands you report and dispose of this materiel properly. This lesson covers the identification, reporting, and disposition procedures for excess medical materiel. The term *excess* refers to materiel that cannot be resold or reused within the MTF. Policy for reporting excess is contained in DOD 4140.26-M, *Defense Integrated Materiel Management Manual for Consumable Items* and AFI 41–209.

Materiel on hand that is not needed, whether it is medical or nonmedical, is excess. As previously mentioned, maintaining stocks of materiel that are above established requirement levels with no projected future requirements is considered to be a poor management practice. There are several acceptable reasons for the quantities on hand to be in excess of current requirements. For instance, the mission of the using organization may be redirected from time to time. When there is a decrease in the number of personnel supported, the quantity of materiel required normally changes accordingly. Development of new techniques and products may also alter materiel requirements.

To aid in identifying excess you must know your customer and their needs. You must have good sound materiel communication. By talking with your customer you can find out why certain items are not being used as frequently as in the past, or why some items are not used at all. The answers could be as simple as "the physician is on temporary duty for six weeks or is trying a new treatment procedure." In this lesson, you'll study the procedures for reporting excess materiel.

Determining excess materiel

Excess materiel may be discovered during the routine operation of issuing stock, inventorying dated items, and so forth, but you can identify potential excess in the IM EXCESS module from the NAVIGATE menu. Materiel is determined to be local excess when all of the following conditions are met:

1. It is not required to meet the stock control level.
2. It does not meet the criteria for economic retention.
3. It is not a requirement for WRM.
4. It is not a requirement for special projects.
5. It cannot be used as a substitute for a requirement in any of the preceding categories.

There are two categories of excess found in most medical materiel accounts—total excess and partial excess. An item is considered total excess when there is no operating level for it. An item is partial excess when there is an operating stock control level and on-hand quantities exceed the operating level plus economic retention requirements. In this situation, some but not all of the materiel can be used in the foreseeable future.

Once it is determined that certain materiel is excess, it must be reported, distributed elsewhere, or disposed of otherwise. In some cases, excess materiel can be returned to the manufacturer for replacement, credit, or disposal. Keep in mind that they do not want excess materials on their shelves either.

Reporting excess

Due to much advancement in the way we manage supplies, our excess has decreased tremendously over the past decade. However, when excess material does exist, it's reported through the Tri-Service Medical Excess Distribution System (TRIMEDS). As a means of minimizing transportation costs,

Medical Logistics should ensure there are no requirements at AF and DOD MTFs in their local area for the excess materiel prior to reporting it to TRIMEDS.

Excess reported through TRIMEDS will be offered for redistribution to all AF and DOD MTFs. Reported excess is available for a total of 45 days. The first 20 days will be restricted to AF activities only; the remaining 25 days will be open to all eligible DOD facilities.

Due to the inherent cost of shipping excess supplies there are a few restrictions on what can be reported.

- Total minimum line item value must be at least $3,000.
- Only condition codes A, B, and C are accepted.
- Expiration dated items must have at least 120 days shelf life remaining.

As stated above, Medical Logistics personnel must report materiel determined to be local excess and in serviceable condition. Items assigned condition codes A through C are reported by both CONUS and overseas bases for disposition instructions.The following chart provides an explanation of the various supply condition codes.

Supply Condition Codes		
Code	**Title**	**Definition**
A	Serviceable (Issuable without qualification)	New, used, repaired, or reconditioned materiel that is serviceable and issuable to all customers without limitation or restriction. Includes materiel with more than six months shelf life remaining.
B	Serviceable (Issuable with qualification)	New, used, repaired, or reconditioned materiel that is serviceable and issuable for its intended purpose but that is restricted from issue to specific units, activities, or geographical areas by reason of its limited usefulness or short service life expectancy. Includes materiel with three through six months shelf life remaining.
C	Serviceable (Priority issue)	Items which are serviceable and issuable to selected customers, but that must be issued before condition code A and B materiel to avoid loss as a usable asset. Includes materiel with less than three months shelf life remaining.
D	Serviceable (Test/Modification)	Serviceable materiel that requires test, alteration, modification, conversion, or disassembly. This does not include items that must be inspected or tested immediately prior to issue.

NOTE: Current AFMSA guidance states, “Nonmedical items should not be reported to TRIMEDS.” Just because an item is purchased with MDD funds does not make it a medical item. Serviceable nonmedical items should be turned in to the base supply on a DD Form 1348–1 using the FM account as the “From” address and the FB/FE account as the “To” address. Consult with your supervisor for your local operating procedures.

DMLSS excess procedures

DMLSS users have the ability to restratify excess assets directly into WRM while working the excess process. In DMLSS you will use the following procedures to report, review, and search for potential excess.

Reporting excess

As mentioned previously, the excess reporting process begins in the EXCESS module accessed from the IM NAVIGATE menu. Searching for potential excess items takes place in the REPORT EXCESS window. Results are displayed in the REPORT EXCESS SEARCH RESULTS window. These items can be retained, reported, or restratified. The information provided is slightly different for IM and Assemblage Management (AM) items; however, the basic functionality is the same. When the REPORT EXCESS window opens, perform the following steps:

1. Select IM (Inventory Management) or AM (Assemblage Management) for the scope of your search.
2. If you want to include all items in the search, then click the Select All checkbox. If you want to include only selected items in the search, clear the Select All checkbox and select the items from the left section. Click the > button to move those items to the right section.
3. In the STRAT STATE section, select the checkbox next to any stratification state that you want to include in the search.
4. If you are searching for AM items and want to consider economic retention quantities for potential restratification to operating, then select the Use Operating Erq For Asset Review checkbox in the economic retention quantity (ERQ) section.
5. Click the SEARCH button to view results in the REPORT EXCESS SEARCH RESULTS window.

