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

This FOURTH and final volume of CDC Z4A151 deals with three unique functions in Medical Logistics. The first unit is titled Medical Equipment Management Office (MEMO) and will provide you with an introduction to working with and managing medical equipment. The first section in unit 1 explains the equipment program, roles and responsibilities, how to establish and maintain custodian equipment files, and how to manage some of the various equipment related reports. The second section covers the equipment budgeting, procurement, receipts, and issue processes. The final section is titled Equipment Inventory Management. It has four lessons on equipment transfers, losses, gains, returns, excess, pending actions, and inventory guidelines.

The second unit gives you an introduction into the management of medical contingency operations. The first section has two lessons which cover contingency operations, associated roles and responsibilities, and ancillary planning. The second section has five lessons that include computing war reserve material (WRM) levels, allowance standards, managing and distributing force health protection (FHP) assets, and WRM funding, procurement, and replacement procedures. The third section has three lessons that cover WRM asset management, data records and balances, dated items, and the shelf life extension program (SLEP). The final section has four lessons that cover miscellaneous contingency operations and covers inventories, assemblage transfers, management reports, and customer owned assemblages.

The third and final unit gives you an introduction to expeditionary medical materiel operations and consists of three sections. The first section covers field operations and includes expeditionary medical logistics (EML) and cold chain management. The second section covers special considerations and includes patient movement items (PMI) and the Logistics Module (LOGMOD). The third and final section discusses classified considerations that you may run into in the field and covers secure & non-secure communication devices and security concerns regarding classified materials.

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

A glossary is included for your use.

Code numbers on figures are for preparing agency identification only.

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

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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.

Unit 1.Medical Equipment Management Office

THE MEDICAL SERVICE EQUIPMENT MANAGEMENT PROGRAM was established primarily to provide a system of in-use equipment control and reporting based on a single organizational medical equipment management office (MEMO) at each medical stock record account. To put it another way, MEMO is responsible for the overall management of the entire *medical equipment* program within your location of assignment.

Equipment management is one area that can provide a tremendous sense of accomplishment, or it can become a big source of headaches. Perhaps no other functional area of medical logistics requires the attention of the medical staff more than the MEMO. If you can get your customer a new piece of equipment with the latest technology, you will quickly become their favorite “loggie” (logistician). However, if one of the medical staff requests an equipment item and is still waiting two years later, you will not earn such a favorable reputation. In this unit, you’ll learn about the MEMO program, medical equipment procurement, and equipment inventories.

1–1. Equipment Program

Defense Medical Logistics Standard Support (DMLSS) equipment management (EM) functions are similar to the tasks performed by Acquisition Management. While requisitions are usually the only responsibility of personnel working in Acquisition Management, MEMO requires additional procedures to manage the equipment assets as well. Not only will you purchase new equipment, you also will account for all equipment on record and dispose of unneeded equipment. Additionally, you will coordinate with biomedical equipment technicians (BMET) on equipment repairs and new equipment installation. You will also work with Facility Management to ensure that the required infrastructure is in-place or that the necessary facility modifications take place prior to the set up and use of new equipment. In this first section, we will discuss the various roles and responsibilities that different positions hold in relation to MEMO. We will then look at how to establish and maintain custodian equipment files. Then, we will conclude this section by looking at some of the DMLSS reports that are used to manage medical equipment.

601. Roles and responsibilities

Before we go any further, let’s take a look at the objectives, terms, and responsibilities associated with EM.

Objectives

Medical Materiel journeymen in MEMO monitor the acquisition process for all equipment, and keep customers informed on the status of their equipment orders. For many of you, purchasing and controlling the facility’s equipment will require more responsibility in terms of dollars-managed than

you've ever experienced in your entire lifetime. With that type of responsibility, it is important that you first understand the six specific objectives of EM:

1. Standardize the management of in-use equipment at medical facilities. This simply means that there should be only one basic system for managing your equipment assets: DMLSS.
2. Maintain records for in-use equipment and for equipment authorizations. Verify that the equipment on-hand and due-in is authorized and accounted for.
3. Keep medical managers at all levels informed through comprehensive and accurate reporting.
4. Promote economy, supply discipline, and effective management of equipment in support of the overall medical mission. Educate staff members on effective management of their equipment resources. Ensure customers are aware of the role medical maintenance plays in equipment recommendations, purchases, maintenance, and preventive maintenance.
5. Ensure that medical equipment assets meet accepted standards for safety and technology. Talk with your medical maintenance staff about problems that concern equipment safety specifications and technology matters.
6. Ensure that investment equipment is reported according to established accounting standards.

Equipment terminology

Before you read any farther into this lesson, you need to know the meaning of some terms that will be used repeatedly. Take the time to fully understand these definitions now, so you will be able to understand the rest of the concepts presented in this lesson.

Medical equipment

Medical equipment includes medical items that are not expendable. Medical equipment devices, as defined by the Food and Drug Administration (FDA), are any instruments, apparatus, or machines that are intended for the diagnosis or treatment of a disease or condition. MEMO considers medical equipment to be any piece of equipment that is used directly on a patient.

Expense equipment

Expense equipment is medical equipment that has a unit cost that is *greater* than $3,000, but *less* than $250,000. Also, included in this category are items under the micro-purchase threshold that require additional local control, as the medical logistics flight commander (MLFC) designates.

Investment equipment

Investment equipment (also called capital investment equipment) is medical equipment that is either a single piece of equipment or a system that is greater than or equal to $250,000. Account for all investment equipment and components while it is in use.

NOTE: The Medical-Dental Division (MDD) of the Air Force Working Capital Fund (AFWCF) excludes the procurement of investment equipment.

Other procurement

The definition of the term *investment equipment* has been augmented to include other procurement, or OP. Although the terms OP and investment equipment are used interchangeably in EM, the term *investment* or *capital* refers to the equipment, and the term OP refers to the special funding and related processes of requisitioning specific items.

NOTE: In financial organizations, "OP" has a much broader scope and includes many different types of equipment, such as peacetime investment equipment, centrally managed equipment, and war reserve materiel (WRM) equipment, which are purchased with special funds appropriated by Congress.

Maintenance significant supply items

Maintenance significant supply items are items with a unit cost of less than $5,000 and require some degree of periodic maintenance. These items are identified in DMLSS by having a check in the

MAINT REQ IND box on the military treatment facility (MTF) catalog, but are *not* marked as being *accountable equipment*. These items are assigned an equipment control number (ECN) for maintenance control purposes, but equipment balance records are not required since these items are *not* accountable equipment and do *not* require allowance/authorization approval. Biomedical equipment repair (BMER) office performs maintenance on these items and updates the maintenance data stored in the equipment data records.

Responsibilities

As with any chain of command or line of authority, the individuals or agencies involved with the medical EM program have specific responsibilities under the program. It is important that you understand the basic functions of the personnel in the MEMO chain of authority.

Air Force Medical Logistics

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

Military treatment facility commander

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

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

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

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

Base medical equipment review and authorization activity

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

The base medical ERAA establishes base priority lists for investment and expense equipment purchases. These lists consist of all approved, unfunded requests provided by the base MEMO. This list is coordinated with the chiefs of services prior to submission through MEMO to the MTF

commander for approval. The base MEMO submits the priority list for investment equipment to the Air Force Medical Operations Agency, Medical Logistics Division (AFMOA/SGAL), as requested.

Medical logistics flight commander

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

Base medical equipment management office

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

- Maintain the prescribed equipment authorization and in-use asset records. As the accountable office, MEMO is responsible for maintaining files for all detached facilities supported by the host MEMO.
- Maintain suspense copies of approved, unfunded expense and investment equipment requirements that are to be used by the ERAA in establishing the expense and investment equipment priority listing. Contact requesting activities at least annually—and immediately prior to initiating an order—to ensure the validity of all approved, unfunded equipment requirements. Ensure authorization and in-use records are updated to reflect the results of the validation.
- Train account custodians on EM procedures and assist in the preparation of equipment requests. Coordinate all requests for medical and nonmedical equipment with the biomedical equipment maintenance activity and the medical facility manager (some facilities may also require the approval of the infection control office). It is a good idea to have your customer discuss a potential equipment request with these offices before even submitting the request to MEMO.
- Process equipment orders following the guidance in Air Force Instruction (AFI) 41–209, *Medical Logistics Support,* Air Force Manual (AFMAN) 41–216, *DMLSS User's Manual,* and in local guidance. Ensure that appropriate technical recommendations from the medical maintenance activity and facility manager are incorporated into the equipment request.
- Ensure that all medical equipment is inventoried at least every 24 months. A completed BMER work order, involving physically touching the item, shall count as an inventory action. MEMO will not need to re-inventory that item again so long as routine work orders are being accomplished.

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

Biomedical maintenance equipment repair

The BMER office plays a major role in the EM program. BMER is consulted on each equipment request, and ensures that medical equipment is serviceable, safely operable, and properly configured to meet peacetime and wartime mission requirements.

The BMER provides technical pre-purchase evaluation assistance to ensure that custodians select equipment with optimum performance and safety criteria. Upon request, Medical Maintenance provides a technical review to —

- Identify and document such factors as reliability, accuracy, and compliance with accepted safety and current performance standards (medical equipment only).

- Evaluate and determine the system's utility demands are available.
- Evaluate the system's facility limitations such as ceiling height, door, floor load capacity, electrical load limits, and room size, which may delay or preclude procurement of the requested item.
- State how the equipment is to be maintained and if maintenance training is required.
- Estimate annual contract maintenance cost if in-house maintenance capability does not exist.

Facility manager

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

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

Property custodians

The basic guidance on the care and safeguarding of public property is contained in AFI 23–111, *Management of Government Property in the Possession of the Air Force.* All military and civilian personnel are always responsible for the proper care and safekeeping of property under Air Force control. This responsibility includes pecuniary liability for negligent loss, damage, or destruction—as you learned in an earlier volume of this course. In addition to all of these responsibilities, however, property custodians are required to control and effectively manage the property assigned to their accounts.

Appointment

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

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

1. Equipment on order.
2. Status of equipment approved, but unfunded.
3. Status of equipment awaiting approval action.

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

Joint inventory

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

Periodic inventory

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

Relief of responsibilities

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

602. Maintaining custodian equipment files

In the first lesson, you learned that the purpose of the EM program is to provide a system to control and report in-use equipment based on a single organizational MEMO at each medical stock record account. In this lesson, you will learn the methods for establishing and maintaining custodian equipment files to achieve this purpose along with an overview of the CR/LL's functionality.

There are two types of custodian equipment files that the MEMO establishes and maintains: administrative document files and DMLSS automated data records. The administrative document files consist of all equipment and custodian documents that MEMO must maintain on record for each equipment account. The automated data records involve using the Equipment Management module of DMLSS. Let us first look at establishing and maintaining the administrative document files.

Administrative document files

All medical equipment, used in Air Force medical activities, must be accounted for on MEMO records. Some nonmedical equipment items, which require accountability controls, are also accounted for on MEMO records. Exceptions to this rule are nonmedical centrally managed equipment and computers. Nonmedical centrally managed items are accounted for through the base supply EM system. Computers and information technology (IT) hardware are accounted for on base communications computer system records. At the discretion of the MLFC, any item regardless of the unit cost may be maintained on accountable records. In addition to the exclusions mentioned above, the following categories of medical equipment are also excluded from MEMO management and are *not* accounted for on base MEMO records:

- Medical equipment used by non-Air Force units.
- Medical equipment required by nonmedical Air Force units.
- Equipment items accounted for on the records of a medical stock record account such as medical WRM.

As the accountable office, MEMO establishes and maintains administrative custodian equipment document files for each customer that has accountable equipment on base MEMO records. Each using activity is assigned a custodian account code for identification and control purposes.

Medical equipment management office custodian account files

Each Medical Logistics flight establishes local procedures for maintaining MEMO custodian account files. In general, MEMO must maintain documents generated as a result of actions that affect the balances or conditions of in-use equipment for an account. Normally, MEMO establishes a custodian account file folder that contains the following documents:

- Current property custodian (primary, alternates and subcustodians) appointment letter.
- Certificate or letter of custodian training.
- Current signed (by primary, alternates, and subcustodians) copy of the CR/LL.
- Signed copy of CAL (destroy after the item(s) appear on the CR/LL).
- Documents to record equipment on loan.
- Inventory adjustment documents to include pending and resolved reports of survey.
- Warranty/guarantee data for property not on accountable records (destroy after expiration).
- Copies of AF Form 601 for equipment returns or transfers.

MEMO has the responsibility of ensuring the documents maintained in the custodian account files are accurate and current to ensure effective control and accurate reporting of in-use equipment. MEMO must establish separate files when the property custodian is responsible for more than one equipment account.

Review of custodian account files

It is recommended that MEMO review all custodian account files with the property custodian at least annually. Additionally, a review will occur when there is a change to the property custodian appointment letter or during the annual inventory. The primary challenge is keeping the appointment letters current. Remember that before a property custodian is relieved from duty, transferred, separated from service or absent from the account for a period longer than 45 days, MEMO has to transfer the property to an authorized successor. The custodian is not relieved of custodial responsibility until officially out-processed by MEMO.

During the review of custodian account files, remove any outdated documents and return them to the designated property custodian unless directed otherwise. This practice serves as a check and balance between MEMO, the property custodian and DMLSS and ensures that the contents of the file and automated data records are current. Additionally, conducting reviews of the custodian account files ensures the EM program is kept in “inspection ready” status.

Automated data records

The EM application of DMLSS provides the automated equipment management system for establishing and maintaining equipment data records. The EM module is designed from a life cycle management concept that supports all processes related to the EM program. These processes range from equipment requests, authorization, replacement, and budgeting to equipment disposition. The goal of the EM module is to develop and implement a standard integrated information management system that supports customers, functional users, and managers at all levels in the processes associated with the life cycle management of equipment assets. We will only look at four EM functions:

1. Custodian Management.
2. Equipment Record.
3. Equipment Classification.
4. Equipment Balance.

These modules are the primary functions you use to establish and maintain the automated equipment data files to support the accountability of in-use equipment. These four functions drive all of the other processes.

Custodian Management

All EM managed equipment is accounted for by expense center. The expense center becomes the custodian account number for customers with in-use equipment. In turn, each expense center is assigned a custodian or subcustodian in DMLSS.

You can assign two main custodian account roles:

1. Custodian – accountable for all the property assigned to the customer's account.
2. Subcustodian – responsible for the day-to-day safeguarding of assigned equipment.

The Custodian Management application in the EM module provides the capability for the MEMO to manage data on equipment custodians. In the Custodian Management module, MEMO can:

- establish new custodian records,
- assign custodians to customer accounts from new or existing records,
- modify custodian records,
- change custodial responsibilities, and
- remove custodians when no on-hand or equipment due-ins exist for the customer account.

Account custodian may be granted systems rights to establish, modify, or delete subcustodians. These subcustodians are responsible for small sections of the account. For example, say you are at a Dental Clinic that has eight dental treatment rooms (DTR) that are assigned to a primary custodian. The primary custodian may want to assign equipment accountability to the technician responsible for each DTR. The EM application facilitates the assignment of individual equipment to subcustodians for custodial responsibility. An individual person cannot be both a custodian and subcustodian at the same time. If you try to assign the subcustodian as the custodian, DMLSS will not allow you to save the change until the person is removed as the subcustodian. The primary custodian may remove custodian responsibility of subcustodians by disassociating the equipment items from the subcustodian's record. An inventory must be completed before a subcustodian or primary custodian is relieved of the responsibility.

Creating a new custodian record

To create a new custodian record, access the NAVIGATE menu from the horizontal toolbar and click on CUSTODIAN MANAGEMENT. This action will open the CUSTOMER/CUSTODIAN LIST window. The window default scope view is set to "Customers with Custodians" and only customers with custodians will appear in the "Custodians" box within the window. If you change the scope view to "All Customers" DMLSS will display all customer accounts by organization. You also have the option of minimizing the search criteria by setting filters by organization, customer name, customer identification (ID), and/or custodian name. For the purpose of creating a new custodian record, select the "All Customers" scope and select the customer for the new custodian. This must be a customer that is not already associated to a custodian.

Once you have selected a customer for the new custodian, click the NEW button on the vertical toolbar to open the CUSTODIAN DETAIL window. This window opens to the default CUSTODIAN tab. In this window, you must complete the fields with the custodian's information. You should be able to obtain this information from the custodian appointment letter. If you enter a last name that already exists in the POC (point of contact) table, the MATCH POC window appears. You can either select the appropriate POC name and click OK or click the CANCEL button. If you choose a name from the list, most of the default information will be automatically populated in the record for you. If you do not choose an existing POC record, and continue to enter the custodian's information, that information is used to create a new POC record. To complete the process of creating a new custodian record, click the SAVE button on the vertical toolbar.

Notice that in the Custodian tab you have two sections: Custodian Info and Inventory Info. In the Custodian Info section, you have a field to record the Orientation Date. Use the date you establish the custodian record and review the administrative custodian file with the new custodian at the same time. This date also serves as proof that you provided training to the custodian regarding his or her responsibilities.

If you want to create a new custodian for a customer that already has a custodian, you must follow the procedures for changing a custodian. To change a custodian, you simply click on the CHNG CUSTODIAN button on the vertical toolbar in the CUSTOMER/CUSTODIAN LIST window. This button is only available if you select a customer that already has a custodian. If subcustodians exist for the account you want to change, DMLSS will prompt you with a message to determine if you want to retain the existing subcustodian under the new custodian. If you select to retain the subcustodians, all the information is transferred under the new custodian. If you select not to retain the subcustodians, they are all deleted and the equipment associated with them is returned to the new primary property custodian. When changing primary custodians, MEMO must ensure that a complete equipment inventory is accomplished prior to the new custodian assuming the responsibility.

Creating a new subcustodian record

To create a new subcustodian record at the same time you create a new custodian record simply click on the Subcustodian tab and enter the subcustodian's information. If a subcustodian already exists or you want to assign multiple subcustodians for the customer, click the ADD SUBCUSTODIAN button. In the SUBCUSTODIAN tab, you can perform the following tasks:

- Add a subcustodian to a customer account.
- Assign/unassign equipment to a subcustodian.
- Change a subcustodian for a customer account.
- Delete a subcustodian from a customer account.
- Edit custodian POC information.
- Print the subcustodian receipt/location list.

As when creating a new custodian record, if you enter a last name that already exists in the POC table, the MATCH POC window will appear. Recall that one of the reasons for creating a subcustodian record is so that you can assign equipment accountability of specific items to that subcustodian. To accomplish this, click on the ASSIGN/UNASSIGN EQUIPMENT button to open the EQUIPMENT ASSIGNMENT window, select the item on the right side of the screen, click on the associate/disassociate buttons, and click the SAVE button when finished.

Use the CHANGE SUBCUSTODIAN button when the primary property custodian wants to make change to a subcustodian's information. This button is only available if you select a customer that already has a custodian. If there are multiple subcustodians, you might first need to use the VCR (video cassette recorder) buttons to scroll to the correct record. To make the change, select the subcustodian that is being replaced, click on the CHANGE SUBCUSTODIAN button and complete the new custodian's information. When you SAVE the new information, the new record replaces the selected custodian's information and all equipment is transferred to the new subcustodian. The primary custodian should ensure that the new subcustodian has validated the inventory records prior to accepting the account from the replaced subcustodian.

You can delete a subcustodian form a customer account as long as no equipment is assigned to that subcustodian. If you want to delete a subcustodian that has equipment assigned, you first need to reassign it to the primary property custodian. The primary custodian may then reassign the equipment to an existing subcustodian after the equipment is returned to the primary account. After you have taken the proper actions to delete a subcustodian, click on the DELETE SUBCUSTODIAN button and the YES in response to the confirmation message.

Creating a note for a custodian account

The final action you may want to take is to add a note for the custodian account in the Notes tab of the CUSTODIAN DETAIL window. A note can contain any information that might be useful to other users. The Notes tab allows MEMO to enter information of up to 256 characters concerning a custodian or the status of a custodian's account. This feature allows for tracking status of open issues, report of survey actions, training conducted or any other information pertaining to the property

custodian. In the NOTES tab, you can add and delete a note by selecting the note and then clicking on the respective button at the bottom of the window. To edit a note, select and double click the note to edit to open the NOTE DETAIL window. Type your changes and then click the OK button to close this window. DMLSS will return to the CUSTODIAN DETAIL window where you will click the SAVE button to complete the action.

Equipment record

MEMO uses equipment records to maintain physical accountability and custodial responsibility of all assigned organization assets. For this reason, you must assign a customer to all equipment custodian accounts. MEMO also uses equipment records to record loans, conduct inventories, and create equipment replacement schedules to support the budge process. Equipment records are also the core components of the equipment quality assurance/risk management programs.

Equipment records are created through the receipt and issue process in IM or the equipment gain process. Once the equipment records are established and the identification data has been entered in DMLSS, in-use equipment is assigned to the equipment custodian for the customer account.

Searching for an equipment record

You can search and access an equipment record by selecting NAVIGATE from the horizontal toolbar, EQUIPMENT ACCOUNTABILITY, EQUIPMENT RECORD to open the EQUIPMENT SEARCH CRITERIA WINDOW. In this window, you can narrow your search by selecting specific search criteria or retrieve all records by leaving all fields blank and clicking in the SEARCH button on the vertical toolbar. You can only use the Defense Information Technology Management System (DITMS) search criteria if you leave blank all other search criteria fields. If more than one record meets your search criteria, the EQUIPMENT SEARCH RESULTS window appears. In this window you can view, filter, and print a list of equipment records. You can also process a loss for an equipment item, assign a maintenance activity and team to the item and open the equipment detail record. If only one record meets your search criteria, the EQUIPMENT DETAIL window appears.

Opening an equipment record

To open a record in the EQUIPMENT SEARCH RESULSTS window, scroll down, find and select the equipment item from the results displayed in the bottom half of the window. You also have the option of further filtering searches by entering information in the filter criteria box displayed in the upper section of the window and clicking on the FIND button on the vertical toolbar. Once you find your record, double click or highlight it and click on the DETAIL button on the vertical toolbar to open it. This action opens the EQUIPMENT DETAIL window. In this window, you can view and print detailed information about an equipment item. You can also process a loss or transfer for the item as well as assemble or disassemble the item. Recall that equipment records are created through the receipt/issue or gain processes.

Equipment record tab

The EQUIPMENT DETAIL window contains nine tabs where you can view and print detailed information about an equipment item. You are encouraged to complete and update all fields to ensure you maintain the most accurate data.

1. Main – This is the default tab of the EQUIPMENT DETAIL window and contains general information about an item such as manufacturer identification, nameplate model, serial number, condition code, the owner and custodian, and equipment type.
2. Location & Inventory – This tab identifies the equipment’s location to include room, temporary location if borrowed, loan data, and last inventory date and reason.
3. Approval/Acquisition – This tab allows you to view and update approval, purchase and warranty information and historical reference on the procurement and installation of the item.

4. Maintenance Data – This tab identifies the maintenance activity, team, other government agency, or contractor responsible for the maintenance of the item, as well as the item's status, outstanding work orders, and scheduled work.
5. Maintenance Cost – This tab provides a cost break down by fiscal year (up to 10 years) for part and labor costs and labor hours (schedule and unscheduled work orders) to include downtime. You can also view whether costs were from organizational requirements or contract work.
6. Components – This tab is accessible only when you select an equipment type system detail record that contains components. This tab lists individual components (by ECN and item ID) that make up a system equipment item.
7. Software – This tab is only accessible if an equipment item has software installed or embedded and links software license to the equipment item.
8. Notes – This tab allows you to add, view, edit, and delete notes about the equipment item.
9. DITMS – You can only access this tab if you have the appropriate privileges, and if the DITMS indicator for the item equals "Y" in the MTF Catalog record.

Equipment classification

The equipment classification function maintains centralized tables containing standardized information to support the EM and Equipment Maintenance (MA) requirement to manage medical equipment based on a medical-legal risk assessment. This takes precedence over the requirement to manage equipment based on dollar value. The tables were centrally created as a tri-service project, but you can add equipment classification records to meet local requirements. The centralize tables contain the following information:

- An equipment classification and nomenclature system.
- Standardized management guidance date by type of equipment.
- Default data by type of equipment.
- Standard data on manufacturers of equipment.

Your MTF's local business practices will determine who will establish and maintain equipment classification records. You can access the EQUIPMENT CLASSIFICATION module from the NAVIGATE menu, EQUIPMENT CLASSIFICATION to establish a new or open a device, device class, manufacturer, or common model.

Equipment balance

Equipment balance refers to the quantities of equipment in-use and authorized as maintained in DMLSS. All equipment requires an approved authorization before it is purchased. This approved authorization is based on equipment allowance standards (AS). Equipment AS describes the items and quantities of equipment required to perform the mission and duties of AF organizations and individual specialists. Allowance standards reflect the maximum allowable quantity you would normally need to perform your mission and are the sole basis for the authorization and procurement of equipment items. The entire basis of issue reflected in the AS is not necessarily the full quantity you will need. Practice good supply discipline and order only what you need to get the job done. Allowance standards provide information of Air Force equipment and ensure uniform equipment for similar functions.

The equipment balance function in DMLSS gives MEMO the capability to manage and view equipment authorizations and balances. You can create, edit, and delete equipment authorizations in this module. When you perform a search of an equipment balance, DMLSS displays the authorization as well as the on-hand balance for accountable in-use equipment items that met your search criteria.

To access the EM BALANCE window, from the NAVIGATE menu, click EQUIPMENT BALANCE. This action opens the EQUIPMENT BALANCE SEARCH window. In this window,

type or select your search criteria and click the SEARCH button on the vertical toolbar. The search results will appear in the EM BALANCES window. This window is divided into three sections:

1. Filter criteria – Use this section to narrow down the records in the bottom section.
2. Authorizations – This section displays the quantity that you are authorized to have of the particular item and the authorization reference or allowance source code (ASC).
3. Balance information – This section lists by item ID the number of items on hand in each of the following categories: Authorized, In Use, Due In, On Loan, Leased, and Excess. If the Sub checkbox is selected, it indicates that the item is an authorized substitute.

To edit or add an equipment balance authorization, highlight the item and click on the ADD or EDIT buttons. DMLSS will display the AUTHORIZATION DETAIL window where you must enter the authorization information such as Item ID, Organization, Qty, and Auth. Reference. You can delete an authorization by changing the authorized quantity to zero.

When authorizations and balance information do not match, you must ADD or EDIT authorization information for the equipment item. Use an approved AF Form 601, Equipment Action Request to support and document these changes.

Custody receipt/location list

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

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

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

Finally, the CR/LL is maintained as a hard-copy record keeping document. Therefore, whenever a new CR/LL is generated, one copy should go to the custodian while the other copy is filed in the account's MEMO folder. Whenever the document is printed, it supersedes all previous copies to include CALs. Do not remove signed inventory transfer copies from the file. These records are a semi-permanent part of the MEMO file and should only be considered for removal when the account, without any exceptions, is signed for by a new custodian.

603. Managing reports

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

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

Equipment Management standard reports

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

EM Standard Reports		
Report	**Description**	**Frequency**
Controlled Items Inventory List	Provides the custodian a list of equipment records, where the Item ID has a controlled inventory item code that requires the customer to inventory the items included in the report on a quarterly basis. The custodian initials the report to signify that the equipment has been inventoried and returns the report to the equipment management account.	Quarterly
Custodian Action List	Provides a list of equipment records that have written to the equipment transaction history for a customer account. The report provides the equipment manager and the customer a document of accountable transactions that have occurred for the customer's account in a given business day.	By request or daily
Daily Document Transaction Register	Enables the equipment manager to verify the type and accuracy of transactions processed in the system.	Daily
Equipment Inventory Adjustment Document	Provides the equipment manager a method to verify inventory adjustments that may not have original supporting documentation, to the EM account on a daily basis.	Daily, when Equipment Inventory Adjustment Gain and Equipment Inventory Adjustment Loss transactions are processed.
High Priority Report	Provides the MLFC a method to verify and initial equipment orders with a high priority.	Daily, when high priority equipment due-in/due-out transactions are processed.
Monthly Capital Equipment Depreciation Report	Provides a list of all equipment that meets the capital equipment threshold and has had depreciation calculated during the month of the report. The report provides the equipment manager information about depreciation transactions that were passed to finance. The report will also be provided to the medical resource management office for entry in the Medical Expense Allocation System (EAS IV).	Monthly

Equipment Management standard inquiries

To view a list of the report options, click the radio button for "Standard Inquiry" as the report type. An inquiry is similar to a report in that the inquiry presents data in a standard pre-programmed format. However, the chief difference is that inquiries are not produced automatically on a periodic schedule. Instead, inquiries are produced only when you request the information. The following table lists and describes some of the standard inquiries available in DMLSS:

EM Standard Inquiries		
Inquiry	**Description**	**Frequency**
Active Due-in/Due-out Report	Provides the equipment manager a list of equipment due-outs with associated due-ins that have not been received. This includes the status and customer ID the equipment item is due-out to.	By request
Custodian Action List	Provides a list of equipment records that have written to the equipment transaction history for a customer account. The report provides the equipment manager and the customer a document of accountable transactions that have occurred for the customer's account in a given business day.	By request or daily
Custodian Receipt/ Location List	Provides a list of accountable equipment records for a customer account and includes a signature block for the custodian.	By request
Document Register Report	Enables the equipment manager to verify the type and accuracy of transactions processed in the system for a specified range of dates.	By request
Equipment Account Report	Lists all equipment items on the property book for each organization. The report shows the equipment records assigned to each customer, balance type information, and MTF catalog information for each equipment item.	Daily when requested
Equipment Account Summary Report	Provides a summation of all items on the equipment management account, grouped by dollar amount. This report also includes a statement of responsibility for the equipment manager to sign.	By request
Equipment Balance Report	Provides a list of all accountable records and shows current equipment balances for authorized, in-use, due-ins, on-loan and excess quantities.	By request
Equipment Gain and Loss Report	Provides a list of accountable records that have been gained or lost to the equipment management account. The report provides the equipment manager information about increments and decrements to the account	By request
Equipment Out of Balance Report	Identifies out of balance conditions between authorized and in-use balances. The equipment manager must take the appropriate action to increase or decrease the authorizations.	By request
Equipment Replacement Report	Provides a list of projected replacements by customer account for up to five years. The equipment manager uses this report to support budget requirements.	By request
Equipment Transfers Report	Provides a list of accountable equipment records that have been transferred to or from a customer account.	By request
Excess Equipment Reconciliation Report	Provides a list of reportable and nonreportable excess items.	By request
Inactive Due-in/ Due-out Report	Provides the equipment manager a list of equipment due-outs with associated due-ins that are complete, including the status and customer ID the equipment item is due-out to, for the equipment management account	By request
Potential Custodian Inventory List	Provides the equipment manager a tool to schedule manpower to conduct inventories that are due within the next 90 days.	By request
Reported Excess Equipment Report	Provides a list of equipment items that have been reported as excess that are still awaiting disposition or pending action.	By request

Self-Test Questions

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

601. Roles and responsibilities

1. What do Medical Materiel journeymen do while working in MEMO?

2. List the six specific objectives of equipment management.

3. Define medical equipment devices according to the FDA.

4. Define medical equipment according to MEMO.

5. What is the dollar figure range for an item to be considered expense equipment?

6. What is the dollar figure for an item to be considered investment equipment?

7. What is a maintenance significant supply item?

8. How are maintenance significant supply items identified in the MTF catalog record?

9. Who is the focal point for investment equipment?

10. At base level, the approval authority for most equipment items rests with whom?

11. What are the minimum qualifications for a MEMO accountable property officer?

12. Who determines the composition of the base medical ERAA?

13. The MLFC must ensure that equipment due-outs and due-ins are validated how often?

14. Who is responsible for maintaining files for all detached facilities supported by the host MEMO?

15. Who provides technical pre-purchase evaluation assistance to ensure that custodians select equipment with optimum performance and safety criteria?

16. Who reviews all equipment requests to determine if utility or structural changes are needed?

17. Who appoints property custodians for their respective unit(s)?

18. A joint inventory must be completed by which two individuals when an account is being transferred?

602. Maintaining custodian equipment files

1. Which items are accounted for through the base supply EM system?

2. Which items are accounted for on base communications computer system records?

3. MEMO must maintain documents generated as a result of what actions?

4. List the documents that must be maintained in the custodian account file folder.

5. How frequently is it recommended to review a custodian’s account files?

6. What is the primary challenge when maintaining custodian account files?

7. Under which circumstances must MEMO transfer property to an authorized successor?

8. What is the goal of the EM module?

9. List the four primary EM functions that drive all of the other EM processes.

10. What are the two available custodian account roles?

11. Which EM application provides the capability to establish new custodian records?

12. Which date serves as proof that you provided training to the custodian on their responsibilities?

13. Which button is used to create a new custodian for a customer that already has a custodian?

14. When creating a custodian or subcustodian, what happens if you enter a last name that already exists in the POC table?

15. How do you search for and access an equipment record?

16. How can you open a record in the EQUIPMENT SEARCH RESULSTS window?

17. Which EQUIPMENT DETAIL tab is used to identify the equipment's location, loan data, and last inventory date and reason?

18. Which function is used to maintain data tables which support the requirement to manage medical equipment based on a medical-legal risk assessment?

19. Which function gives MEMO the capability to manage and view equipment authorizations and balances?

20. Which accountability document is used to identify all medical equipment items that are assigned to a particular account?

603. Managing reports

1. How do you access the EM REPORT LIST window?

2. Which report is used to document accountable transactions that have occurred for a customer's account in a given business day?

3. Which report is used to verify the type and accuracy of transactions processed in the system?

4. Which report provides a method to verify inventory adjustments to the EM account?

5. Which standard report provides information about depreciation transactions that were passed to finance?

6. What is the main difference between standard *reports* and standard *inquiries*?

7. Which inquiry provides a list of equipment due-outs with associated due-ins that have not been received yet?

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

9. Which by request inquiry is used to verify the type and accuracy of performed transactions?

10. Which inquiry provides a list of all accountable records and current equipment balances?

11. Which inquiry provides a list of accountable records that have been gained or lost from the EM account?

12. Which inquiry is used to project customer replacement needs by up to five years?

13. Which inquiry is used to view reportable and nonreportable excess items?

14. Which inquiry is used to view a list of reported excess items that are still awaiting disposition or pending action?

1–2. Equipment Procurement

In the past, equipment requests came to MEMO on an AF Form 601. In recent years, the hardcopy AF Form 601 has been replaced with an electronic requisition system known as The Integrated Global Equipment Request System (TIGERS). The TIGERS requests are the basis for the MEMO screening, coordination, and approval processes. In this section, you'll learn about MEMO procedures related to budget, requisitions, and receipts.

604. Budgeting and processing equipment requests

You have learned that Medical Materiel will only issue supplies to an account if they have enough funding to reimburse the AFWCF/MDD for the item. In a similar manner, medical equipment may only be procured if there is available funding. Because of the higher dollar values involved, the budgeting and ordering processes work differently. First of all, equipment items are not consumables and are therefore typically only requested once. Secondly, equipment items are only purchased as needed; we *never* keep an on-hand balance for equipment items (aside from MEMO hold). Finally, because of the greater dollar value involved, much planning has to take place well in advance of the need date. In this lesson, we will look briefly at the budgeting process for expense and investment equipment. We will then look at TIGERS and DMLSS requisition processes.