Assets can be available for restratification and excess reporting. In cases where both the A/R (asset redistribution) box and REPORTABLE columns are checked, users should perform the asset redistribution before reporting as excess. It is also appropriate to use all excess stocks to cover WRM shortages. If excess still exists after all assets are redistributed users should report the remaining quantities.

In the REPORT EXCESS–IM SEARCH RESULTS window you can click on the following buttons on the vertical toolbar to:

- EXCESS REPORT—Report an item as excess.
- ASSET REVIEW—Review the potential excess assets and restratify items by performing internal transfers.
- ITEM G/L—Process a gain or a loss for an item.
- LOG DETAIL—View an item's LOG catalog detail record.
- PRIME SUB—View balance information for any associated prime items if the selected item is a substitute item. Click this button to view, edit, or create prime/sub relationships for assemblages with this item. A prime/sub relationship exists when a prime item has a designated or authorized substitute item.
- DATED ITEM—Produce/print the Excess Dated Item Worklist. This will identify potential excess items that are dated items. Use this list to annotate expiration dates prior to reporting excess in DMLSS. Some of the items identified on this worklist can be skipped if they do not meet the reportable dollar value established in the Systems Services application.

Reviewing potential excess assets

Asset review can only be viewed if the checkbox in the A/R column is selected. Select an item from the REPORT EXCESS SEARCH RESULTS window. Click the ASSET REVIEW button from the vertical toolbar. In the ASSET REVIEW window, the Potential Excess amount is the quantity that should be restratified. To select an item(s) for restratification, select the SEL checkbox in the bottom section of the window and click the TRANSFER button. Multiple items may be selected from this window to transfer. Transfers may also be done for detachments and nonstandard assemblages from this window. Click SAVE to print the delivery list. The option not to print this list is available from the message box. If multiple transfers are performed, a delivery list for each project is printed.

Select records that have an "X" in the reportable column—these are the only items you can report as excess. Only one record can be selected at a time. Click on the EXCESS REPORT button on the vertical toolbar. This causes the EXCESS REPORT SCREEN window to open. Validate the excess quantity and condition code and click SAVE. If the item is dated, the expiration date is also required prior to saving the information. A message box with the assigned document number for the reported

excess is displayed. Click OK to return to the REPORT EXCESS—IM SEARCH RESULTS window.

The item is removed from this window and is considered reported excess. An inventory transfer loss (ITL), stratification type "OPR," is written to the transaction history file for the operating loss, and an inventory transfer gain (ITG), stratification type "EXS," is written to the transaction history file for the excess gain.

Search for Excess

Use the SEARCH EXCESS window to search for and follow-up on reported excess. The DETAIL button allows for the review of a specific item, including detail and status information from the date of the initial report and all transactions thereafter. Users can search for reported excess by:

- Document number.
- Item ID.
- Julian date.
- Who the request was routed to.
- Equipment nomenclature.
- Report status. The report status can take any of the following values:

Code	Description
A	Active.
D	Disposition Received.
L	Outship Processed.
S	Shipped.
C	Cancelled/Complete.
R	Rejected.
T	Troubled Report.

To further condense the search, a scope is included to target select types of records: ALL, IM, AM, equipment, or repair parts and whether the records are in the active or inactive files. If a search is performed and the fields are left blank, DMLSS returns all reported excess records in the SEARCH EXCESS RESULTS window. In this window you can select an excess record you want to view and click the DETAIL button to open the EXCESS REPORT DETAIL window. This window has two tabs:

1. DETAIL—View general information about the excess record.
2. STATUS—View updates to the excess record's status. For an explanation of the status code, click the DESC button.

Updating excess report status

DMLSS will follow-up on requests automatically or users can follow-up manually by clicking the STATUS REQ button on the vertical toolbar from the SEARCH EXCESS RESULTS window and selecting follow-up. Follow-up is sent to the SOS during EOP processing. The item(s) are listed in the EXCESS SEARCH RESULTS window. Click the STATUS REQ button to open the EXCESS STATUS REQUEST window, select FOLLOW-UP, and click OK. The follow-up status is generated for EOP processing and posted to the STATUS tab in the excess record detail. To verify status, highlight the excess record and click DETAIL from the vertical toolbar. Click the STATUS tab to view the status history of the record. The possible actions you can choose from are:

- Follow up—FTF.
- Cancellation—FTC.

- Shipment—FTM.
- Shipment Delay—FTL.
- Receipt by DLA—FTZ.

Processing IM excess pending actions

The INBOX is where DMLSS will post the IM Excess pending action message if you have received status on excess reports that require your action. The INBOX is the first window that appears when you open the IM application. If you close the INBOX and you need to view it again, you can access it by selecting the UTILITIES menu from the horizontal toolbar and then clicking on INBOX. Once in the INBOX, review it for the IM Excess pending action message. To view the report, select it and double-click or click on the JUMP TO button to open the EXCESS–PROCESSING PENDING ACTIONS window. The EXCESS PENDING ACTIONS report appears with different tabs depending on the nature of the pending action. On any tab, you can select an item and click the DETAIL button to view more information or click the PROCESS button to process the pending action. There are six different tabs and only the ones with excess reports that require your action for that category will appear. The tabs will appear for reasons as follows:

1. TROUBLED SHIPPED—User has not responded to two consecutive requests for user action or status from another system.
2. SHIP MATERIAL—Received status message directing shipment of the reported excess to DLA or another facility. To clear this message, click on the PROCESS button, prepare the item(s) for shipment, ship the item, and open the detailed excess report to enter the shipment information.
3. TURN-IN MATERIAL—Received status message directing shipment of the reported excess to DRMS or another activity.
4. DESTROY MATERIAL—Received status message directing destruction of the reported excess.
5. STOP SHIPMENT—Received message from DLA canceling a prior return authorization. If you have not shipped the item(s), do not ship them. You can delete this pending action message.
6. MISC—Received information status messages. Review the description, respond appropriately, and delete the pending action message.