Budget process

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

Funding for expense equipment

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

MEMO provides equipment custodians copies of the Equipment Replacement Report to use in preparing their expense equipment budgets. You can generate this report by organization or selected customer with the option to print replacement projections for up to five years out from the current date.

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

Funding for high cost expense equipment

High cost expense equipment is considered any equipment line item with a dollar value between $100,000 and $250,000. These items may either be funded with local MTF O&M funds (fund code 30) or with centrally-funded O&M money (fund code 2X). AFMOA/SGALE (Clinical Engineering) is the approval authority for this type of equipment.

Funding for investment equipment

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

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

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

Processing equipment requests

As mentioned earlier, MEMO will be one of the highest visibility sections that you may ever get a chance to work in. Because of this visibility, a few strict processes need to be followed. The following steps have as much to do with maintaining an audit trail as they do with procuring the equipment. The TIGERS process provides a trail of electronic coordination between base MEMOs, AFMOA/SGALE, and AFMOA/SGALC (Medical Contracting).

Internal processing

All equipment requests start with the property custodian submitting a requirement to MEMO. Your account may require the use of the AF Form 601 for this step or they may insist that the new electronic TIGERS request form be used. Additionally, the DMLSS EM module has a built in application that can be used for new equipment requests. Either way, the custodian will submit a request to you that will then need to be further coordinated with other MTF staff.

In order of routing, the following staff/sections will need to review all new equipment requests. The corresponding list of responsibilities only highlights some of the key areas. There are many more data fields that need to be reviewed and verified by each action authority.

- MEMO: Initial coordination. Review package for completion.
- BMER: Review for equipment compatibility, installation, and additional repair training.
- Facility Management (FM): Review for utility access (i.e., water, electrical, etc.) and potential facility modifications.
- Systems (SYS): Review for network accessibility and authorization to operate on AF network.
- Return to MEMO: Final review. Ensure all required signatures are present. Determine if the other departments able to support this requirement.
- ERAA: Submit for final MTF approval authority.

Once the ERAA approves an item, MEMO will load the request into the TIGERS system to request sourcing.

NOTE: This process does not include external requests for funding. Recall from earlier that the budget process is worked separately through the Resource Management Office, Comptroller, and through the use of annual data calls.

The Integrated Global Equipment Request System review process

Once requests are submitted into TIGERS they will be reviewed by two AFMOA Medical Logistics departments, as needed: clinical engineering (SGALE) and medical contracting (SGALC).

Air Force Medical Operating Agency/ Clinical Engineering

AFMOA/SGALE will review all equipment requests. If the packages require technical and/or clinical review, AFMOA/SGALE will manage coordination. They will also work with base MEMO's if additional information is required.

If packages do not need to be reviewed any further, are approved by the SG consultant, and will *not* be centrally-funded, they will be forwarded to AFMOA/SGALC for sourcing.

Air Force Medical Operating Agency/Medical Contracting

AFMOA/SGALC will review and consolidate sourcing requirements for possible central procurement. Consider the amount of manpower that could be saved if multiple requests for the same item were procured centrally when compared to having each MTF procure the same items themselves.

AFMOA/SGALC will first research e-commerce procurement channels (i.e., electronic catalog [ECAT], prime vendor [PV], General Services Administration [GSA]). They will then check decentralized blanket purchase agreements (DBPA) and Defense Logistics Agency (DLA) sourcing if necessary. If the items can be sourced through any of these options the package with be sourced back to the MTF for local procurement once funding has been obligated.

If the package cannot be sourced through any of the above, AFMOA SGALC will prepare a contracting folder for the requirement and will forward it to Navy contracting for procurement. Navy contracting will begin processing the order as soon as AFMOA provides them with proof that MTF funding has been obligated. This is done by processing and funding the equipment request in DMLSS. The DMLSS generated DD Form 1155, Order for Supplies or Services, is used as the requisite obligation document.

DMLSS process

MEMO uses the EQUIPMENT REQUEST module to track an equipment request through the requesting, approving, funding, ordering and receiving processes. The equipment request process is designed to flow electronically with the EQUIPMENT REQUEST DETAIL window. This window is divided into multiple tabs that identify the equipment item, replacement equipment items, customer, source of supply (SOS), total funds required, maintenance, facility and training requirements, and coordination.

The full DMLSS process for requesting equipment for your facility and updating DMLSS records involves the five phases listed below:

1. Requesting the equipment item. This phase includes building an equipment request in DMLSS.
2. Creating a new catalog record if the item does not yet exist in the MTF CATALOG.
3. Approving or disapproving the request. This phase includes routing the request through the reviewers either manually or electronically, and updating the equipment authorization in DMLSS.
4. Funding the request. This phase includes updating the funding information in the equipment request detail.
5. Ordering the equipment item. The ORDER button will be available only when the request status is set at Funded.

MEMO places orders on approved and funded equipment that has been sourced back to the MTF for local procurement. By clicking the ORDER button, the IM OFFLINE ORDER window appears. Data entered into the equipment request automatically populates the data fields within the OFFLINE

ORDERS window. After validating the data, MEMO executes the order. DMLSS creates IM due-in and due-out records and updates the equipment request with the document number of the order. The Order Status field updates to Ordered and the Receipt Status updates to Open Due-Outs.

NOTE: Due-ins and due-outs are not established for centrally-funded equipment. In section 1–3, we will be discussing the Gains transaction that is used for these types of procurements.

605. Processing equipment receipts and issues

Install and deliver new equipment to the requesting account as soon as possible after it is received. Nothing aggravates physicians more than knowing their new equipment has arrived, but they cannot use it yet. However, before issuing the equipment, it must be inspected by a BMER and then it may be received in DMLSS.

Receiving and issuing equipment

Previously, you learned the procedures for processing receipts in DMLSS. The procedures are the same for noncentrally funded equipment receipts—use the RECEIPTS function in the IM application. Processing a receipt will generate a corresponding issue; remember that equipment is *only* ordered to satisfy a customer's due-out. When equipment items are received and issued, they appear on a Delivery List and the CAL. For issues of equipment, MEMO personnel are responsible for printing the computer products associated with equipment receipts and issues. In DMLSS, if the MTF Catalog record's MAINT REQ IND checkbox is marked with a checkmark in the box, it (1) indicates that maintenance is required and (2) produces the initial work order for the BMETs. (NOTE: If a check mark is present, it cannot be removed.)

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

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

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

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

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

The *original* AF Form 601 or TIGERS request is filed in the MEMO document file to support the increased authorization. When the item appears on the approved Equipment Account Report, file the AF Form 601 with other accountable records, and dispose of them in accordance with guidelines in AFMAN 33–363, *Management of Records.*

Warranty/guarantee and serial number control

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

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

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

Self-Test Questions

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

604. Budgeting and processing equipment requests

1. When are equipment budget projections due from cost center managers?

2. Which MEMO files are the basis for annual budget inputs?

3. What is the dollar threshold for expense equipment?

4. Who is responsible for expense equipment budgets?

5. Who has final approval authority for expense equipment?

6. What is the dollar range for high cost expense equipment?

7. How are high cost expense equipment items funded?

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

9. What is the dollar threshold for investment equipment and how is it funded?

10. When are high cost expense and investment equipment requirements submitted into TIGERS for current FY consideration?

11. TIGERS provides electronic coordination between what three departments?

12. Which department must review new equipment requests for equipment compatibility, installation, and additional training?

13. Which department must review new equipment requests for utility access (i.e. water, electrical, etc.) and potential facility modifications?

14. Once an item is approved by the ERAA, what system will MEMO use to request sourcing?

15. Which two AFMOA departments will review TIGERS requests as needed?

16. If packages do not need to be reviewed any further, are approved by the SG consultant, and will *not* be centrally-funded, they will be forwarded to which department for sourcing?

17. Which procurement channels will AFMOA/SGALC research first?

18. What obligation document is used as proof that MTF funding has been obligated?

19. MEMO uses which DMLSS module to track an equipment request through the requesting, approving, funding, ordering and receiving processes?

20. MEMO places orders on approved and funded equipment that has been sourced to whom?

605. Processing equipment receipts and issues

1. Which IM function is used to receive equipment?

2. Which marked checkbox will prompt an initial work order when an item is received?

3. Who must MEMO coordinate with prior to processing an equipment receipt?

4. Who determines if the correct item was delivered without damage and includes all accessories?

5. Where should you file the signed delivery list and CAL?

6. What activity is normally responsible for the management of warranty/guarantees?

7. Who ensures that information on warranty/guarantee is forwarded to the maintenance activity?

8. When can you dispose of warranty/guarantee data?

1–3. Equipment Inventory Management

Now that you have learned about the MEMO program and the processes involved in procuring equipment, it is time to look at managing the equipment itself. In this section, you will look at the basic steps involved in processing equipment gains, losses, and transfers. You will then learn how to process various equipment pending actions. Finally, you will take a brief look at how to establish guidelines when preparing for an equipment inventory.

606. Processing equipment transfers, losses, and gains

As the old adage goes, “Nothing in life remains constant, except for change.” This also applies to medical equipment! As new replacement equipment comes in, the old equipment goes out, or the need for a piece of equipment in one MTF area outweighs the need in another MTF area. In this lesson, we will briefly discuss the purpose of MEMO-managed equipment transfers. We will also look at some common reasons for processing equipment gains and losses.

Transferring equipment within the military treatment facility

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

Meanwhile, DMLSS helps MEMO maintain internal equipment accountability by ensuring that each accountable item appears on the primary user’s customer account. At the request of a customer, or during an equipment inventory, you may find it necessary to move accountability for equipment items from one department or work section to another. You can also transfer equipment between organizations supported by the same equipment manager. When you transfer equipment, DMLSS creates a CAL to reflect the changes to each custodian account. All transfers have two transactions in

common: a loss and a gain. The *loss* must be generated from the original owner's account and the *gain* must be processed to the new owner's account.

Equipment losses

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

- Transfer of equipment to another MTF.
- Turn-ins to the Defense Reutilization and Marketing Service (DRMS).
- Equipment lost or stolen on installation.
- Turn-in to supply.
- Return of lease.
- Transfer to non-DOD organization.

Transferring equipment to another MTF/MEMO account

When you transfer equipment from one MEMO account at your base to another MEMO account, prepare a DD Form 1348–1A, Issue Release/Receipt Document, or the DMLSS generated DD Form 1149, Requisition and Invoice/Shipping Document, to document the out-shipment. This procedure can be used *only* if higher authority directs both MEMOs to complete the transfer. Do not transfer equipment from the materiel account without approval authority. When transferring equipment to another MTF, the losing MEMO must send all associated literature, equipment data files, a copy of the historical maintenance report (HMR) and a copy of the equipment detail record (EDR) with the equipment. It is very important that you send these reports with the equipment. The gaining MEMO will need information contained in them to properly gain the equipment. The gaining MEMO must process the equipment gain in DMLSS to ensure accountability and initiate the maintenance cycle. Processing the gain correctly ensures that the equipment's depreciation records are updated correctly.

Processing equipment losses in DMLSS

To maintain equipment accountability of equipment transfers to another MTF/MEMO account, you actually have to process a loss.

When you process a loss that requires custodian action or documentation, DMLSS does the following:

- Provides the option to print a CAL.
- Creates equipment inventory adjustment document (IAD) when the transaction reason equals "Equipment Inventory Adjustment Loss."

NOTE: If an item was mistakenly processed for loss, you can reverse the loss through Transaction History.

If you are the gaining MEMO during a transfer process, use the procedures described in the next paragraph for processing the gain.

Equipment gains

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

- OP or centrally funded equipment.
- Inventory adjustments.
- Gifts and donations.
- Equipment found on the installation.

- Receipt of equipment from another MTF.
- Receipts from DRMS.
- Lease.

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

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

When you process a gain for an equipment item that requires maintenance, DMLSS generates an initial inspection work order to ensure serviceability and schedule maintenance.

NOTE: If an item was gained mistakenly, you can reverse the gain action through Transaction History.

607. Processing equipment returns and excess

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

Equipment returns

When a using activity no longer requires a piece of MEMO-controlled equipment, the property custodian returns the equipment item to the MEMO. The property custodian prepares an AF Form 601 to document the turn-in. Generally, it is the policy of the MEMO that all *medical* equipment be condition-coded by the BMER staff prior to returning the item to the MEMO. Upon receipt of the equipment, the MEMO ensures that the BMER inspects and condition-codes it, if not already done. Based on the inspection findings, the BMER declares the equipment condition as either serviceable or unserviceable. Applicable MEMO property records are then updated and processed in DMLSS. Medical Materiel staff, with the assistance of the assigned BMER, condition-codes *nonmedical* equipment too.

Serviceable

If another activity has an immediate need for the item, transfer it using the "transfer" procedures covered previously. If there is no immediate need, but you foresee a future demand, transfer the item to the MEMO holding account. Review the items in this account monthly to ensure efficient asset management and follow-up action.

Unserviceable

If an activity returns unserviceable equipment, determine disposition of the item by the degree of unserviceability. You may transfer economically reparable equipment to the maintenance activity for issue of a work order and repair, if appropriate. Alternatively, an unserviceable piece of equipment may be held in the MEMO holding account for 30 days, pending a complete evaluation by maintenance personnel.

Transfer condemned or uneconomically reparable equipment directly to DRMS. Process the appropriate updates in DMLSS to record the transfer and prepare a DD Form 1348–1A to support the transfer (loss). After the DRMS representative signs for the item, file one copy of the form in the permanent document file. As a result of the updates processed in DMLSS, the item appears on the

CAL as a loss for the applicable expense center. File this list as discussed earlier. Condemned medical equipment is disassembled and/or cannibalized to the extent that usable parts are removed by a BMET, before turn-in to the DRMS.

Reporting excess equipment

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

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

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

Reporting an item as excess

To report an item as excess, open the EM EXCESS window using the procedure covered previously. Before you can report an item as excess, it must be marked as potential excess and meet the criteria. In the Potential Excess section, select the ECN of the item to report and click on the REPORT button on the vertical toolbar. With this action, DMLSS removes the item from this section, adds it to the Excess Report section and generates an excess report for the equipment record.

Removing an item from the list of potential excess

If the main organization or a sub organization can use an item currently in excess, you can transfer the item to the gaining custodian by clicking the REMOVE button on the vertical toolbar of the EM EXCESS window. The REMOVE button performs an equipment transfer of the item from the potential excess equipment records to the gaining custodian. DMLSS generates a CAL to document the loss from the equipment excess account and a gain to the new custodian.

Searching excess reports

The SEARCH button on the vertical toolbar is enabled when you are reviewing reported excess. The SEARCH allows you to search all excess records. To conduct a search, access the EM EXCESS window, and in the Excess Report section, select an item and click the SEARCH button. This action opens the SEARCH EXCESS window. In the SEARCH EXCESS window enter your search criteria or leave it blank to view all records. The search results appear in the SEARCH EXCESS RESULTS window. You can also access the SEARCH EXCESS window by clicking the FIND button on the vertical toolbar in the SEARCH EXCESS RESULTS window.

Viewing an excess report detail

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

Updating the status of an excess report

From the EXCESS REPORT DETAIL window, you can process follow-up or cancellation status against reported excess requirements. To update the status of an item open the detail report by using the procedures described above. Once in the EXCESS REPORT DETAIL window, on the Status tab, select the report you want to update and click the STATUS REQ button on the vertical toolbar to open the STATUS window. In this window, select the desired action. You can also update the status of reported excess in the SEARCH EXCESS RESULTS window by clicking the STATUS REQ button. The possible excess status actions are:

- Cancellation (FTC).
- Follow-up (FTF).
- Receipt by DLA (FTZ).
- Shipment (FTM).
- Shipment Delay (FTL).

608. Processing equipment pending actions

Like the other DMLSS applications that were already covered, the Equipment Management application also has an INBOX where DMLSS posts pending actions for users to complete. As you'll recall, pending actions are reports or advisory notices that users must review and work daily. As related to EM, these actions help ensure proper management of all equipment related issues. The INBOX related to the EQUIPMENT and TECHNOLOGY modules is slightly different from the inbox in other DMLSS modules but it serves the same purpose.

The INBOX in EM is the first window you see when you launch EM from the DMLSS NAVIGATION window. You can also view the INBOX at any time by accessing it from the UTILITIES menu from the horizontal toolbar. In the INBOX, you can see important information about actions that require follow-up. You can use the INBOX to immediately view and resolve issues to prevent the possibility of problems developing and expanding. The INBOX has a tree-view format. That is, if there are multiple pending actions of the same type, the message appears only once and you can click the plus (+) sign next to it to see the individual messages underneath. The EM INBOX has three sections:

1. *Advisory Notices INBOX:* These notices appear in the top section of the INBOX. It displays pending action messages that are for informational purposes only and do not require any action on your part. You can use the PROCESS button on the vertical toolbar to see the record in question, or you can delete the pending action message. Some pending actions in this section can be resolved, but action is not necessary. You can choose to resolve these pending actions or simply delete them.
2. *Action Required INBOX:* This is the second section of the INBOX. This section displays pending action messages that require some action on your part. These messages cannot be deleted, and they will remain in the INBOX until you resolve them.
3. *Details:* This is the bottom section of the INBOX. This section displays the details of the pending action you select in the advisory notices or the action required sections of the INBOX.

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

Resolving advisory notice pending actions

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

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

Resolving Action Required pending actions

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

609. Establishing inventory guidelines

Equipment control and accountability is one area that cannot be taken lightly. Each custodian and subcustodian is responsible for the equipment under his or her control (all equipment shown on the CR/LL). MEMO is the focal point for any potential misuse, theft, or loss of accountable equipment. MEMO is also responsible for ensuring that all equipment is inventoried at least every 24 months. Earlier in the course, you learned the procedures for conducting medical and nonmedical supply inventories. In this lesson, ‘you’ll look at the procedures for inventorying MEMO-controlled equipment.

Note that recent policy allows BMER work order completions to be used in lieu of routine inventory counts for each item, as long as the item is physically touched during the maintenance process. Therefore, the following inventory process will effectively only apply to accountable equipment items that do *not* have any maintenance requirements (i.e., non-maintenance significant equipment).

Inventory scopes

An inventory can cover any of the following scopes:

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

Reasons for inventory

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

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

Conducting an inventory

All equipment maintained on the MEMO equipment records must be inventoried at least every 24 months—or more often if determined necessary by the MEMO, MLFC, or the MTF commander. MEMO establishes an inventory schedule and directs that inventories be done by property custodians or by a designated inventory team. Some of the factors used to determine who will perform an

inventory include (1) the availability of personnel to make up an inventory team and (2) the accuracy with which MEMO feels the property custodians will perform the inventory.

Regardless who conducts the MEMO inventory, the individuals taking the inventory should use a copy of the latest CR/LL, because the CR/LL contains the on-hand balances and locations for property on the customer's account. You can produce a current CR/LL by requesting it in the REPORTS module of the Equipment Management application (DMLSS).

DMLSS inventory procedures

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

1. HHT-batch (hand-held terminal batch mode) – The user performs the inventory by scanning bar code labels with a hand-held terminal that communicates with the server through a docking station.
2. HHT-RF (hand-held terminal radio-frequency mode) – The user performs the inventory by scanning bar code labels with a hand-held terminal that communicates wirelessly with the server.
3. Manual – The user prints the inventory list and performs the physical inventory; then returns to DMLSS to update the inventory records.

Regardless of which method you use (batch, RF, or manual) the procedures are basically the same. Before you begin to use the HHT device to perform inventories, you need to configure DMLSS for the correct device.

Inventory review and approval

Within ten duty days of processing the inventory adjustments (but not later than the inventory completion due date), MEMO will document the results of the inventory in a memorandum to the MLFC (i.e., inventory certificate). The MLFC acts as the approval authority for the inventory. If the inventory did *not* identify any shortages or overages, no further action is required, and the inventory is considered complete.

If inventory adjustments result from the inventory, forward all IADs resulting from the inventory to the inventory adjustment approval authority. The IAD is a valid document only after it is signed by the certifying official (accountable base medical supply officer [ABMSO]) and approving official (MTF commander, deputy commander and/or administrator as delegated in writing by the installation commander), at which point the inventory is considered complete.

Inventory project file

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

- The In-use Equipment Inventory Summary Report.
- Annotated copies of all equipment inventory lists (EIL) or CR/LLs used to complete the counts regardless of count method used.
- Original copies of all approved IADs.
- Letters initiating a report of survey (ROS).

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

Self-Test Questions

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

606. Processing equipment transfers, losses, and gains

1. What action helps MEMO and the custodians by allowing equipment to be moved around the MTF?

2. What two transactions must be processed for an equipment transfer?

3. Which transaction is processed when accountability of organizational equipment inventory is decreased?

4. When transferring equipment to another MEMO account, which DMLSS form is generated to document the out-shipment?

5. When transferring equipment to another MTF, which two reports must be sent with the equipment?

6. Which document is produced when the transaction reason equals *Equipment Inventory Adjustment Loss*?

7. How do you reverse a mistakenly processed loss?

8. Which transaction is processed when creating new accountability or maintenance records for equipment *not* acquired through the normal procurement process?

9. When you process a gain for an equipment item that requires maintenance, what does DMLSS generate?

10. How do you reverse a mistakenly processed gain?

607. Processing equipment returns and excess

1. Which DMLSS application is used to process equipment transfers?

2. What form does a property custodian use to document an equipment turn-in?

3. BMER staff must declare equipment turned-in as one of what two conditions?

4. If there is no immediate need, but you foresee a future demand, where may equipment items be transferred to?

5. To ensure efficient asset management and follow-up action, how frequently should the MEMO holding account be reviewed?

6. Economically reparable equipment may be transferred to whom for repair, if appropriate?

7. Unserviceable equipment may be held in MEMO holding for how many days?

8. Condemned or uneconomically reparable equipment should be transferred directly to whom?

9. What is the EM excess account's SVC/CUST ID?

10. List the three sections that make up the EM EXCESS window.

11. Which EM EXCESS button is used to move an item from Potential Excess to Excess Report?

12. Which EM EXCESS button is used to transfer an item from the potential excess equipment records to a gaining custodian?

13. How do you view an excess report detail on an item while in the EM EXCESS window?

14. Which button is used to open the STATUS window where you can update the status of an excess item?

608. Processing equipment pending actions

1. How do you access the EM inbox?

2. If there are multiple pending actions of the same type, what can you do to see the individual messages underneath?

3. List the three sections of the EM inbox.

4. How do you update the EM INBOX to retrieve your latest messages?

5. Which panel displays pending action messages that do not require any action by the user?

6. How do you remove Advisory notices from the INBOX?

7. Which panel displays pending action messages that require some action by the user?

8. How do you remove Action Required notices from the INBOX?

609. Establishing inventory guidelines

1. What BMER task may be used in lieu of an annual inventory count for medical equipment?

2. Which inventory type covers all equipment located within the MTF?

3. Which inventory reason is used when the MTF commander requires an inventory in addition to the normal inventory requirement?

4. Which inventory reason is used when the MEMO officer changes?

5. Which inventory reason is used for the normal 24–month inventory?

6. How frequently must you inventory all MEMO managed equipment?

7. What DMLSS report do you use when conducting an inventory?

8. What are the three methods available for completing a MEMO inventory?

9. Who is the IAD certifying official?

10. List the four documents that must be included in an inventory project file.

Answers to Self-Test Questions

601

1. Monitor the acquisition process for all equipment, and keep customers informed on the status of their equipment orders.
2. (1) Standardize the management of in-use equipment.
   (2) Maintain records for in-use equipment and for equipment authorizations.
   (3) Keep medical managers at all levels informed through comprehensive and accurate reporting.
   (4) Promote economy, supply discipline, and effective management of equipment.
   (5) Ensure that medical equipment assets meet accepted standards for safety and technology.
   (6) Ensure that investment equipment is reported according to established accounting standards.
3. Any instrument, apparatus, or machine that is intended for the diagnosis or treatment of a disease or condition.
4. Any piece of equipment that is used directly on a patient.
5. $3,000 to 250,000.
6. Greater than $250,000.
7. Items with a unit cost of less than $5,000 and require some degree of periodic maintenance.
8. They have a check in the MAINT REQ IND box and are *not* marked as being Accountable Equipment.
9. AFMOA/SGAL.
10. The MTF commander.
11. Must be at least a GS–5, if civilian, or at least a 7-skill level and the rank of TSgt, when enlisted.
12. The MTF commander.
13. At least every 180 days after the due-out is established.
14. The host MEMO.
15. BMER.
16. Facility manager.
17. The MTF commander or squadron commander designees.
18. The outgoing and incoming custodians.

602

1. Nonmedical centrally managed items.
2. Computers and IT hardware.
3. That affect the balances or conditions of in-use equipment for an account.
4. (1) Current property custodian appointment letter.

(2) Certificate or letter of custodian training.

(3) Current signed copy of the CR/LL.

(4) Signed copy of CAL.

(5) Documents to record equipment on loan.

(6) Inventory adjustment documents.

(7) Warranty/guarantee data for property not on accountable records.

(8) Copies of AF Form 601 for equipment returns or transfers.

5. At least annually.
6. Keeping the appointment letters current.
7. When a property custodian is relieved from duty, transferred, separated from service or absent from the account for a period longer than 45 days.
8. To develop and implement a standard integrated information management system that supports customers, functional users, and managers at all levels in the processes associated with the life cycle management of equipment assets.
9. (1) Custodian Management.

   (2) Equipment Record.

   (3) Equipment Classification.

   (4) Equipment Balance.
10. Custodian and subcustodian.
11. Custodian Management.
12. The Orientation Date.
13. CHNG CUSTODIAN.
14. The MATCH POC window will appear.
15. By selecting NAVIGATE from the horizontal toolbar, EQUIPMENT ACCOUNTABILITY, EQUIPMENT RECORD to open the EQUIPMENT SEARCH CRITERIA WINDOW.
16. Double click or highlight it and click on the DETAIL button on the vertical toolbar.
17. Location & Inventory.
18. Equipment Classification.
19. Equipment Balance.
20. CR/LL.

603

1. From the EM NAVIGAGE menu, REPORTS, or click on the REPORTS button on the horizontal toolbar.
2. CAL.
3. Daily Document Transaction Register.
4. Equipment Inventory Adjustment Document.
5. Monthly Capital Equipment Depreciation Report.
6. Inquiries are not produced automatically on a periodic schedule. Instead, they are produced only when you request the information.
7. Active Due-in/Due-out Report.
8. CR/LL.
9. Document Register Report.
10. Equipment Balance Report.
11. Equipment Gain and Loss Report.
12. Equipment Replacement Report.
13. Excess Equipment Reconciliation Report.
14. Reported Excess Equipment Report.

604

1. Each year, well in advance of the EOFY.
2. The Equipment Replacement Report and MEMO approved/unfunded request files.
3. $100,000.
4. Each using activity.
5. The MTF commander (or designated ERAA).
6. Between $100,000 and $250,000.
7. With local MTF O&M funds (30) or with centrally-funded O&M money (2X).
8. AFMOA/SGALE.
9. Over $250,000; with OP dollars (fund code 2F).
10. By 15 June.
11. (1) Base MEMOs.
    (2) AFMOA/SGALE.
    (3) AFMOA/SGALC.
12. BMER.
13. Facility Management.
14. TIGERS.
15. Clinical Engineering (SGALE) and Medical Contracting (SGALC).
16. AFMOA/SGALC.
17. E-commerce.
18. DD Form 1155.
19. EQUIPMENT REQUEST.
20. Back to the MTF for local procurement.

605

1. RECEIPTS.
2. Maint Req Ind.
3. BMER.
4. BMER personnel.
5. In the applicable MEMO property custodian file folder.
6. The activity charged with maintenance of the equipment item.
7. MEMO.
8. Upon expiration, or when it no longer serves a useful purpose.

606

1. Equipment transfers.
2. A loss and a gain.
3. Equipment loss.
4. DD Form 1149.
5. HMR and EDR.
6. Equipment Inventory Adjustment Document.
7. Through Transaction History.
8. Equipment gain.
9. An initial inspection work order.
10. Through Transaction History.

607

1. EQUIPMENT ACCOUNTABILITY.

2. AF Form 601.
3. Serviceable or unserviceable.
4. MEMO holding account.
5. Monthly.
6. The maintenance activity.
7. 30 days.
8. DRMS.
9. 2X5245.
10. (1) Potential Excess.
    (2) Excess Report.
    (3) Item Detail.
11. REPORT.
12. REMOVE.
13. Select the item from the Excess Report section and click on the DETAIL button.
14. STATUS REQ.

608

1. It is the first window you see when you launch EM from the DMLSS Navigation window and may be accessed from the UTILITIES menu.
2. Click the plus (+) sign.
3. (1) Advisory Notices.
   (2) Action Required.
   (3) Details.
4. Use the REFRESH button.
5. Advisory.
6. Notices *must* be deleted manually.
7. Action Required.
8. Once the required action is completed, the record will no longer appear.

609

1. Work order completions.
2. Organizational.
3. Command directed.
4. EMGR change (equipment manager change).
5. Routine.
6. At least every 24 months.
7. CR/LL.
8. (1) HHT-batch.
   (2) HHT-RF.
   (3) Manual.
9. ABMSO.
10. (1) The In-Use Equipment Inventory Summary Report.
    (2) Annotated copies of all EILs or CRLs used to complete the counts regardless of count method used.
    (3) Original copies of all approved IADs.
    (4) Letters initiating a ROS.

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

Unit Review Exercises

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

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

1. (601) Which of the following is a specific objective of equipment management?
   a. Ensure that durable supply equipment is reported according to accounting standards.
   b. Make certain that information technology assets meet accepted standards for safety.
   c. Keep patients informed through comprehensive and accurate reporting.
   d. Standardize the management of in-use equipment at medical facilities.

2. (601) Capital investment equipment has a unit or system cost greater than or equal to
   a. $3,000.
   b. $100,000.
   c. $250,000.
   d. $500,000.

3. (601) Which is a *minimum qualification* to be appointed as the accountable property officer?
   a. 5–skill level.
   b. 7–skill level.
   c. GS–14.
   d. MSgt.

4. (601) At least how frequently must equipment due-outs and due-ins be validated after the due-out is established?
   a. 30 days.
   b. 60 days.
   c. 90 days.
   d. 180 days.

5. (601) Which activity provides technical pre-purchase evaluation assistance to ensure that custodians select equipment with optimum performance and safety criteria?
   a. Medical equipment management office (MEMO).
   b. Biomedical equipment repair (BMER).
   c. Facilities management (FM).
   d. Acquisitions department.

6. (602) Who accounts for *nonmedical* centrally managed equipment items?
   a. Base supply.
   b. Facilities management (FM).
   c. Biomedical equipment repair (BMER).
   d. Medical equipment management office (MEMO).

7. (602) Medical equipment management office (MEMO) must to transfer an account’s property to an authorized successor if the primary custodian is
   a. being considered for deployment.
   b. confined on base for 30 days.
   c. on leave out of the country for 40 days.
   d. transferred to another section.

8. (602) Which Defense Medical Logistics Standard Support (DMLSS) function is used to support the requirement to manage medical equipment based on a medical-legal risk assessment?
   a. Equipment Classification.
   b. Historical Data Report.
   c. Maintenance data.
   d. Medical safety classification.

9. (603) Which *best* describes how Equipment Management (EM) *standard reports* are produced?
   a. Automatically.
   b. Daily.
   c. Manually.
   d. Weekly.

10. (603) Which Equipment Management (EM) *standard report* provides a document of accountable transactions that have occurred for a customer's account in a given business day?
    a. Equipment Inventory Adjustment Document.
    b. Custody receipt/location list (CR/LL).
    c. Historical Data Report (HDR).
    d. Custodian Action List (CAL).

11. (603) Which Equipment Management (EM) *standard report* enables the equipment manager to verify the type and accuracy of transactions processed in Defense Medical Logistics Standard Support (DMLSS)?
    a. Document Transaction Register.
    b. Custodian Action List (CAL).
    c. Equipment Account Report.
    d. Historical Data Report.

12. (603) Which Equipment Management (EM) *standard inquiry* provides a list of accountable equipment records for a customer account and includes a signature block for the custodian?
    a. Equipment Account Report.
    b. Custodian Action List (CAL).
    c. Equipment Replacement Report.
    d. Custody Receipt/Location List (CR/LL).

13. (603) Which Equipment Management (EM) *standard inquiry* is used by the equipment manager to support budget requirements?
    a. Equipment Balance Report.
    b. Active Due-in/Due-out Report.
    c. Equipment Replacement Report.
    d. Excess Equipment Reconciliation Report.

14. (604) Expense equipment is considered to be any equipment line item with a dollar value of *less than*
    a. $3,000.
    b. $25,000.
    c. $50,000.
    d. $100,000.

15. (604) Investment medical equipment is funded with which type of funding?
    a. AFWCF/MDD (6B).
    b. Centrally funded O&M (2X).
    c. Local O&M (30).
    d. Other procurement (2F).

16. (604) Which activity must review all equipment requests for equipment compatibility?
    a. Facilities Management (FM).
    b. Biomedical Equipment Repair (BMER).
    c. Medical Equipment Management Office (MEMO).
    d. Equipment Review & Approval Authority (ERAA).

17. (604) The Integrated Global Equipment Request System (TIGERS) equipment packages are sent to which activity for sourcing?
    a. Air Force Medical Logistics Clinical Engineering (AFMOA/SGALE).
    b. Requesting Medical Equipment Management Office (MEMO).
    c. Air Force Medical Logistics Contracting (AFMOA/SGALC).
    d. Navy medical contracting (MEDCON).

18. (605) What will happen when receiving an item that has a checkmark in the catalog record's MAINT REQ IND checkbox?
    a. An initial work order will be generated.
    b. Facility management will initiate installation.
    c. Payment will be processed by Defense Finance and Accounting Service (DFAS).
    d. The item will become accountable.

19. (605) Which activity must complete initial acceptance inspections for all incoming equipment?
    a. Medical Equipment Management Office (MEMO).
    b. Biomedical Equipment Repair (BMER).
    c. Facilities Management (FM).
    d. Systems (SYS).

20. (605) When can an original signed custodian actions list (CAL) be destroyed?
    a. When a new custodian is appointed.
    b. After an equipment control number (ECN) is affixed to the item.
    c. After an updated Custodian Receipt/Location List (CR/LL) is printed.
    d. When the item is turned-in to Medical Equipment Management Office (MEMO).

21. (605) Who is responsible for managing equipment warranties and guarantees?
    a. BMER.
    b. Custodian.
    c. End user.
    d. MEMO.

22. (606) Which Defense Medical Logistics Standard Support (DMLSS) *transfer transaction* must be processed to the new owner's account?
    a. Gain.
    b. Issue.
    c. Loss.
    d. Receipt.

23. (606) Which Defense Medical Logistics Standard Support (DMLSS) transaction is processed whenever accountability of organizational equipment is decreased or when a maintenance record is no longer needed?
    a. Gain.
    b. Issue.
    c. Loss.
    d. Receipt.

24. (606) If an equipment item was mistakenly processed in Defense Medical Logistics Standard Support (DMLSS) as a loss, how can you reverse the loss?
    a. Process a gain.
    b. Contact AFMOA/SGALE.
    c. Conduct a reverse transfer.
    d. Through Transaction History.

25. (606) Which of the following is a common reason to conduct an equipment gain in Defense Medical Logistics Standard Support (DMLSS)?
    a. Equipment found in the MTF.
    b. Gifts and donations.
    c. O&M funded equipment.
    d. Transfer to DRMS.