To delete an excess-related pending action you must first process it, if required, and then click the DELETE button on the vertical toolbar.

Requesting excess through TRIMEDS

Using excess available from other bases is a sound and logical business practice that has been in use for years. In a perfect medical logistics world, we would never have excess. Every item that we order our customers gladly use with a smile. We never order too much, too little, or the wrong item—every item is just right. So much for the perfect world concept!

Usage policy

Excess can be requested and issued as a nonreimbursable issue (free issue) for using activities when the materiel account has *no stock control level* for the requested item or it is for war reserve materiel. Items that are requested to support stock control levels and all local excess will be issued as reimbursable (activity pays). An asterisk in the allowance standard (AS) column means the item is a component of three or more ASs. Screen this list against WRM shortages; this is an excellent way to fill these requirements without using WRM monies.

Property custodians are instructed to screen the excess screens at the Air Force Medical Logistics (AFML) website for needed excess items. Requesters should screen the list carefully, paying particular attention to condition codes and potency dates. When requesting equipment, have the

Medical Equipment Repair (MER) staff contact the MER staff at the reporting base. Together, the true condition of the item can be determined. Property custodians should be reminded that they are not allowed to request, on a nonreimbursable basis, excess items on which medical logistics maintains a stock control level. Also, all issues of excess stock with established stock control levels are reimbursable (customer pays).

DMLSS process for requesting excess from TRIMEDS

DMLSS allows users to request reported excess from the TRIMEDS. To review available excess, visit the AFML website, applications window. To request the material, from the EXCESS menu in the IM application, select REQUEST EXCESS. The REQUEST EXCESS window opens. There are three request types to choose from: Operating, WRM, and Customer. Customer is the default setting.

1. The *operating* request type replenishes on-hand stocks. Users enter an item ID or select an item ID from the dropdown menu, then enter the required quantity. Users may enter the excess request document number and condition code but this is not a mandatory requirement. If these fields are left blank, the TRIMEDS system searches for the first record that matches the requirements and fills the requirement. The detail information is retransmitted to DMLSS and updated in the excess and due-in file. Click the JUMP TO button to review information in the LOG catalog. Click EXECUTE to transmit the request to TRIMEDS. The request is transmitted during EOP processing. An estimated shipment date (ESD) is created in the transaction history file for the assemblage due in. The stratification type and state is OPR/SERV.
2. The *WRM* request type replenishes WRM shortages. Users enter an item ID or select an item ID from the dropdown menu, then enter the required quantity. Users must also select the appropriate WRM assemblages. Once again, users may enter the excess request document number and condition code but this is not a mandatory requirement. If these fields are left blank, the TRIMEDS system searches for the first record that matches the requirements and fills the requirement. The detail information is retransmitted to DMLSS and updated in the excess and due-in file. An established due-in (ESD DMLSS transaction code) is created in the transaction history file for the assemblage due in. The stratification type and state is WRM and the state is serviceable (SERV).
3. *Customer* request type allows excess to be issued directly to the end customer. Users enter an item ID or select an item ID from the dropdown menu, enter the required quantity, and select the customer ID. Users may enter the excess request document number and condition code but this is not a mandatory requirement. If these fields are left blank, the TRIMEDS system searches for the first record that matches the requirements and fills the requirement. The detail information is retransmitted to DMLSS and updated in the excess and due-in file. An ESD and IOU are created in the transaction history file for both the due-in/due-out for both IM and CAIM. The stratification type is operating (OPR) and the state is SERV for the IM due-in/due-out.

Canceling requested excess

DMLSS users must request cancellation of requested excess from the DUE IN/DUE OUT window. Cancellation action cannot take place on an item the same day as the request. An end-of-period must be processed before cancellation actions can be processed.

Enter the document number, stock number, or SOS type. If an SOS is selected a list is displayed in the lower part of the window. Highlight the appropriate record(s) for processing.

Click the STATUS REQUEST button from the vertical toolbar and click cancellation request from the list. After selecting OK a request cancellation box opens with the original quantity displayed and required input for requested cancellation quantity. Enter the cancellation amount and click OK.

The detail status record in DMLSS is updated with status code RC to reflect the cancellation and status is sent to TRIMEDS.

Self-Test Questions

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

424. Processing customer returns

1. What document do using activities normally use for customer returns?

2. What questions should you ask before signing the customer return document?

3. Normally, who determines the condition of nonequipment items being returned?

4. Who evaluates the condition of equipment items?

5. A bottle of aspirin with a mutilated label is considered to be in what condition?

6. After materiel is inspected, what do you do with the return document?

7. What action may you take on a customer return for supplies that will be resold to other activities within 30 days?

8. What action do you take on expired drugs returned to Medical Logistics for return to manufacturers for credit?

9. What disposition action do you take on an item returned because it is no longer needed?

10. What DMLSS windows do you access to allow customers to return stock no longer required, unserviceable, suspended, or overstocked?

11. What field must be checked if you want DMLSS to process a credit to the user for a returned item?

12. When the Reduce Demand checkbox is checked in DMLSS, what transaction is produced to adjust the issue consumption?

425. Managing excess materiel

1. List five conditions that determine if an item can be reported excess.

2. What are the two categories of excess found in most medical materiel accounts?

3. What category of excess is an item that does not have an operating stock control level?

4. Through what system is excess material reported?

5. Prior to reporting and shipping excess, units should check with whom to see if they have requirements?

6. Reported excess is only viewable by AF activities during what period?

7. List the three restrictions used when reporting excess.

8. Which supply condition code is used for items with less than three months shelf life remaining?

9. In DMLSS, where does the search for potential excess take place?

10. What action does clicking the ASSET REVIEW button in the REPORT EXCESS–IM SEARCH RESULTS window perform?

11. What worklist in DMLSS is used to identify potential excess items that are dated?

12. What items are the only items you can report as excess when performing an ASSET REVIEW?

13. What transactions are written to the transaction history file when reporting excess in DMLSS?

14. Name six search criteria and the various scopes that are used to locate reported excess in DMLSS?

15. How can users perform a manual follow-up on excess reports in DMLSS?

16. List the possible actions you can choose from in the STATUS tab of the EXCESS REPORT DETAIL window?

17. List the six different tabs of the EXCESS PENDING ACTIONS report.

18. Excess may be requested and issued through TRIMEDS as a free issue for using activities only if what condition exists?

19. What are the three request types available from the IM Request Excess window?

20. When are excess requisitions transmitted to TRIMEDS?

21. What DMLSS window must be used to request cancellation of requested excess?

4–2. Credit Returns Program

In previous decades, many of us learned to destroy our unneeded prescription medications by flushing them down the drain. However, as we now know, this is extremely unhealthy to both the environment and our water sources. In an attempt to encourage ecological responsibility, pharmaceutical manufacturers began offering partial refunds for the commercial returns of expired medications. These medications are destroyed in a safer way while also providing you with purchasing credit through your pharmaceutical prime vendor. This volume's final section focuses on the pharmaceutical credit returns program, also known as reverse distribution.

426. Managing commercial credit returns

The only authorized means for disposing of expired pharmaceuticals is through the use of a commercial credit returns program, formally known as *pharmaceutical reverse distribution*. This program aims to streamline disposition of potentially hazardous pharmaceuticals, while also reducing losses to the Air Force Working Capital Fund, Medical Dental Division (AFWCF/MDD). Such programs are designed primarily for items that are about to expire or have expired. A set percentage of credits received are retained by the contractor as payment for their services provided. Note that the credits are only authorized for use by Medical Logistics. Stocks ordered using credits will be issued

as chargeable (reimbursable) items to the MTF; items purchased with credits are *never* issued as "free" to the customer.

DLA contract

Use of a DLA negotiated credit returns contractor is mandatory. All medical logistics accounts must utilize one of the vendors participating in DLA troop support's multiple-award pharmaceutical reverse distribution contract. Prior to the beginning of each fiscal year, the MLFC will select one of the authorized vendors as listed by DLA on Department of Military Medicine (DMM)-Online. The MLFC has the option to either change their current vendor or renew the previous vendor at the end of each FY. Each year the MLFC should review the available contracts and notify DLA of his or her decision for the upcoming FY.

When using the commercial credit returns program, you are actually performing several separate processes:

- Paying for a service to dispose of expired materiel.
- Shipping out materiel with the intent of receiving partial credit for some of it.
- Processing DMLSS transactions to record the process.
- Recording receipt of incoming credit memos.

The credit returns vendor will perform the following tasks:

- Sort materiel by manufacturer.
- Separate returnable from nonreturnable items.
- Determine estimated return value.
- Prepare items for shipment and/or remove them.
- Complete all necessary documentation.

The credit returns vendor will also do the following for C-II controlled items:

- Complete an on-site inventory.
- Package items for commercial shipping.
- Produce and sign all required documentation.

Identifying and categorizing commercial returns

As stated previously, the commercial credit returns program is primarily for items that are about to expire or have expired. This program is an efficient method for processing outdated items through a centralized distributor for credit to reduce the total cost in the healthcare system and assure that the public is protected. The commercial credit returns program will help you and/or your pharmacy clear your shelves of expired or short dated pharmaceuticals. Credits are issued from manufacturers directly to your prime vendor pharmaceutical (PVP).

Normally, you will identify items for commercial credit return through:

- Inventory stratification (excess pharmaceuticals).
- Daily QA activities (inspections, QA messages, recalls).
- Customers (pharmacy).

There are over one thousand manufacturers that have established policies for commercial credit return of certain commodities. Many manufacturers allow credit for return goods after the expiration date, or if they are damaged, recalled, and in some cases, in date products. You should consider the following categories of items (partial or full containers) for commercial credit return:

- General pharmaceuticals (prescription and over-the-counter).
- Controlled substances (CII-CV).

After you have separated the items by commodity, you will then have to inventory each item by manufacturer, lot number, and expiration date and prepare them for shipment to the manufacturer. You must also contact the manufacturer(s) for a return authorization before you ship the item(s). If the item is a controlled substance, it will require a DEA 222, Official Order Form for Schedule I and II Controlled Substances. If you are going through a third party, the commercial returns vendor will accomplish these tasks for you.

Credits

All approved commercial credit return vendors will process credits back to your PVP credit account. The first step is to establish two credit accounts with the PVP; one for operating requirements and the other only for WRM requirements. The MLFC and superintendent are responsible for these accounts and how and when funds are used.