26. (607) Who prepares the Air Force Form 601 for equipment turn-ins to Medical Equipment Management Office (MEMO)?
    a. Cost center manager.
    b. Customer service.
    c. Property custodian.
    d. Supply custodian.

27. (607) An unserviceable piece of equipment may be held in the Medical Equipment Management Office (MEMO) holding account for how many days?
    a. 30.
    b. 60.
    c. 90.
    d. 120.

28. (607) Condemned or uneconomically reparable equipment should be transferred to
    a. Biomedical Equipment Repair (BMER).
    b. Air Force Medical Operations Agency (AFMOA).
    c. Medical Equipment Management Office (MEMO).
    d. Defense Reutilization and Marketing Service (DRMS).

29. (607) Which is a valid excess status action in Defense Medical Logistics Standard Support (DMLSS)?
    a. Cancellation.
    b. Delayed by origin.
    c. In route.
    d. Returned by DLA.

30. (608) Which button is used to update the Equipment Management (EM) inbox to ensure that you are viewing the latest messages in Defense Medical Logistics Standard Support (DMLSS)?
    a. PROCESS.
    b. REFRESH.
    c. RETRIEVE.
    d. UTILITIES.

31. (608) Which type of Equipment Management (EM) inbox message does *not require* any action from the user?
    a. Action required.
    b. Advisory notice.
    c. Notice pending.
    d. Recommended action.

32. (608) Which type of Equipment Management (EM) inbox message must be *deleted manually* by the user?
    a. Action required.
    b. Advisory notice.
    c. Notice pending.
    d. Recommended action.

33. (609) What action may be used in lieu of a 24–month routine equipment inventory count?
    a. Command directed.
    b. Custodian transfer.
    c. Equipment manager change.
    d. Work order completion.

34. (609) Which type of equipment inventory covers all of the equipment within the medical treatment facility (MTF)?
    a. Unit.
    b. Customer.
    c. Organizational.
    d. Command directed.

35. (609) All medical equipment must be inventoried *at least every*
    a. 6 months.
    b. 12 months.
    c. 24 months.
    d. 36 months.

36. (609) Which document should be included in a Medical Equipment Management Office (MEMO) inventory project file?
    a. Annotated Custodian Receipt/Location List (CR/LL).
    b. Completed Report of Survey (ROS).
    c. Equipment Gains and Loss Report.
    d. Equipment Balance Report.

Please read the unit menu for unit 2 and continue ➔

Student Notes

Unit 2. Medical Contingency Operations Management

CONTINGENCY MEDICAL MATERIEL is one of the most important—if not THE most important—type of supply items maintained by medical logistics. Contingency materiel programs include war reserve materiel (WRM), medical counter-chemical biological radiological and nuclear (MC-CBRN) assets, mass casualty kits and patient movement items (PMI). Often we overlook or underestimate the importance of our wartime medical support supplies and how significant they really are to overall mission accomplishment. We must all remember that, from the medical logistics standpoint, WRM is at the heart of the AF Medical Service (AFMS) mission. This unit covers the areas of WRM and the accounting procedures associated with WRM. Because of the close association with WRM, procedures used in management of dated items are also covered.

2–1. Contingency Operations

War reserve materiel is the additional materiel needed to support the forces, missions, and activities reflected in USAF operation plans and specified in Department of Defense (DOD) programs. So far, in this course, we have passed rather lightly over the medical service WRM program. Certainly, you know what it is and how it relates to you and to the tasks you perform. But, what else do you know about this program? In the next two lessons, you will learn about the different levels of roles and responsibilities involved in the management and planning of contingency medical materiel.

610. Roles and responsibilities

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

If you have WRM assemblages (projects) assigned to your stock record account (SRA), you inherently have certain roles and responsibilities. The ability of your MTF to deploy fully capable

medical assemblages in support of contingency operations is directly related to the quality of the management and maintenance that a WRM assemblage receives while in-garrison (storage). As such, there is a hierarchy of levels of responsibility to ensure that all medical assemblages are fully capable if called to deploy.

External oversight

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

Air Force surgeon general

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

Air Force surgeon general functional area manager

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

Air Force Medical Operations Agency, Medical Logistics Division

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

MAJCOM surgeon general

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

Air Mobility Command surgeon general

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

Air Force Forces surgeon general

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

Air Force Medical Logistics Operations Center

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

Internal oversight

The last two oversight levels are located within the MTF.

Medical treatment facility commander

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

Medical war reserve materiel project officer

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

- Ensuring all authorized contingency medical materiel assemblages is established and levels loaded in the DMLSS system.
- Maintaining and deploying all contingency materiel assemblages in the highest state of materiel readiness.
- Ensuring all assigned contingency medical materiel assemblages are inventoried in accordance with (IAW) published guidance and policy.
- Providing information on materiel status of all assigned contingency medical materiel projects IAW AFI 41-106, *Medical Readiness Program Management*, to team chiefs and the medical readiness committee (MRC).
- Reviewing and validating assigned assemblages as listed (annually) on the AFMS MRL and unit's designed operational capability (DOC) statement.
- Ensuring the proper storage of all assigned WRM assemblages.
- Developing activation checklists for medical logistics contingency response activities.

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

611. Ancillary planning

This lesson covers the basics of the MTF's medical readiness committee, formerly known as the medical readiness support function (MRSF). We also look at the importance of pilot units.

Medical readiness committee

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

- Status of Resources and Training System (SORTS) updates to include UTC manning, training, and WRM status.
- Updates on training and exercise schedules.
- Deployment after action reports.
- Inspection results.

- Status of medical unit readiness training.
- Air Force specialty code (AFSC)-specific training status update.
- Status of deployed personnel.

If you are assigned to WRM, you or your noncommissioned officer in charge (NCOIC) will routinely brief the status of all assigned WRM assets at the MRC. Your assistance may also be required to help brief the status of assigned customer owned assemblages.

Pilot unit

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

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

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

Self-Test Questions

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

610. Roles and responsibilities

1. At which level of oversight are policies and procedures developed for managing medical programs that support DOD and AF objectives?

2. Which level of oversight provides overall logistical policy, procedure, and management for medical contingency materiel programs?

3. Who develops and implements command unique policies and procedures for managing contingency medical materiel at their respective bases?

4. Who is designated by the AF/SG as the PMI lead?

5. Who establishes equipment and supply policies to aid deployed commanders in meeting mission requirements and requests assignment of medical logistics and biomedical equipment maintenance manpower augmentation teams?

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

7. Who appoints the medical WRM project officer and approves the loan of WRM materiel?

8. List four primary responsibilities of the medical WRM project officer.

611. Ancillary planning

1. Who provides executive oversight at an MTF for all medical readiness issues?

2. List the seven items that the MRC is responsible for providing.

3. If assigned to WRM, you or the NCOIC will routinely brief what at the MRC?

4. What is a pilot unit?

5. What does the LOGDET define?

6. What are the pilot unit's responsibilities?

7. How often must pilot units formally review the AS for their UTCs?

8. Pilot units must review their MISCAPs, CONOPS, manpower detail, and training plans for their UTCs by what date?

2–2. War Reserve Materiel Levels and Procurement

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

612. Computing war reserve materiel levels and requirements

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

Determining war reserve materiel requirements

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

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

Using the Replenishment List function

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

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

Use the following search tools to retrieve the desired replenishment lists:

- ORG–Identify the organization that owns the assemblage being replenished.
- Available Assemblages–Select one or more assemblages for replenishment.
- Rollup Requirements–Check this indicator to "roll-up" multiple requirements for the same item ID into a single replenishment requirement.
- Item ID–Enter Item ID if looking to replenish a single item.
- Stock Target Criteria–Used to identify what percentage of noncritical items you wish to procure; critical items must be set to 100 percent before procuring noncritical items. Alternatively, a target dollar amount may be entered.

- Select Allow Qty–Used to produce a replenishment list based on new or old allowance quantities.
- LOG Order–Used for emergency deployments only; allows operating stocks to be used to fill shortages.

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

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

Prime-substitute relationships

Oftentimes, you can substitute one item for another (i.e., different manufacturer), or you can substitute one item for several items (i.e., different sizes and strengths). To create a link between a new item listed on the AS and an older item, you would create a prime-substitute relationship.

Deferred procurement

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

War reserve materiel spend plans

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

Assemblage Funds Requirements Estimate Report

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

Detailed Dated Items Report

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

Dated Items Summary

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

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

613. Allowance standards

As you know, the AS is the framework for project identification and for standardization of project contents. However, to use the AS concept effectively with the computer systems, you need to know the codes that each computer system uses to recognize projects and their related management data. After you read and study the next few paragraphs, you should have a much better understanding of these codes.

Understanding DMLSS allowance source codes

The military Services and DLA assign military standard requisitioning and issue procedures (MILSTRIP) AS codes. The AS identifies different military WRM *projects* by use of a three-position number. For example, AS 916 identifies PAM; 938 identifies expeditionary medical support (EMEDS). Assembly *increments* are identified by a single alpha character that is used in conjunction with the project code. Finally, the *version* is listed as a single number immediately following the increment. For example, 938 A2 would indicate EMEDS, increment A, version #2.

You may already know that the EMEDS is made of three different increments: EMEDS basic, EMEDS +10, and EMEDS +25. The assembly increment is used to designate these three sections of a specific AS. For example, AS 938 can be broken down into three parts:

1. EMEDS basic is 938A.
2. EMEDS +10 is 938B.
3. EMEDS +25 is 938C.

In addition to the AS and the increment there are two additional parts of the AS code that identify the subassembly and quantity. The subassembly code identifies the specific section within an increment; the quantity of assemblages for the same AS that a base can have is identified by a numeral. For example, AS 938BA1 can be deciphered as shown in the following table:

Allowance Standard	Identification
938	EMEDS
B	The +10 increment.
A	The emergency room subassemblage.
1	You have one of these assemblages. (If you had two, the number in this code would be 2.)

Establishing war reserve materiel levels

Regardless of whether your WRM levels (or allowances) are based on population or come from an AS with fixed quantities, the item identification and allowance quantity are loaded into DMLSS. You can obtain the most recently published AS levels from the AFML website. You should process assemblage updates promptly to ensure that your unit’s assemblages reflect the most current information as well as accurate readiness percentages.

In DMLSS, you can manage your assemblage allowances from the ITEM ALLOWANCE CHANGE window. You can open this window from the AM NAVIGATE menu. The ITEM ALLOWANCE CHANGE window is useful when only a few items in an assemblage require allowance changes. This window contains two tabs: Assemblages Containing Item and Assemblages Not Containing Item. The tabs are populated once you enter an item ID.

Assemblages Containing Item tab

This tab is primarily used to retrieve a list of all assemblages that have an existing allowance for the entered item ID. The tab also lists information relevant to an assemblage's allowance detail such as prime/sub-relationships and on-hand, due in, and current allowance quantities. This tab allows you to enter the new allowance authorization quantity and manage the allowance locally. You can add multiple allowance quantities by selecting the assemblage and entering the new allowance quantity in the appropriate field. You also have the option to add and remove allowances from a selected assemblage.

Assemblages Not Containing Item tab

This tab lists all remaining assemblages that do *not* contain an allowance for the selected item ID. If you are adding an allowance to one or more of these assemblages, you can enter the allowance quantity in the corresponding NEW ALLOWANCE field for each assemblage. If you want to update all the assemblages, you can click the SELECT ALL button and enter the allowance quantity in the NEW ALLOWANCE field at the top of the window. Click the APPLY button to update the field and when you complete all your updates, click the SAVE button to update the data for the assemblage. If you want to manage the allowance locally for the new allowance that you loaded, you will have to return to the Assemblage Containing Item tab, select the assemblage(s) and click the checkbox under the LOCALLY MANAGED field.

If the item ID you entered for the new item does not exist in the MTF Catalog, DMLSS will prompt you to create the record. DMLSS will display the MTF CATALOG NEW-SUPPLY ITEM window. After you create the MTF Catalog record, you will have to associate the new allowance to the applicable assemblage.

614. Force health protection assets

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

Biological warfare/chemical warfare antidotes

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

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

Normally, depending on your base, you may have to calculate BW/CW levels for one of two programs: clinician-administered or self-administered. To help you calculate your BW/CW levels,

AFMOA posted a calculator on the AFML website. Make sure you use it—it will save you time! You only have to enter your strength figures and the calculator will calculate your total requirement for each item in the program.

Special handling requirements for war reserve materiel narcotic/controlled medical items

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

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

615. Distributing force health protection assets

The host stock record account is responsible for managing and distributing WRM assets to include BW/CW. You must account for all assemblages on an individual component line item basis. Issues of BW/CW materiel will be simulated for exercises. Actual stocks or use of replicated items that reflect actual size and weight of materiel should be pulled from storage so actual workload of this tasking can be measured. The simulated BW/CW materiel should also be moved to the mobility line so actual space requirements can be determined. You can physically issue BW/CW items only in cases of an actual deployment. Issues can be on an individual basis to deploying personnel or bulk issue to the troop commanders. The troop commander, or individual, acts only as courier to deliver the assets to the Medical Logistics function at the deployed location. The deployed medical logistics function must sign for the materiel. The troop commander or individual returning the item to the medical logistics activity must retain documentation as proof of the return. You must document all issues of BW/CW assets.

The issue document serves as a hand receipt and provides a complete audit trail of the assets. The requesting activity must account for these assets at all times. The requesting activity must turn-in all BW/CW assets to the deployed medical logistics activity after arriving at the deployed location. The troop commander must obtain documented proof of turn-in. Upon redeployment, the troop commander will turn the documentation into their home station Medical Logistics activity to complete the audit trail.

Clinician-administered BW/CW program

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

Item Requirements for the BW/CW Program	
Item Description	**Requirement**
Atropine	10 milligrams (mg) per individual
Atropine 3cc syringe and needle	5 each per individual
Isopropyl impregnated gauze pad	12 each per individual
Pralidoxime chloride	1 gram per individual
Pralidoxime chloride 20ml syringe and needle	1 each per individual
Sterile water for injection	4 each, 5 milliliters (ml) ampules per individual

Self-administered BW/CW program

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

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

   NOTE: Diazepam is classified as a controlled medical item and has additional storage and handling restrictions.
4. Ciprofloxacin – Each authorized individual receives 60 (500 mg) tablets, 60 doses. Based upon mission requirements and MAJCOM guidance, each organization must determine whether to store ciprofloxacin in unit dose or bulk. Bulk ciprofloxacin requires small plastic bags for issue to individuals.
5. Doxycycline – In addition to meeting 100 percent of the ciprofloxacin requirement (60 tablets per individual, 100 mg), doxycycline requirements are calculated for those individuals who are ciprofloxacin intolerant. Based on clinical trials, this represents 5 percent of the authorized population.

   For example:

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

   $$100 \times 0.05 = 5$$

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

   $$5 \times 60 = 300$$

   300 is your gross tablet requirement for doxycycline.

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

Anti-malaria prophylaxis program

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

Chloroquine phosphate tablets (500 mg/500 per bottle)

One tablet per week (23 tablets total) is required per authorized individual assigned to an area where exposure to malaria is probable. Stock one tablet per individual at the departure base, and store the remaining in theater requirements in the deploying medical assemblage. This requirement allows for one tablet per week prior to deployment, one tablet per week during deployment, and one tablet per week for four weeks after return.

Melfloquine hydrochloride tablets (250 mg/packages of 25 and individually sealed)

This is to be administered to personnel, except flight crewmembers, deploying to areas where there is a risk of exposure to chloroquine-resistant malaria. For planning purposes, allow 23 tablets per individual, except for flight crew personnel. Allow one tablet per individual upon departure, one per week during deployment, and one tablet per week for four weeks after return.

Doxycycline (100 mg/50 or 500 per bottle)

This is administered to flight crewmembers only. It is used in lieu of mefloquine hydrochloride. Dosage is one tablet per person per day, beginning two days before exposure, and continuing for 28 days after return. For planning purposes, allow 150 tablets per person.

Ensure that WRM funds are not used to procure Primaquine required for follow-on treatment of personnel returning from a malarias area. Instead, use O&M funds. Do not classify these items as WRM.

616. How to fund, procure, and replace war reserve materiel stock

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

Funding for war reserve materiel

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

When creating a new WRM assemblage, the fund number is limited to four alphanumeric characters and uses the conversion fund number scheme of detachment and project code. The DMLSS Project Center Fund Summary is a "canned report" that is in the Defense Finance and Accounting Service (DFAS) Reports file, which is part of BusinessObjects in DMLSS.

Producing a replenishment list and placing the order

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

Asset review

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

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

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

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

Replenishment list

The replenishment list displays all line items for the specified assemblage that requires replenishment up to the AS allowance quantity. This list also provides dollar figures that identify total critical shortage dollars, total order critical shortage dollars, total shortage dollars, and total order dollars. You can use this window to determine your WRM budget requirements or for requesting additional funds from AFMOA.

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

Other procurement options

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

Deferred procurement gives WRM project officers the ability to prudently delay the procurement of selected WRM line items in their various WRM assemblages until you actually need these items. While you could consider many different items for deferred procurement, items that have a short shelf life are prime candidates.

Managing replacement items

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

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

Self-Test Questions

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

612. Computing war reserve materiel levels and requirements

1. Before you can fund, procure, or replace materiel, you must first identify what?

2. Requirements are the difference between your level and what?

3. Which AM function is used to review LOG-owned assemblage shortages and to determine a replenishment method to satisfy those shortages?

4. How do you access the Replenishment List function?

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

6. Which search tool is used to identify what percentage of noncritical items you wish to procure?

7. What type of relationship would be created when creating a link between a new item and an older item listed on the AS?

8. Which program is used to delay the purchase of selected items in your WRM assemblages?

9. Which report identifies the funding required to bring materiel availability percentages up to the selected critical and noncritical percentages?