- Monitor credit balances and use credits as they are received. Prime vendor credits expire in 90 days and therefore should be used within 60 days to prevent loss.
- Maintain close coordination with customers to ensure credited funds are used promptly.
- Use credits as they are gained. For instance, after credit is received it should be used on the pharmacy's next order.
- WRM credits should only be used for WRM. WRM managers should have a list of required items ready to procure upon receipt of credits.

The accountable officer must document monthly review of all credit accounts and balances to ensure appropriate use and preclude expiration of credits.

427. Commercial returns audit trail

As with any auditable process, you must establish procedures for tracking and reporting all credits issued as a result of your commercial credit returns program. In this section we will cover procedures to track credits issued through your pharmaceutical prime vendor and those issued for returns direct to the manufacturer.

The DLMSS COMMERCIAL CREDIT RETURN module is designed specifically to manage pharmaceutical returns through a third party vendor and is not designed or intended for use with returns direct to a supplier.

Processing commercial returns

In DMLSS, you will manage the credit return process using the COMMERCIAL RETURN module accessed from the IM NAVIGATE menu window. This module will allow you to select which items you are returning for potential credit. The process involves selecting the applicable items and then updating which phase of the return cycle they are currently in. The cycle starts with READY FOR PICKUP. After the item is shipped the status should be updated to DISPOSITION PENDING. Following that, you may update it again if the vendor notifies you that it has been processed and your credits are on the way. Finally, the items should be closed out after the credit has been received (COMPLETE PV CREDIT) or other final disposition has been taken (i.e., COMPLETE DESTROYED).

The audit process is important as it allows investigators to determine if the credit returns vendors are being honest or committing fraud. Because of the high number of items processed and the large dollar figures involved, it may be tempting for a commercial vendor to charge an account for more than what was actually turned-in. For the most part, the contractors are honest, but in the past some companies have been known to follow poor operating practices. Either way, you should always follow the current guidance and make sure to pay attention to details at all times to ensure taxpayers' dollars are effectively utilized.

The MANAGED COMMERCIAL RETURN window allows you to track and update the status of items ready for return to a commercial returns vendor. This window also provides status and details

on all items processed from the RETURN ITEM(S) module. In the MANAGED COMMERCIAL RETURN window, the item's detail information appears at the top of the window. All items are initially assigned a status of "Ready for Pickup." Prior to the items being picked-up by the shipper, update the status by selecting the PICKUP icon from the MANAGED COMMERCIAL RETURN window. In the PICKUP window, select the items being picked-up and annotate your locally assigned call number to the shipment. Select PROCESS to complete the action and print the commercial return report for you records. Have the shipper or credit returns representative sign the commercial return report. The item's status will now be set to DISPOSITION PENDING.

The following are the status types for commercial return items:

- Ready for Pickup—the item is ready to be picked up.
- Disposition Pending—the item has been returned for credit determination.
- Check Pending—a refund check is on its way.
- Credit Pending—a refund credit is being processed.
- Complete Check—a refund check has been sent and received.
- Complete Credit—a refund credit has been processed.
- Complete Destroyed—the item has been destroyed.
- Complete PV Credit—the refund credit has been processed through the prime vendor.

Commercial return icons

In addition to the PV and commercial return options mentioned above, you also need to be familiar with the following options available by selecting the icons or buttons on the vertical toolbar of the MANAGED COMMERCIAL RETURN window:

Pick-up icon

You will only see the PICK-UP icon when items are in "Ready for Pick-up" and "Disposition Pending" status. You can select multiple items for pick up by using the CTRL key and clicking each selection with your mouse or holding down the SHIFT key on the first item and clicking the last selection with your mouse. Click the PICK-UP icon and DMLSS will display the MANAGED COMMERCIAL RETURN–PICKUP window. Enter the correct or new call number assigned to the item then click on the ">" or ">>" button to associate the item to the call. This process will generate the COMMERCIAL RETURNS CALL STATUS report. This report identifies the number and the value of items processed through a commercial return goods vendor by selected return call number. It also identifies the value of items returned, credit obtained and cost by call number. Options for this report are:

- Scope—Limits the report to call numbers processed in IM or AM.
- Detail—Reports by status by call number.
- Summary—Reports overall summary by call number.

Cost call icon

Use the COST CALL icon when you receive credit vouchers or checks from your commercial returns vendor. In the CALL COST window, you can record the call cost or a commercial return. This option enables you to track the cost of the service and assists you in the cost effectiveness analysis of the returns vendor. You should update the CALL COST window with the dollar total from vouchers or checks every time you receive them. You must add the totals to the existing totals. *For example*: Current call cost is $20.00 and a credit voucher is received for $25.00. Update the field to reflect $45.00.

Destroyed icon

Use the DESTROYED icon when the commercial return vendor provides a disposal manifest to your facility for items that were not accepted for credit or return. Select items for destruction from a call

and click the DESTROYED icon. Multiple items may be selected by using the CTRL+CLICK method. Associate the records in the MANAGE RETURN ITEMS—DESTROY window by clicking the “>” or “>>” buttons. Enter the reason for the destruction and click the PROCESS button to process the destruction. The status of the item(s) is changed to “Complete Destroyed” in the MANAGED COMMERCIAL RETURNS window.

Check icon

The CHECK icon allows you to enter check pending or check complete estimates for single or multiple returned items that are not applied to a prime vendor account. Click the CHECK icon to open the CHECK COMPLETE UPDATE window. Select the status for the call number or items selected as follows:

- Check Pending—Identifies return items were sent to the commercial returns manufacturer and the check has not been issued. You may also enter a check amount and reason if your commercial returns vendor issues a projected credit report. The status of the return item is changed to “Check Pending” in the MANAGED COMMERCIAL RETURNS window.
- Check Complete—Identifies that the check was received from the manufacturer. All fields are mandatory entries when completing check returns. Enter the actual check amount issued, check number, who the check is from, and reason. Select the item(s) to associate with the check and click the SAVE icon to process. The status is changed to “Complete Check” in the MANAGED COMMERCIAL RETURNS window. You can no longer modify this record.

Credit icon

The CREDIT icon allows you to enter credit pending or credit complete estimates for single or multiple returned items that are not applied to a prime vendor account. Click the CREDIT icon to open the CREDIT COMPLETE UPDATE window. Select the status for the call number or items selected.

- Credit Pending—Identifies return items were sent to the commercial returns manufacturer and credit has not been issued. You may also enter a credit amount and reason if your commercial returns vendor issues a projected credit report. The status of the return item is changed to “Credit Pending” in the Managed Commercial Returns window.
- Credit Complete—Identifies that actual credit was received from the manufacturer. All fields are mandatory entries when completing credit returns. Enter the actual credit issued and reason. Select the items to associate with the credit and click the SAVE icon to process. The status is changed to “Complete Credit” in the MANAGED COMMERCIAL RETURNS window. You can no longer modify this record.

Self-Test Questions

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

426. Managing commercial credit returns

1. What is the formal name of the program that aims to streamline disposition of potentially hazardous pharmaceuticals, while also reducing losses to the AFWCF?

2. How is the contractor paid for their services provided?

3. Who provides the mandatory multiple-award reverse distribution contract?

4. What options do MLFCs have at the end of each fiscal year?

5. What are the separate processes involved in the commercial credit returns program?

6. Who is responsible for prime vendor accounts and how and when the funds are used?

7. Within how many days should you use PV credits?

427. Commercial returns audit trail

1. The DMLSS commercial return module is designed specifically to manage what type of returns?

2. Which DMLSS module is used to manage the pharmaceutical reverse distribution process?

3. Why is the audit process so important?

4. Which DMLSS provides status and details on all items processed from the RETURN ITEM module?

5. All processed items are initially assigned what status?

6. List the status types in the MANAGED COMMERCIAL RETURN window for commercial return items.

7. What report identifies the value of items returned, credit obtained and cost by call number?

8. Which icon allows you to enter credit pending or credit complete estimates for single or multiple returned items that are not applied to a prime vendor account?

Answers to Self-Test Questions

424

1. DD Form 1348–6.
2. What is the known condition of the item and reason for turn-in?
3. Medical materiel personnel with the assistance of the professional staff.
4. BMER personnel.
5. Unserviceable.
6. Sign both copies; return one copy to the using activity as a receipt, and forward one copy to the inventory management section.
7. Grant credit.
8. Do not allow credit.
9. Resale, restratify, or report excess.
10. RETURN ITEM window.
11. Issue Credit checkbox.
12. CHZ.

425.

1. (1) It is not required to meet the stock control level.
   (2) It does not meet the criteria for economic retention.
   (3) It is not a requirement for WRM.
   (4) It is not a requirement for special projects.
   (5) It cannot be used as a substitute for a requirement in any of the preceding categories.
2. Total excess and partial excess.
3. Total excess.
4. TRIMEDS.
5. AF and DOD MTFs in their local area.
6. The first 20 days.
7. (1) Total minimum line item value must be at least $3,000.
   (2) Only condition codes A, B, and C are accepted.
   (3) Expiration dated items must have at least 120 days shelf life remaining.
8. C.
9. REPORT EXCESS window.
10. Review the potential excess assets and restratify items by performing internal transfers.
11. Excess Dated Item.
12. Records that have an “X” in the reportable column.
13. An inventory transfer loss (ITL) for the operating loss, and an inventory transfer gain (ITG), for the excess gain.
14. (1) Document number.
    (2) Item ID.
    (3) Julian date.
    (4) Who the request was routed to.
    (5) Equipment nomenclature.
    (6) Report status.
15. Click the STATUS REQ button on the vertical toolbar from the SEARCH EXCESS RESULTS window and select follow-up.
16. (1) Follow up—FTF.
    (2) Cancellation—FTC.

(3) Shipment—FTM.
(4) Shipment Delay—FTL.
(5) Receipt by DLA—FTZ.

17. (1) Troubled Shipped.
(2) Ship Material.
(3) Turn-in Material.
(4) Destroy Material.
(5) Stop Shipment.
(6) Misc.
18. The materiel account has no stock control level for the requested item, or it is for WRM.
19. Operating, WRM, and Customer.
20. During the EOP process.
21. DUE IN/DUE OUT.

426.

1. Pharmaceutical reverse distribution.
2. A set percentage of credits received are retained by the contractor as payment.
3. DLA Troop Support.
4. Change their current vendor or renew the previous vendor.
5. (1) Paying for a service to dispose of expired materiel.
(2) Shipping out materiel with the intent of receiving partial credit for some of it.
(3) Processing DMLSS transactions to record the process.
(4) Recording receipt of incoming credit memos.
6. MLFC and superintendent.
7. 60 days.

427.

1. Pharmaceutical returns through a third party vendor.
2. COMMERCIAL RETURN.
3. It allows investigators to determine if the credit returns vendors are being honest or committing fraud.
4. MANAGED COMMERCIAL RETURN.
5. Ready for Pickup.
6. (1) Ready for pickup.
(2) Disposition pending.
(3) Check pending.
(4) Credit pending.
(5) Complete check.
(6) Complete credit.
(7) Complete destroyed.
(8) Complete PV credit.
7. COMMERCIAL RETURNS CALL STATUS.
8. Credit.