10. Which report identifies the total dollar value of items that will expire in the selected time frame?

613. Allowance standards

1. How does the AS identify different military WRM projects?

2. How is an assemblage increment identified?

3. How is an assemblage's version indicated?

4. What does a subassembly code identify?

5. From where can you retrieve the most recently published AS levels?

6. Assemblage allowances are managed in DMLSS from within which AM window?

7. What is the assemblage’s Containing Item tab primarily used for?

8. When adding an item allowance to an assemblage that does not already contain an authorization for the item, which field is used to enter the allowed quantity?

9. If the item ID that you entered for the new item does not exist in the MTF Catalog, DMLSS will prompt you to do what?

10. After you create a new MTF Catalog record for a WRM assemblage, what will you need to do?

614. Force health protection assets

1. A change to population driven assemblage levels could be required after a significant increase or decrease to what?

2. BW/CW antidotes are also referred to as what type of items?

3. CONUS units stock BW/CW antidotes for which individuals?

4. Who calculates FHPP requirements for every AEF cycle?

5. Upon notification of FHPP level adjustments, units will process DMLSS AM updates within how many days?

6. CANA is a controlled item that is part of which WRM assemblage?

7. When large numbers of personnel are deploying together, how should CANA be issued?

8. When individuals are deploying in small numbers or by themselves, how are FHPP kits issued?

615. Distributing force health protection assets

1. Who is responsible for managing and distributing WRM assets to include BW/CW?

2. During exercises, how will BW/CW be issued?

3. When moving BW/CW assets, the troop commander's purpose is to act only as what?

4. Upon redeployment, the troop commander will deliver the proof of turn-in documentation to whom?

5. How much Atropine is required per individual for assemblage BCWB?

6. How much Pralidoxime Chloride is required per individual for the clinician-administered BW/CW program?

7. How many ATNAAs are issued to each individual for the self-administered BW/CW program?

8. How many Pyridostigmine tablets are issued for self-administered BW/CW program?

9. Which anti-malaria FHP item is *only* administered to flight crewmembers?

10. Primaquine, required for follow-on treatment of returning personnel, will be procured using which type of funds?

616. How to fund, procure, and replace war reserve materiel stock

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

2. Which window allows users to review assemblage AS requirements for the selected assemblage that have an overage/shortage?

3. Which list displays all line items for the specified assemblage that requires replenishment up to the AS allowance quantity?

4. DMLSS will calculate replenishment quantities to meet a target by sorting all critical shortage items in what order?

5. If funds remain after all critical shortages are satisfied, what will DMLSS do?

6. What should you do when a medical WRM AS indicates that a new item has replaced an on-hand item?

2–3. War Reserve Materiel Asset Management

Our work is never done! This section of the contingency Medical Materiel Management unit is a transition from knowing about the different WRM assemblages and filling shortages to actually having the materiel in your assemblage and managing those items as on-hand WRM assets. There are several aspects to this type of responsibility, from accurately maintaining data records to managing shelf life items (including the return of expired items to a vendor for credit or replacement). Finally, you will read about WRM inventories, assemblage shipments, and management reports/listings to complete your knowledge of WRM asset management.

617. Maintaining assemblage record data

Managing contingency medical materiel is our number one priority. Being prepared and equipped to support military conflict both stateside and overseas is our medical materiel mission. Accurate record-keeping is essential to achieve this mission. While in a stored mode, you must maintain data records for WRM assets. To ensure you can rapidly deploy or put in use WRM assets, the WRM project officer will ensure personnel are proficient in processing the following required actions to establish and update assemblage records. You use WRM records to maintain the total on-hand balance (serviceable, suspended, and reparable), due-in balance, and allowance quantity by organization and assemblage in DMLSS.

The ASSEMBLAGE RECORD DATA window allows users to completely manage WRM assemblage-item data records from one window. From here, users can view all the items in an assemblage, add or change locations, and perform gain and loss functions. You can revise/complete quality assurance (QA) data, re-stratify inventories, or change location codes to ensure proper storage and deployment of an assemblage. Users also have the ability to access additional item information by clicking the JUMP TO button to access the MTF CATALOG, or scrolling through other assemblage item records using the back/forward (<, >) buttons at the top of the screen.

To access the ASSEMBLAGE RECORD DATA window, click NAVIGATE on the horizontal toolbar and select ASSEMBLAGE RECORD DATA. The ASSEMBLAGE RECORD DATA CRITERIA window opens. In this window, select the organization, and assemblage. In the Item ID field, select the item from the dropdown list for the assemblage you selected and click on the SEARCH button on the vertical toolbar after you enter your search criteria. DMLSS will display the AM ASSEMBLAGE RECORD DATA window.

Use the back/forward buttons at the top of the screen to view other items within the selected assemblage without having to re-open the window. You can also see the number of the record you are viewing and the total number of records in the assemblage.

To change the inventory stratification for the total quantity of an item, click STRAT STATE, and select a new classification from the dropdown menu. Then make your changes, and click SAVE to apply your changes. The STRATIFICATION STATE window displays the new information. (**NOTE:** See the paragraph on changing location to change the stratification state of a partial quantity). You can only change the stratification state when the record is coded as complete (checkbox under the incomplete flag [INC FLG] field is not checked). This means that the quality assurance data is present in the record.

If you double click anywhere in the Item ID section of the window, DMLSS opens a separate window that displays information such as substitute, end, and support items related to the record data your are viewing.

To view additional record information for an item ID, click the JUMP TO button to the left of the item ID so that you can view the MTF CATALOG window from within the AM module. You can use this window and related tabs to make changes to most fields; these fields are identified with a white background. If another user locks a record, the information is still available for you to view; however, DMLSS will not permit you to process updates. Changes that affect catalog actions appear in the transaction history file.

If you look at the ASSEMBLAGE RECORD DATA CRITERIA window you'll notice that at the bottom of the screen there is a "Delete location record when the on-hand quantity is zero" section. This field is a management tool that allows you to automatically delete location codes when the assemblage data record for a line item is zero. The default is set according to your settings in the System Services application for the MM SERVICE DETAIL window. This function will not work unless the checkbox next to the "AM Location Delete Indicator" field is checked. When the default is set to "Yes," DMLSS will automatically delete the location code when the on-hand quantity is zero.

Searching for assemblage record data

To search for an assemblage record data, from the NAVIGATE menu, click ASSEMBLAGE RECORD DATA. Select an organization from the dropdown list in the ASSEMBLAGE RECORD DATA CRITERIA window. Select an assemblage from the list provided in the window, and select an item ID from the dropdown list. The ASSEMBLAGE RECORD DATA window displays the search results.

Adding a location to the assemblage record data

Adding a location is similar to processing gains and losses with the following exceptions:

- "Gaining" a location, adds a new location record for the item to the assemblage; this new location record is an incomplete record. Users complete the QA data, and uncheck the incomplete box to conclude the process.
- "Losing" a location takes the item out of the project and deletes all QA record data. Highlight the record and click the DELETE button on the vertical toolbar to remove the record "shell" from the project completely.

To add a new location to an assemblage record, open the ASSEMBLAGE RECORD DATA window, click ADD LOC button on the vertical toolbar, and enter the quantity to gain (**NOTE:** The calculator button next to the OH Qty field allows you to make quick calculations when processing gains and losses to an assemblage). DMLSS will display the GAIN TYPE SELECT window. Select the reason for the gain transaction from the window and click OK. Make sure the gain transaction reason you select is accurate because it determines the mandatory fields that you must complete for the record. Enter any additional information in the ASSEMBLAGE RECORD DATA window, and click OK. The LOC ID field defaults to NONE and DMLSS updates the on-hand (O/H) quantity to reflect the gained quantity. In the LOC ID field dropdown list, select the location for the item. Edit other fields as necessary, such as the quality assurance data for the item and click the SAVE button to update the record. Select OK in the SUCCESSFUL UPDATE window.

Making location changes to an assemblage record data

In the ASSEMBLAGE RECORD DATA window, you have several methods to make changes to the location of an item in an assemblage. You make these changes by using the following buttons on the vertical toolbar:

1. ADD LOC – this button (covered above) is actually a gain location process. This option allows you to gain inventory to a new location in an assemblage.
2. DELETE LOC – this button allows you to manually remove location codes that are no longer required for an assemblage. This option also allows you to lose inventory from an assemblage. Use this process when the location code indicator is not set in SS. To delete a location, select it and click the button.
3. SPLIT LOC – this button allows you to insert additional locations for an assemblage data record. Use this option when a location exceeded its storage capacity and you need to move that stock to another location. To use this option select the items you want to split, click on the button and enter the quantity you are moving. DMLSS reduces the current location quantities and creates a new location position for the quantity you entered. You must then update the management date for the new record. The changes will not take effect until you click the SAVE button.
4. MERGE LOC – this button allows you to merge locations for an item in an assemblage. Use this option when two or more locations are merging into one to save storage space. You can merge all or partial quantities of stock based on storage requirements. To merge locations, select the record, click on the button and enter the quantity to merge.

You can make several changes to an assemblage data record without having to save the data each time. You can save the data at any time or DMLSS will compile and save the changes when you close the window. Two exceptions to this are when changing on-hand quantities and stratification states. A change to either of these two fields locks the record until you save the data.

Maintaining locations/sub-locations for assemblages

At times, you will have to add new location/sub-location codes into DMLSS. Normally, when establishing new data records you can select a location code from the dropdown list. If DMLSS does

not list a location/sublocation, you will have to add it. To add a new location/sub-location code, take the following steps:

1. On the horizontal toolbar menu, select UTILITIES, and click on MAINTAIN LOCATION to open the LOCATION/SUBLOCATION MAINTENANCE window. In this window, you can view and maintain the list of locations within a location where you store assemblages. You can ADD, DELETE and EDIT location/sublocation codes.
2. Select the appropriate button (ADD, DELETE, EDIT) under the location or sublocation sections to process the transactions. A location name consists of up to 13 characters and a sublocation up to 9.
3. Click OK to close the data entry window, the click DONE to close the window.

Processing assemblage item gains/losses

At times, an assemblage may need additional items and you may have to move items from an assemblage with excess items to one with a shortage. To accomplish this task you will use the ITEM GAINS/LOSSES module of AM to increase or decrease the number of items in an assemblage. You can also use this function to transfer items and equipment from one location to another.

To access the ITEM GAINS/LOSSES module, from the NAVIGATE menu, click on ITEM GAINS/LOSSES to open the ITEM GAINS/LOSSES CRITERIA window. The organization ID determines which assemblages belong to the facility and the assemblage ID identifies and tracks transactions against your assemblages. Select an organization to view a list of associated assemblages. You can only view one assemblage at a time. Click SEARCH to view all items in an assemblage or you can enter additional search criteria to minimize the search. Additional search criteria that you can enter to minimize the search are:

- Item ID—enter the specific item ID from the assemblage that you are processing the gain or lost against. You may also select the Item ID from the dropdown list.
- Location ID—select a location from the dropdown list to view all items associated with the selected location.
- Sublocation—selecting a location will allow you to search further in the assemblage by sublocation. Select a sublocation from the dropdown list to view all items associated with the selected sublocation.

After you have selected your search criteria and clicked the SEARCH button, DMLSS will display the AM ITEM GAINS/LOSSES window and a list of the results of your search.

The ITEM GAINS/LOSSES window shows all items matching your search criteria along with allowance, due in and on-hand quantities as well as assemblage and record location data. The gains and losses reason and quantity fields are the only fields that you are able to update in this window. You can update the information for single line item or process a mass update by clicking the “Select All” button and selecting a gain/loss reason from the dropdown menu at the top of the screen. Use the mass update only if the same gain/loss reason applies to all the records.

To process multiple gains and losses other than all, select the item ID and the transaction reason for each individual item. After each transaction DMLSS will prompted you to complete the ITEM GAINS/LOSSES transaction window before proceeding. After you have completed all actions, click the SAVE button from the vertical toolbar to complete the process.

In the ITEM GAINS/LOSSES window, you also have the option to add an item to an assemblage. For example, an item may not exist in an assemblage because of new assemblage AS requirements or adding a substitute item. To add the item to the assemblage, click the ADD ITEM button on the vertical toolbar to open the INVENTORY ADD ITEM-LOCATION DATA window.

In this window, enter the Item ID and press the enter key.If the item does not exist in the MTF Catalog, DMLSS will prompt you create a new MTF/Catalog record. If the MTF Catalog record

exists, DMLSS will display additional fields populated with the items record data. Enter the quantity you are gaining and complete the remainder of the QA data. If you do not have the QA information at the time of the gain, leave the incomplete check box checked. Click the SAVE button on the toolbar to process the gain.

Managing quality assurance data for assemblages

As mentioned previously, you maintain assemblage records by organization and assemblage. In addition to location data, such as section/box number, these records also contain section levels, manufacturer, lot number, expiration date, and maintenance data. While there is only one balance record, you may maintain multiple location records for that same item to track certain data necessary for quality assurance purposes.

DMLSS allows you to establish suspended item records for WRM items based on drug recalls and suspension notices generated internally or from outside sources. During the processing of receipts or gain transactions, DMLSS compares the item ID to items indicated as suspended and places a checkmark in the QA field in the RECEIPTS window to indicate that a suspended item record exists. During processing, a message box also alerts you that the item ID you are processing is on the suspended item file. This type of notification allows you to verify the quality of the item you are receiving.

You should enter QA data when prompted during the receipt process for WRM items. When DMLSS identifies an item in the QA process, and the item is coded as WRM, DMLSS posts a pending action and transaction date to the AM INBOX. If the AM INBOX is not open, click on the UTILITIES menu from the horizontal toolbar and then click INBOX.

There are three reports that will post to the AM INBOX:

1. QA Alert. WRM Supply Item. Qty Required.
2. AM QA Delinquency Notice. Supply Item Qty WRM.
3. AM QA Review Only. No Action Required (WRM).

When a QA alert message is processed in IM for an item with an AS, DMLSS will notify you via the QA Alert. WRM Supply Item. Qty Required report in the AM INBOX. To open the report, select it from the INBOX and click the JUMP TO button at the bottom of the screen. DMLSS will open the QA RECORD SEARCH window and defaults to the QA Details tab. This tab contains the QA record data from the QA message and a list of all assemblages that maintain an allowance quantity for the item. Check all the assemblages listed in the QA RECORD SEARCH window to compare the stock against the QA alert message. Click the lot number button to view a list of lot numbers from the QA alert message and the lot numbers maintained in the assemblage data records. The assemblage lot numbers will change as you view the different assemblages. In the Notify Quantity column, enter the total number of items that match the QA message data. If the quantity found is zero, you must enter a “0” in the field to record that the action is complete.

After you finish entering the quantities in the search window, click the SAVE button to process your actions. If you entered data for a record, DMLSS will remove it from the window view. The QA Alert. WRM Supply Item. Qty Required notification will remain in the INBOX until you process all the items.

Once you have resolved all QA delinquency notices, DMLSS automatically deletes the action-pending notice from the inbox, and updates the status in the master QA file.

618. Dated items management

The quality of the inventory on hand can be more important than the quantity. In volume 1 of this course, you learned about the importance of the quality assurance/risk management (QA/RM) program and the processes of the program. Because QA can involve life or death situations and affects the readiness posture of you assemblages, you need to know the procedures for a sound WRM

QA program. In addition, it is an ongoing process; and you accomplish it as you receive, issue, store, and ship contingency materiel. As you read this lesson, you will notice that most of the criteria for maintaining dated and deteriorative (D&D) items and QA covered in this lesson also apply to your operating stock, as well; however, it is your contingency stock where you will have to apply these principles more often. In this lesson, you will learn about the management of expiration dated WRM items.

NOTE: There is no margin for error in the QA of medical supplies, so attention to detail is critical.

The term quality assurance, as used in this lesson, is the process of ensuring that materiel is suitable for issue. Suspend from use materiel that is determined to be unserviceable, or suspected to be unserviceable, must be segregated from serviceable stock.

The QA program involves many tasks, to include:

- Managing D&D and nondeteriorative items.
- Carrying out responsibilities of materiel inspectors.
- Initiating medical materiel complaints.
- Maintaining the QA/RM file to include actions taken on DOD Medical Materiel Quality Control (MMQC) messages.
- Taking action on suspended stocks and on destruction notifications.

You were given an introduction into the management of D&D items in a previous lesson, when you learned about dated item management and the effects that expired stock could have in determining your requirements. While each of the areas mentioned above deserve equal space, we are limiting this lesson on QA to stock rotation, expired materiel, and the dated item extension process.

Stock rotation

Stock rotation is a very important part of QA. You must rotate all medical materiel stocks to the maximum extent possible, and give particular attention to those items with an expiration date. This practice helps prevent having items in your inventory expire or lose potency or serviceability.

The procedures for completing stock rotation are developed locally at each materiel account. AFMOA/SGAL provides general guidance for rotation of WRM assemblage stock, including the two following key factors:

1. Commingle operating and WRM stock to the greatest extent possible. Commingling means that all stock is mixed or stored in one location. For example, if you maintain potency dated items in operating inventory and in WRM, store the two types of stock together. This procedure helps you to ensure that the items with the oldest manufacture or expiration dates are issued first. Commingling of items reported as excess is optional.
2. Store stocks in such a way to ensure the oldest stock (based on manufacturer date or expiration date) is issued, consumed, or replaced 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. Store bulk stock that has a later expiration date at the bottom of the stack (pallet storage), and issue from the top, using the item that expires first or has the oldest manufacturer date. If you place bulk containers on a shelf, the same instructions for loose storage apply.

Managing shelf-life (dated) items

Accounting for the eventual expiration of dated items in your WRM inventory is a significant part of identifying future requirements. With the maximized use of the PV program and the major emphasis to decrease on-hand stock, some materiel accounts have extensively reduced the quantity of expiration dated operating stock for which they maintain. That is a significant achievement, but the proper management of dated items continues to be a critical part of our WRM mission.

Shelf-life items

In broad terms, shelf life applies to potency and items that have expiration dates. Specifically, shelf life is defined as "the total period of time beginning with the date of manufacture, cure, assemblage, or pack that an item may remain in the combined wholesale (including manufacture) and retail storage system and still remain suitable for issue or use by the end user."

The Defense Health Agency Medical Logistics Division (DHA MEDLOG) codes all standardized medical items with a predetermined shelf life. The office determines the shelf-life code, first and re-inspection periods, and definitive inspection criteria. The exceptions to this policy are items that are coded with an estimated storage life (ESL) and non-deteriorative items coded as zero (0) shelf life in the medical cataloging data.

There are two types of shelf-life items:

1. Type I–This is a *medical* item that has a definite (usually non-extendable) storage time that is based on materiel deteriorative characteristics. This definite storage time terminates on a specific "expiration date." Type I expiration-dated items may be extended through the FDA/DOD Shelf Life Extension Program (SLEP).This program is primarily intended to reduce non-rotatabl losses in WRM and MC-CBRN programs.
2. Type II–This *supply* item has an assigned storage period that can be extended locally after the completion of prescribed inspection and/or restorative action.

Dated item management

It is possible to manage or replace dated items without requesting funding for new materiel, once the item surpasses its expiration date. You have two options for replacing materiel that has surpassed its expiration date:

1. The first option is through a credit returns program in which PV or third-party vendors take expired or nearly expired items in exchange for credits that you can use to replace WRM requirements. Always consult the responsible commander before returning drugs for credit, as there is a period of time when materiel availability percentages are reduced.
2. The second is SLEP, which is managed through the DHA MEDLOG, or the AF SLEP manager, in coordination with the FDA. Through SLEP, WRM expiration dates are extended to reduce replacement requirements and costs. AFMOA/SGALX posts extension data on the AFML website; however, stock *must* be stored in accordance with manufacturer's recommended storage conditions to qualify for extension.

NOTE: Extensions are applicable to WRM and operating stock *only*; you cannot order replacements for items undergoing FDA testing.

Expired war reserve materiel

Bases maintain all outdated WRM materiel within each assemblage until replacement stocks are received. For health and legal reasons, do not use outdated WRM during peacetime. However, utilize outdated WRM in wartime when authorized by the commanding physician. The intent of this policy is not to lessen the responsibility of obtaining replacement stock; all levels of command must continue to take action to ensure replacement of expired WRM items in the most expeditious manner possible.

Work with your prime vendor to return non-extendable expired items, and items nearing expiration, on a one-for-one replacement basis. If the prime vendor will not accept the items, attempt to return them through a commercial credit returns program. If only partial credit is allowed for any return, determine if the benefits of partial credit and partial replacement outweigh the benefits of retaining the expired stock.

619. Managing the Shelf Life Extension Program

The DOD/FDA SLEP focus is to defer drug replacement costs of date-sensitive, pre-positioned WRM by extending its useful life. Two primary organizations participate in the program: FDA and DHA MEDLOG. The FDA evaluates candidate materiel for shelf life extension by testing samples submitted from the four services, while the DHA MEDLOG coordinates the program and acts as the interface between the services and FDA.

History

Before the introduction of the program, the Services were investing significant funds in replacement costs for potency-dated war reserve and depot-stocked pharmaceuticals. Replacement costs for these drugs in 1986 totaled $2.5 million. One of the methods suggested to limit and defer these costs was testing for potential extension of useful life.

In July 1985, representatives from the USAF Surgeon General's Office and the FDA met to determine the feasibility of testing drugs for extension. An agreement was reached at this meeting to establish a pilot project for testing. The Air Force identified a list of items representing stock that cost $3,000 or more and was within 12 to 18 months of its expiration. The FDA screened the list and determined establishment of test protocols for 56 of the listed items. Samples of the items were sent to the FDA for testing. After 8 months of testing, the final results exceeded expectations. A total of 80 percent of the items were tested, and 84 percent of all lots tested were extended. Although the FDA was conservative in their estimates, some of the tested items were granted three-year extensions.

Federal Drug Administration testing

The FDA, as the proponent for quality control of medical materiel for DOD, performs required testing of all items entered into the DOD/FDA SLEP. The FDA will not test all items presented to them as program candidates. Biological products, nutritional products, and products with a history of testing failures (e.g., water purification tablets and Mefloquine) are not accepted for testing.

The testing conducted by the FDA is comprehensive and scientifically sound. The FDA bases their expiration date extensions on conservative estimates of the useful life of the product as substantiated by their test results. The FDA grants the extensions for all DOD facilities having the materiel as specified by lot number, expiration date, and manufacturer that has been stored under appropriate conditions, not just for one specific facility.

Current Shelf Life Extension Program process

DHA MEDLOG, with input from the service agencies, identifies items that will be SLEP tested. An item must have at least $10K worth of stock for it to be economically feasible to test. This does not mean each individual base needs $10K worth of stock. The service points of contact view the total stock from a service-wide perspective.

Service SLEP managers can request items be tested through DHA MEDLOG for consideration (this can be done via an e-mail). Normally, this is done on a quarterly basis or if it is an emergency it can be requested as a priority.

The items are placed in the SLEP program. Once this happens, the SLEP website inventory will be updated via a Joint Medical Asset Repository (JMAR) push from DMLSS data. JMAR pushes data into the SLEP Web site every Tuesday evening. The SLEP candidate NSN listing is updated by DHA MEDLOG at least quarterly. From there, the FDA schedules testing dates by lot number. DHA MEDLOG then requests samples from service managers via the SLEP Web site. The service manager determines which account will send the sample (based on inventory in the SLEP Web site). E-mail notifications are sent to the selected site via e-mail message through SLEP Web site and follow-up e-mail from the AF SLEP manager. So it is imperative that your inventories are accurate and your SLEP program is maintained regularly. Department of Defense activity address codes (DODAAC), that are designated, will ship samples as requested to the FDA (samples must be sent to the FDA within in five business days of the date requested or the lot number will be permanently deleted from

the SLEP). Products are tested and results are reported to DHA MEDLOG. Testing may take from 60 to 90 days.

DHA MEDLOG updates the SLEP Web site, computes financial benefit and cost, orders labels, and distributes the information to all registered SLEP Web-site users. Once an item is tested, it continues to be tested upon expiration until all products are used or the product fails testing. The AF SLEP manager is also responsible for ensuring funding is budgeted for this program.

Data integrity

Automated systems require accurate information input for quality outcomes. The SLEP database is no exception to this rule. It is absolutely critical that data is entered accurately in all of the required fields in the database. Each piece of information is vital to the results of the testing process.

Program guidelines

Only drugs in federal supply classification (FSC) 6505 are eligible for the FDA/DOD SLEP. Additional guidelines are as follows:

1. Ensure all outdated materiel (including assets being retained for SLEP testing) is tagged with DD Form 1575, Suspended Tag Materiel, according to AFMAN 23–110, *Volume I, USAF Supply Manual, Basic Air Force Supply Procedures,* Part 1, Chapter 4.
2. Expiration-dated pharmaceuticals may be extended through the DOD/FDA SLEP. The following factors are considered to determine the cost effectiveness of testing a lot: quantity, dollar value, replacement cost, test cost, and credit returns availability. To get a complete listing of what is in the SLEP, visit the DOD/FDA SLEP Web site (https://slep.dmsbfda.army.mil/).
3. Do not destroy SLEP items that are undergoing FDA testing. When the original date is exceeded, do not issue stock. Place in FDA Test stratification state until test results are posted on the SLEP Web site.
4. If the date is extended, review requirements for the materiel and re- stratify the materiel based on the new expiration date.
5. If the date is not extended, destroy or process through credit returns program if required.
6. Stock stratified in FDA Test will not be destroyed or replaced until final disposition instructions are provided by the FDA and published on the DOD/SLEP Web site.
7. Keep AFMOA/SGALX informed of changes to quantities on hand.

The DOD/FDA SLEP has been a successful quad-service program since its introduction. Since 1992, the program has allowed the services to avoid annual medication replacement costs of more than $1 billion.

Re-marking expiration dated materiel

All items issued must be relabeled prior to releasing them from medical logistics. SLEP items extended by the FDA will be relabeled, down to the unit of issue, within 90 days of receiving notification of extension. If labels are not received within 45 days of notification, contact the Air Force SLEP manager for authorization to relabel locally. Locally procured labels must cover the current expiration date, have a permanent adhesive that will pull off all printing when removed, and contain the lot number, FDA test project number, and new expiration date. Labels do not need to match the font or color of the original label. Labels must be affixed directly to the individual unit of issue, unless otherwise directed by the FDA. Special relabeling requirements apply to Soman Nerve Agent Pretreatment Pyridostigmine (SNAPP), antidote treatment (ATNAA) and Diazepam auto injectors; contact the Air Force SLEP manager for those requirements.

Because SLEP FDA testing is continuous, each account must develop a relabeling plan that supports any SLEP item, lot number, and quantity. The relabeling plan will ensure materiel is available and properly labeled to support mobility taskings.

NOTE: The development of the relabeling plan does not replace the requirement to relabel extended items within 90 days of notification. If a deployment occurs prior to the 90-day deadline, the re-labeling plan must detail how medical logistics will meet the most stringent marshalling time requirements identified in the wing's Installation Deployment Plan (DOC) statement. The plan should address the source, location of where the relabeling will take place (processing line is not authorized), number of personnel needed, estimate of the maximum number of personnel deploying (use most stringent DOC statement marshalling requirements), estimate of how long the relabeling will take, and responsibilities for relabeling assets for Air Reserve Component (ARC) units. A suggested checklist for the relabeling plan is available on the AFML Web site. The plan must be approved by the MRC (initially and when revised), and validated and exercised annually.

Tenant units that maintain their own force health protection assets are responsible for establishing their own SLEP relabeling procedures.

Centralized storage and distribution centers will re-label 20 percent of SLEP items to the lowest unit of issue and will ensure SLEP items are not out-shipped without the appropriate label affixed.

Self-Test Questions

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

617. Maintaining assemblage record data

1. Which AM window is used to view all the items in an assemblage, add or change locations, and perform gain and loss functions?

2. How do you change the inventory stratification for the total quantity of an item?

3. What will happen if another user locks a record that you are attempting to update?

4. Which management tool field is used to automatically delete location codes when assemblage balances reach zero for an item?

5. How do you add a new location to an assemblage record?

6. Which ASSEMBLAGE RECORD DATA function is used to remove location codes that are no longer required for an assemblage?

7. Which ASSEMBLAGE RECORD DATA function is used to insert additional locations for an assemblage data record?

8. Which ASSEMBLAGE RECORD DATA function is used to merge locations for an item in an assemblage?

9. How do you establish a new location/sublocation code?

10. In the ITEM GAINS/LOSSES window, how do you add a new item to an assemblage?

11. How many balance records are maintained for each item within a single assemblage?

12. List the three QA reports that will post to the AM INBOX.

618. Dated items management

1. List five tasks that are included in the QA program.

2. List the two key stock rotation factors.

3. Who codes all standardized medical items with a predetermined shelf life?

4. What is the *type* code for a medical item that can be extended through the FDA/DOD SLEP?

5. What is the *type* code for a supply item that can be extended after proper inspection?

6. What are the two options for replacing expired materiel without using new funding?

7. What should bases do with outdated WRM materiel?

8. Why should outdated WRM not be used during peacetime?

619. Managing the Shelf Life Extension Program

1. Who identifies items to be SLEP tested?

2. An item must have at least what total stock value for it to be economically feasible to test?

3. Who determines which account will send in testing samples?

4. Within how many days after the date of request must samples be shipped to the FDA?

5. How long does extension testing take?

6. Once an item is tested, it continues to be tested until when?

7. What FSC is eligible for FDA/DOD SLEP testing?

8. All outdated materiel, including items being SLEP tested, must be tagged with what form?

9. Expired items undergoing SLEP testing should be placed in which STRAT state?

10. SLEP items extended by the FDA will be relabeled within how many days of receiving notification of extension?

11. The relabling plan should address what factors?

12. Who must approve the relabeling plan and how often must it be exercised?

2–4. Miscellaneous Contingency Operations Management

Many of the tools and processes that we use for operational stock are also used for contingency operations management. However, these tools and processes are modified as needed to meet the

differing requirements. In this section, we will discuss the annual inventory process for assemblages, how to transfer assemblages, and finally we will look at some of the more important WRM reports that you will be using.

620. Performing inventories

As of 19 Aug 14, stored WRM assemblages must be inventoried no less frequently than every 24 months after the previous inventory was completed. Additionally, any WRM assemblages used during an exercise must be inventoried again within 60 days following completion of the exercise — inventory only the sections used. Plan the scheduled inventory program to ensure optimum efficiency and minimum interruption to normal operations.

Prior to the inventory, brief all your personnel on inventory procedures such as:

- Inventory method.
- Computer products used for the inventory.
- Storage locations your activity uses.
- Arrangement of stock.
- Actions to take if they find an item that is not on the inventory list and methods for retrieving item information (item ID, expiration/manufacture date, unit of sale, and location found).
- Actions to take on items coded with source of supply (SOS) type of UNK (unknown).
- Actions to take on packages. Do not open unopened packages unless: someone other than the manufacturer resealed the package; the information on the outside package is not legible or sufficient to indicate the quantity; and there is reason to suspect the contents are damaged or misidentified.

Once you have informed your personnel on the inventory procedures, it is then time to initiate the inventory in DMLSS.

Initiating the inventory

The first step for initiating an inventory in DMLSS is to select the assemblage to inventory. On the NAVIGATE menu select PHYSICAL INVENTORY and click SELECT ASSEMBLAGE. The first window you will see is the AM PHYSICAL INVENTORY – SELECT ASSEMBLAGE window. From the dropdown list in the Organization field, select the primary organization where the assemblage you want to inventory resides. Notice that this window has two tabs: Search-AM and Search Results. The default tab is the Search – AM tab and is highlighted while the Search Results tab is disabled at this time. In the Search - AM tab you can view a list of the assemblages and the date of the last assemblage inventory. If the date of last inventory field is blank, it indicates that the project has never been formally inventoried in DMLSS.

After you select the assemblage(s) to inventory, click the SEARCH button and DMLSS displays the assemblage you selected in the Search Results tab. The top section of this tab displays the assemblage and the bottom section displays a list of the items in the assemblage. Preview the list of the items to ensure that no other processes have locked any of the assemblage components and that there are no SOS-type codes of UNK loaded in the project. If these conditions exist for all or some of the components, you will not be able to process the inventory. If a component of the assemblage is locked by another process, determine who has the item locked and why. Close the other processes to process the inventory. If the SOS type code is UNK, go to the item catalog record and load a valid SOS against the item. Once you correct all the UNK SOS type codes, you are ready to process the inventory. Click the PROCESS IN button on the vertical the toolbar and DMLSS will lock the records and assign an inventory control number (ICN). The ICN is tied to the inventory segment you created.

Generating count lists

As mentioned previously, to initiate the inventory you will click on the PROCESS IN button on the vertical toolbar. This action displays the GENERATE COUNT LISTS AND ASSIGN TEAMS CRITERIA window. You can generate the lists at this time or cancel the process and return later. If you want to generate the count list later, from the NAVIGATE menu, select PHYSICAL INVENTORY, GENERATE COUNT LISTS and DMLSS will display the GENERATE COUNT LISTS AND ASSIGN TEAMS CRITERIA window. If you decide to generate the count lists at this time, select the count information, count list breaks, set the count list sort criteria for the inventory segment and click OK. DMLSS will then display the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window.

In the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window, you can add count teams and the number of segments each will need to inventory. For example, say you have four count teams but you want six count lists to generate to minimize the number of items on a count list. You would click the ADD COUNT LIST button to add the addition count lists to the segment. You would then click the ADD TEAM button to add the additional two count teams to the inventory segment. You can then assign the inventory teams to a specific count list.

Your next step is to assign a count list number and a team to each line item in the list. You can do this line item by line item or select multiple rows then select a count list number in the “Change highlighted Rows To Count List” field and click the APPLY button. This will apply the count list to all the rows you selected. If you want to assign 1 count list to all line items, click the SELECT ALL button and then click the APPLY button. As you assign the count lists to line items, DMLSS updates the TEAM field next to the count list with the team number. Once you have completed the team and count list assignments, click SAVE and DMLSS will process the updates.

Printing the inventory count lists

To print the count lists, from the NAVIGATE menu, select PHYSICAL INVENTORY, REPORTS to open the AM PHYSICAL INVENTORY REPORTS window. In this window, select Inventory Count List and click on the PRINT button on the vertical toolbar. The next window you will see is the SPECIFY REPORT SELECTION CRITERIA – INVENTORY COUNT LIST window. In this window select the ICN from the dropdown list (if you have multiple ICNs in progress), the specific count list from the AM- Criteria section (or select all) and click OK.

Checking the status of an inventory

There are two methods available to you to check the status of an inventory.The first method is the STATISTICS button enabled only on the vertical toolbar of the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window. The STATISTICS button allows you to view the total number of item locations and percentages counted by count team or by count list. It gives you a snapshot of the inventory progress at a given point between the start and finalization of the inventory.

The second method is to select the AM NAVIGATE menu, PHYSICAL INVENTORY, CONTROL NUMBER STATUS to open the AM INVENTORY CONTROL NUMBER STATUS window. The control number status identifies the current status of an active inventory. When in AM, you can only view the control numbers associated with AM. The window lists all active control numbers, current status or process, and the number of records associated with an inventory. You can also view the count list summary information for items with the process status of “Counting” by clicking the DETAIL button or double clicking the ICN. This action opens the COUNT LIST DETAIL FOR ICN window. In the AM INVENTORY CONTROL NUMBER STATUS window, you also have the option to cancel an inventory. For example, if you processed an inventory erroneously, select the inventory from the list and click the CANCEL button on the vertical toolbar. DMLSS prompts you with a status box to verify your intent to cancel an inventory. You must select YES to cancel the inventory. If you cancel an inventory, you will lose any updates you made during counting and DMLSS will not update the “Date of last inventory” field.