Unit Review Exercises

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

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

55. (424) Who evaluates the condition of medical materiel equipment items being returned by the customer?
    a. Clinical engineering.
    b. Biomedical equipment repair personnel.
    c. Medical equipment management office.
    d. Medical treatment facility professional staff.

56. (424) Credit may be granted for serviceable medical materiel supplies being returned if they will be resold within how many days?
    a. 10.
    b. 15.
    c. 30.
    d. 45.

57. (424) Which type of returned medical materiel item may be destroyed or processed for commercial returns without the need for higher authority?
    a. Excess.
    b. Suspended.
    c. Unserviceable.
    d. No longer needed.

58. (424) What happens when the Issue Credit checkbox in the Defense Medical Logistics Standard Support (DMLSS) is *not* checked when an item is returned?
    a. Turn-in adjustment gain (TIG) processed for the customer.
    b. Turn-in adjustment loss (TIL) processed for LOG.
    c. Refund code “N” processed.
    d. Refund code “R” processed.

59. (425) Which condition *must* be met before a medical materiel item can be considered excess?
    a. It is not a requirement for WRM.
    b. It is not a requirement for MC-CBRN.
    c. It meets the stock control level.
    d. It meets the requirement for economic retention.

60. (425) Excess medical materiels are reported through which program?
    a. AFML.
    b. JMAR.
    c. TRIMEDS.
    d. USAMMA.

61. (425) In the REPORT EXCESS window, which button is used to perform internal transfers?
    a. ASSET REVIEW.
    b. LOG DETAIL.
    c. PRIME SUB.
    d. ITEM G/L.

62. (426) Commercial credit returns programs for pharmaceuticals are primarily used to dispose of what types of items?
    a. Deteriorated.
    b. Suspended.
    c. Expired.
    d. Excess.

63. (426) Who is responsible for how and when funds are used from the Prime Vendor Pharmaceutical (PVP) credit accounts?
    a. MLFC.
    b. ABMSO.
    c. AFMOA/SGAL.
    d. NCOIC, Acquisitions.

64. (426) When do prime vendor (PV) credits obtained through the reverse distribution program expire?
    a. 30 days.
    b. 60 days.
    c. 90 days.
    d. 120 days.

65. (427) Which Defense Medical Logistics Standard Support (DMLSS) module is used to manage the credit returns process?
    a. PRIME VENDOR CREDITS.
    b. COMMERCIAL RETURNS.
    c. CREDIT UPDATES.
    d. RETURN ITEMS.

66. (427) Which commercial returns status in Defense Medical Logistics Standard Support (DMLSS) is used when an item has been returned for credit determination?
    a. Complete credit.
    b. Credit pending.
    c. Determination pending.
    d. Disposition pending.

Student Notes

Glossary

Terms

accountable medical supply officer—Medical Service Corps officer, civilian GS–11, or fully qualified senior NCO appointed to be accountable for the medical stock record account.

allowance standard (AS)—This describes the items and quantities of equipment required to perform the missions and duties of AF organizations and individual specialties. It provides the control to develop, revise, or change EAIDS

condition—The state of physical being that determines the suitability of an article to adequately carry out the purpose for which it was designed or authorized.

core item—An item whose consumption history the system uses to adjust Periodic Automatic Replenishment (PAR) levels.

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

delivery destination—A code that designates where property is to be delivered or picked up from.

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.

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

expiration dated materiel—Items labeled with a specific date beyond which the products either cannot be expected to yield its specific results or retain its required potency.

external sources (sources of supplies)—Prime Vendor, BPA/DBPA, and credit card type suppliers

federal supply classification (FSC)—A systematic grouping of related items into groups and classes in order to facilitate the accomplishment of supply management objectives for all items in the inventory.

hazardous material—Any material which 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.

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 non-stock listed items.

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

navigate—A method by which the user moves from one functional process to another functional process within the DMLSS system.

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

pipeline time—Indicates the number of calendar days from the date a requisition is initiated to the date the materiel is received by the consignee. (In logistics, the term pipeline refers to the channels of support, or a specific part of the channels of support, through which property flows from the source of procurement to the point of use).

quality assurance (QA)—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.

recurring demand—A request for materiel made periodically or anticipated being repetitive. Recurring demands normally pertain to materiel for continuing consumption, use, or stock replenishment.

report of survey—An instrument for recording the circumstances concerning the loss, unserviceability, or destruction of AF property. It serves as, or supports, a voucher for dropping the articles from the property records on which they are listed. It also serves to determine all questions of responsibility for the absence or condition of the articles.

shelf life—That period of time during which an item can remain unused in storage before being reconditioned or condemned.

shortage—Item shortage is when the quantity received is less than the quantity shown on the shipping document.

static item—An item whose PAR levels are adjusted by the user

stock fund—A revolving fund established to finance inventories of supplies and other stores.

stock number—A number identifying a part for requisitioning, storage, identifying the manufacturer, and/or origin in number.

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.

substitute item—Used when two or more items possess such functional and physical characteristics as to be capable of being exchanged only under certain conditions or particular application, and without alterations of the items themselves or of adjoining items.

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 MEDLOG or DMLSS.

using activity—An organization or element of an organization that requests or receives materiel from Base Supply.

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
AFI	Air Force instuction
AFJMAN	Air Force joint manual
AFMAN	Air Force manual
AFML	Air Force Medical Logistics
AFMOA	Air Force Medical Operations Agency
AFMSA	Air Force Medical Support Agency
AFMSA/SGSL	Air Force Medical Support Agency/Medical Logistics Division
AFWCF	Air Force Working Capital Fund
AM	assemblage management
AO	approving official
ARCOS	Automation of Reports and Consolidated Orders System (Drug Enforcement Administration's system)
AS	allowance source or standard
ASC	allowance source code
AUL	authorized users list
BES	Bioenvironmental Engineering Squadron
BMER	Biomedical equipment repair
BO	BusinessObjects
BPS	build/process/submit
CAIM	customer area inventory management
CAN	contract number add (DMLSS transaction code)
CBL	commercial bill of lading
CFR	code of federal reguations
CHZ	consumption history change (DMLSS transaction code)
CII	controlled item inventory
CIIC	controlled inventory item code
CMIC	controlled medical item custodian
CONUS	continental United States
COTS	commercial-off-the-shelf
CS	customer support
CS	customer service module

CSA	Controlled Substance Act
CTE	custodian equipment transfer (DMLSS transaction code)
DDR	daily demand rate
DEA	Drug Enforcement Administration
Desc	description
DESCIM	defense environmental security corporate information management
DLA	Defense Logistics Agency
DLAD	Defense Logistics Agency directive
DLAR	Defense Logistics Agency regulation
DMLSS	Defense Medical Logistics Standard Support
DMM	Department of Military Medicine
DOD	Department of Defense
DOT	Department of Transportation
DPG	donated Item Gain
DPV	DLA prime vendor (also DMLSS SOS type code)
DQC	due-in cancellation (DMLSS transaction code)
DRMS	Defense Reutilization and Marketing Service
EDI	electronic data interchange
EIG	end/kit item gain
EM	equipment management or environmental manager
EOH	estimated on-hand
EOM	end-of-month
EOP	end-of-period
EOQ	economic order quantity
EPA	Environmental Protection Agency
ERQ	economic retention quantity
ESD	estimated shipment date or establish due-in (DMLSS transaction code)
ESOH	environment, safety, and occupational health
FBG	foundation on Installation
FDA	Food and Drug Administration
FIFO	first-in first-out
FM	facility management
FSC	federal supply class
FTZ	IM materiel receipt status (DMLSS transaction code)
FY	fiscal year
FZG	receipt from DRMS

GBL	government bill of lading
GS	general schedule (US civil service pay scale)
GSA	General Services Administration
HAZMAT	hazardous material
HBD	history begin date
HHT	hand held terminal
HM	hazardous materiel
HMIS	Hazardous Materials Information System (DOD system developed by DLA)
HMMP	harzardous materiels management plan
HMP	Hazardous Materiel Pharmacy
HVAC	heating, ventilation, and air conditioning
HW	hazardous waste
HWL	hazard warning label
IAG	inventory adjustment gain (DMLSS transaction code)
IAL	inventory adjustment loss (DMLSS transaction code)
IAV	inventory adjustment voucher
ICN	inventory control number
ID	identification
IFAK	first-aid kit, individual
IIG	individual/component gain
IM	information management
IM	inventory management (DMLSS application) module
INR	issue nonroutine (DMLSS transaction code)
IOC	due-out cancellation (DMLSS transaction code)
IOU	due-out (backorder) (DMLSS transaction code)
ISS	issue sale (DMLSS transaction code)
ITG	inventory transfer gain (DMLSS transaction code)
ITL	inventory transfer loss (DMLSS transaction code)
JIT	just in time
JRCAB	Joint Readiness Clinical Advisory Board
kPa	kilopascal
LOG	logistics or logistics (as in log-owned)
LOX	liquid oxygen
LP	local purchase
MAJCOM	major command
MDD	Medical Dental Division

MER	medical equipment repair
MIS	Management Information System
MLFC	Medical Logistics Flight Commander
MM	materiel management
MMC	Master Medical Catalog
MSDS	materiel safety data sheet
MTF	medical treatment facility
MTZ	change of accountable equipment code/maintenance requirement indicator (DMLSS transaction code)
NDC	national drug code
NIR	new item request
NSN	national stock number
O&M	operation and maintenance (fund type)
O/H	on-hand
ODS	ozone depleting substances
PLT	procurement lead time (pipeline time)
PMRP	Precious Metals Recovery Program
PO	purchase order
POA	power of attorney
PSC	personal service contract
psi	pounds per square inch
psia	pounds per square inch absolute
psig	pounds per square inch gage
PV	prime vendor
PVP	prime vendor pharmaceutical
QA	quality assurance or quality alert
RFID	radio frequency identification
RND	receipt not due-in (DMLSS transaction code)
ROD	report of discrepancy
ROS	report of survey
RTL	return to source of supply
SABC	self-aid buddy care
SDG	shipping discrepancy gain (DMLSS transaction code)
SDL	shipping discrepancy loss (DMLSS transaction code)
SDR	supply discrepancy report
SF	standard form

SFL	outshipment loss
SHG	shipment gain (DMLSS transaction code)
SHL	shipment loss (DMLSS transaction code)
SLEP	Shelf-life Extension Program
SS	system services
STD	standard
TCN	transportation control number
TIG	turn-in adjustment gain (DMLSS transaction code)
TIL	turn-in adjustment loss (DMLSS transaction code)
TMO	transportation management office or officer
TMU	Table Maintenance Utility (DMLSS SS module)
TO	technical order
TRIMEDS	Tri-Service Medical Excess Distribution System
TRL	return item for trade-in
TZL	outshipments to DRMS
U/P	unit of purchase
U/S	unit of sale
USP	United States Pharmacopoeia
WRM	war reserve materiel

Student Notes

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