Entering inventory counts

When the count teams return the count lists with the physical counts, you must enter the quantities from the count lists in to DMLSS. From the AM NAVIGATE menu, select PHYSICAL INVENTORY, ENTER COUNTS to open the AM CRITERIA FOR ENTERING PHYSICAL INVENTORY COUNTS window. In this window, select the ICN from the dropdown list (if you have multiple inventories in progress), and in the AM – Optional Criteria section, select the count list by double-clicking or using the VCR (< >) buttons. Click SEARCH and DMLSS will display the AM ENTER COUNTS FOR PHYSICAL INVENTORY (ICN) window. This window displays the count lists in sequence and both count lists and count window are in item ID/detail sequence. Click the SAVE button after you enter all the counts. Counts that match the DMLSS balance quantity will not require a recount. If an out of balance condition exists after two counts of the same quantity, DMLSS considers the matching quantities as valid and moves the record to the "Research Discrepancies" category. The key is that two counts must match in order to consider the count as valid. There is no reason to recount an item if the first count matches the DMLSS on-hand balance. After first counts, two other counts must match to consider the inventory count as valid. Any out of balance conditions after third counts will require research.

In the AM ENTER COUNTS FOR PHYSICAL INVENTORY (ICN) window you can update the item assemblage detail information for each line item. Part of the AM inventory process is to validate the manufacturer, manufacture date, expiration dates and lot numbers of each line item in the assemblage. You can also change or update an item's information in this window and DMLSS makes these changes and updates to the item detail record. This is also a good opportunity for you to clean up data within the database.

If a team counts an item that is not on a count list, click the ADD ITEM button on the vertical toolbar to add it to the assemblage. Adding an item to the inventory will generate a recount automatically. You will also have to research this item later on in the inventory process because there was no beginning count.

Researching discrepancies

Now that you have posted all the counts, it is time to research any discrepancies. To begin the research process, from the AM NAVIGAGE menu, select PHYSICAL INVENTORY, RESEARCH DISCREPANCIES to open the AM CRITERIA FOR ENTERING RESEARCH window. This window lists all discrepancies found during the counting process. This is where you will make all adjustments and final determinations on discrepant items. Select the ICN from the dropdown list (if you have multiple inventories in progress) to view all the items that require research for that ICN. From the list you can select one, some, or all the items to process. After making your selection, click the PROCESS button to initiate the research.

Clicking the PROCESS button opens the AM RESEARCH INVENTORY GAINS AND LOSSES FOR AM INVENTORY: ICN window. DMLSS displays the first record you selected. If you selected multiple records, VCR buttons will appear at the top of the window. These buttons will allow you to scroll through the remainder of your list.

Keep in mind that the AM physical inventory deals with the entire count total for a line item. One line item may have several detail records associated for different locations or manufactures. As you select an item in the upper section, the lower section displays the detail records for the item. The total of all these detail records must match the on-hand balance records. After your research, enter a "Final Count for Detail" (lower section) and "Adjustment Reason" in the upper section (if necessary). If you find that the counts were incorrect, enter the actual quantity found. DMLSS will process the adjustment if different from the quantity on-hand. If the final quantity matches the quantity on-hand, no adjustment will process. (**NOTE**: The "Adjustment Reason" needs to be specific and reflect the actions you performed. DMLSS prints this information on the Inventory Adjustment Voucher.) Once you process all the research actions, DMLSS will delete the item from the discrepancy list.

In the AM RESEARCH INVENTORY GAINS AND LOSSES window you also have access to the following buttons on the vertical toolbar:

- BALANCES—this button allows you to view on-hand balances for the assemblage, other assemblages, and LOG.
- POST-INVENTORY ACTIONS—this button allows you to enter additional information found during research. You can use it to annotate inventory discrepancies caused during day-to-day business to identify additional training. DMLSS compiles all Post-Inventory Actions during the finalizing of the inventory process. You can access a report of any Post-Inventory Actions by ICN from the AM Physical Inventory Reports module.

Now that you have completed all the research, the next step is to finalize the inventory.

Finalizing the inventory

Finalizing the inventory processes all actions and unlocks all records from inventory. To finalize the inventory, from the NAVIGATE menu, select PHYSICAL INVENTORY, FINALIZE INVENTORY to open the AM FINALIZE INVENTORIES, POST TRANSACTIONS window. In this window, select the inventory control number and click the FINALIZE button on the vertical toolbar. After verifying that you want to finalize the inventory, print any Inventory Adjustment Vouchers produced as a result of the inventory and file them with your inventory documents to certify the inventory.

Physical inventory reports

The PHYSICAL INVENTORY, REPORTS module contains all the reports and lists associated with the physical inventory. Because DMLSS is a supply system as well as an electronic storage system with archive capability, it is really not necessary for you to print and maintain hardcopies of some of the inventory documents. You can always retrieve them from the REPORTS module. In addition, if you wish to provide copies of documents to agencies/offices outside of the Logistics office, you can print any of the inventory reports from this module by ICN.

Let’s review some of the reports available to you from the AM PHYSICAL INVENTORY REPORTS window.

- Inventory Accuracy Analysis—Lists the inventory segment, physical and on-hand counts, adjustments, and accuracy for the inventory by Inventory Control Number.
- Inventory Adjustment Voucher (IAV)—If you do not print an IAV when you finalize the inventory, you can reprint it from here. The voucher lists the item’s management data, adjustment in dollars, and adjustment reason from the inventory. This report requires the certifying and approving official’s signature and you must maintain it in a permanent file for the inventory.
- Missed Location Count List—This report identifies items that still require a physical count. Check this report to verify that you counted all locations. Were all areas checked during inventory counting?
- Post-Inventory Actions Report—Lists the quantity, transaction code, and description of what caused the inventory discrepancy and identifies actions you will take after you finalize the inventory. This report can help you with an after-inventory analysis to determine if you can eliminate this type of discrepancy through training in day-to-day operations.
- Potential Inventory Discrepancy Report—Check this report before you finalize the inventory to preview your potential discrepancies. It identifies the gain/loss transactions that will result if you finalize the inventory with the currently available count information.
- Preview-Inventory Accuracy Analysis—This reports lists the inventory segment by Inventory Control Number and allows you to preview the inventory accuracy prior to completing the physical inventory process.

Upon completion of an inventory, establish a project file containing: the DMLSS Inventory Accuracy Analysis Report, the WRM Inventory Summary Report, annotated copies of all count lists (unless HHTs are used), original copies of all approved IAVs, copies of documents forwarded to the report of survey monitor for initiation of ROS actions generated as a result of the inventory, and the WRM Medical Maintenance Report (if the inventory was completed by IGM contractor).

All inventory documents must be retained for two years IAW Air Force Records Information System (AFRIMS) T 23-08 R 06.00, *Inventory Adjustment or Accountable Adjustment Records* and T 23-23, *Reports of Survey, Registers, Charges, and Notices of Exception Records*.

Remember that IAVs require a signature and it is always a good practice to include a post Inventory Accuracy Analysis report to show the results of the inventory. Your commander may wish to see the documents associated with the inventory. Keep this in mind when preparing for an inventory.

621. How to conduct assemblage transfers

Occasionally, assemblages are sent from one stock record account to another. These in-shipments and out-shipments require a transfer of assets and accountability. Before you ship an assemblage to another SRA, you are required to inventory the assemblage, process any inventory adjustments, update the item and QA records and process the assemblage out-shipment in DMLSS. The following paragraphs outline the procedures you will need to follow to process in-shipment (gain) or out-shipment (loss) of an assemblage in DMLSS.

Assemblage loss transfer criteria

Prior to processing an assemblage out-shipment loss, the following criteria must be met.

1. The assemblage, or any part of the assemblage, is not in inventory freeze status.
2. There are no commingled items in the assemblage.
3. Funds for transfers to other MTFs or field units have been disassociated.
4. Required reports are printed:
    - Assemblage Status Report – This product lists items in the selected assemblage shows the critical quantity, unit of sale, price, on hand serviceable, on hand other than serviceable, deferred quantity, due in, allowance quantity, value on hand, value due-in, value over/short, and the percent of allowance on hand for each item.
    - Commingled Picklist – This report lists items in the selected assemblage(s) that have commingled quantities. It shows the IM location and storage area where operating inventories are stored, the commingled quantity, and the AM location and sublocation for the items. Use this report in conjunction with the assemblage transfer process. An assemblage loss will not process if commingled quantities exist in the assemblage. Once commingled items have been placed with the assemblage, use the AM ITEM CODE CHANGE module to remove the commingled codes and quantities from the assemblage. (**NOTE**: DMLSS produces this list when a user attempts to process an AM sale, out-shipment, or war switch transaction.)
    - Incomplete Record Report – This report identifies all assemblage record data items that are marked as incomplete and belong to the selected organization(s).
    - Prime/Sub List – This report identifies each prime item and its associated substitute and ratio in selected assemblages.
    - Packing/Inventory List – You may use this report to inventory selected assemblages or as a packing list with detailed contents of each selected location/sub location.
    - End Item/Consumable Item Relationship Report – This report shows the availability of consumable items for end-items in selected assemblages. For example, a chemistry analyzer (end-item) requires various controls and other items to be fully capable. First, identify that relationship using END/SUPPORT ITEMS module and then use this report for a better picture of materiel availability.

After you have completed all the actions and printed the required reports, you are then ready to process the assemblage loss in DMLSS. The assemblage remains visible to the losing organization until you have processed all actions

Assemblage loss

To initiate the assemblage loss, you must access the ASSEMBLAGE LOSS window. In this window, you can transfer assemblages internally to another organization, or you can deploy them to the field. From the NAVIGATE menu, point to TRANSFERS, and click ASSEMBLAGE LOSS to open the AM ASSEMBLAGE LOSS window the follow these steps:

1. Select an organization from the dropdown list.
2. Select the type of transfer from the “Process” section. For this example, you will process a Ship Assm (ship an assemblage). (**NOTE:** The options available to you in this window depend on the type of transfer you select.)
3. Enter the code for the Ship to Org.
4. Select the PACKING LIST checkbox if you want DMLSS to print a packing list. It is recommended that you select the packing list checkbox if you have not printed a current copy.
5. Check the ARCHIVE checkbox. DMLSS checks this checkbox by default to archive the files that it creates as a result of processing the assemblage loss. During the process, DMLSS will prompt you for a location to save the loss information.
6. Select the assemblage(s) for processing from the assemblage list. If you want to process multiple assemblages without selecting all, use the Shift or Ctrl keys to make the selections.

   NOTE: If you want to include a printout of assemblage items with the shipment, select PACKING LIST *before* processing the assemblage loss.
7. Click the SAVE button to process the out-shipment after you have entered all the required information.
8. Click OK in the ASSEMBLAGE LOSS VERIFICATION window. In the Locate the Drive/Directory for ASSEMBLAGE LOSS window, save the assemblage loss data to the CD/DVD-RW drive (D:/). Click OK in the ASSEMBLAGE LOSS CONFIRMATION window. DMLSS generates a DD Form 1348-1A to support the transfer, and the assemblage(s) no longer appear in the list.
9. Ship the assemblage loss data CD (compact disc) with the assemblage(s). Also, include any supporting reports or lists.

DMLSS transfers the assemblages completely during this process, to include suspended, excess, and incomplete QA balances within the assemblage. Remember: You must disassociate funds for deployed or transferred assemblage losses. In addition, the losing account must coordinate the transfer of materiel still due in at the time of loss with the gaining MTF or field unit.

DMLSS writes the shipment loss (SHL) transaction to the STOCK ROOM AND READINESS INVENTORY MANAGEMENT (SRIM) transaction history with a transaction reason SFL (stock fund loss) to document the out-shipment.

Assemblage gain

To initiate an assemblage gain, from the AM NAVIGATE menu, select TRANSFERS, ASSEMBLAGE GAIN. If you are processing an assemblage gain from another SRA, DMLSS will prompt you to select the drive/directory for the in-shipment disk (CD/DVD). Select the drive/directory where the source files required for processing the assemblage gain are located and click OK. To skip this process, click the CANCEL button and DMLSS will abort the assemblage gain process and go directly to the ASSEMBLAGE GAIN window. Once you are in this window, you can access the drive/directory prompt again by clicking on the BROWSE button next to the TRANSFER DIR field. Once you are in the ASSEMBLAGE GAIN window, you can gain a new assemblage or multiple assemblages.

It is important to ensure the proper organization (ORG) exists in DMLSS before you accept/receive an assemblage. If it does not exist, the "gain" will reject. To create a new ORG, go to the SYSTEMS SERVICES application and use the NEW MTF/UNIT function.

Now, take the following step to process the in-shipment:

1. In the ASSEMBLAGE GAIN window, complete the mandatory fields by selecting values from the dropdown list in each field.
2. To validate the universal data repository (UDR) information on the gained assemblage(s), select VALIDATE DMLSS MASTER OR AM MASTER ASSM.
3. Select UPDATE ALLOWANCE QUANTITIES FROM DMLSS MASTER OR AM MASTER ASSM to ensure allowances are current.
4. Select the assemblage(s) and click SAVE; or to process all assemblages, select the PROCESS ALL checkbox.

In the ASSEMBLAGE GAIN window, you can print a packing list for the transfer process and freeze the gained inventory project to perform physical counts of the project. This feature locks the assemblage until you confirm that all the required items are included in your assemblage.

DMLSS writes the shipment gain (SHG) transaction to the SRIM transaction history with a transaction reason SFG to document the in-shipment.

622. Using assemblage management reports

Finally, there are some WRM reports with which you should become familiar. You have read about some of them in previous lessons, but you need to know more than just their names. If you use them to manage your WRM assets, you will have oversight covering your entire WRM program, plus you will be able to precisely locate irregularities in specific items and assemblages.

You can view a list of the AM reports available to you by clicking on the AM NAVIGATE menu and selecting REPORTS to access the REPORTS module. When you access the REPORTS module, you can select a report from the display list. You are then able to qualify the report by selecting criteria unique to each report. Once you have opened a report, you have the options to view it on the screen, save it to a file, or print it. The reports identified in the following table are WRM reports in DMLSS that you can use to manage your WRM assemblages:

War Reserve Materiel Reports	
Title	**Usage**
Assemblage Allowance Change	This report identifies, by item, by assemblage, the old and current allowance quantities for allowance changes that happened during the selected time period.
Assemblage Funds Requirements Estimate	This report identifies by selected assemblage(s) the funding required to bring materiel availability percentages up to the selected critical and noncritical percentages. It also identifies the value of all deferred items by deferment reason, the value of all required centrally procured items, and the value of all required other procurement items.
Assemblage Funds Status Report	This report shows by assemblage, the target amount, available balance, and Committed, Obligated, Receipts, R-Sales, and Return amounts for the current FY.
Assemblage Status Report	The Assemblage Status Report lists items in the selected assemblage that meet the report selection criteria. It shows the critical quantity, unit of sale (U/S), U/S price, on-hand serviceable, on-hand other than serviceable, deferred quantity, due-in, allowance quantity, value on-hand, value due-in, value over/short, and the percent of allowance on hand for each item. The last page of the report lists summary information by commodity class and overall materiel availability percentages.

War Reserve Materiel Reports	
Title	**Usage**
Assemblage Status Rollup	This report is essentially the same format as the Assemblage Status Report, but it allows selection of multiple assemblages for side-by-side comparison of balance information. Balances from all selected assemblages are listed for each Item ID matching the selection criteria.
Assemblage Status Summary	This report is essentially the same as the last page of an Assemblage Status Report.
Assemblages Managed	This report identifies the number and type of assemblages owned by all organizations.
Detail Stock Items	This report provides essentially the same information as an Assemblage Status Report, but it provides additional details for each item.
Organization Status Report	This report lists all assemblages owned by the selected organization, and provides an overall summary for each balance line, due-in line, dollar value on hand, dollar value due-in, dollar value over/short, and materiel availability percentage.

623. Customer-owned assemblages

The capability exists in DMLSS for you to manage customer owned assemblages as well as LOG-owned assemblages. A customer-owned assemblage is an assemblage that was purchased with the MTF's O&M funds. It is important to understand that medical logistics will assist custodians with customer-owned assemblages, but we do not own them and are not accountable for them. Our biggest responsibility is to order the replacement supplies as the custodian requests them.

Before establishing a customer-owned assemblage, verify that a service/customer account is established and that the customer has been linked with the appropriate expense center and project center. This action is normally coordinated with resource management office (RMO).

The customers tasked with ownership of an assemblage must have their user IDs associated to their assemblage. The DMLSS systems administrator will need to assign user privileges to each user ID before processing a customer owned assemblage. Customer-owned assemblages are not limited to allowance standard assemblages. You can use the customer owned function to manage any assemblage that requires specific guidelines for managing.

Loading a new customer owned assemblage

To load a new customer owned assemblage, access the AFML Web site and locate the allowance standard. The new AS will upload into DMLSS. DMLSS will prompt a message that all assemblages were created successfully when import is complete.

Loading a non-standard assemblage

When no standard assemblage exists, you can build a non-standard assemblage for a specific purpose or mission. This non-standard assemblage can be similar to a standard assemblage, or it can be a completely custom-built assemblage that contains may different items not found in any of the standard assemblages. To load a non-standard assemblage, use the LOAD NON-STANDARD ASSEMBLAGE to open the AM NON-STANDARD ASSEMBLAGE LOAD window.

Customer owned replenishments

This function looks and works similar to AM replenishments. The main differences are that funding is directly associated to the service customer and you have the ability to bypass acquisitions and order materiel directly from the SOS. Before you can use the replenishment process, customer owned assemblages and allowance standard must exist in DMLSS. Select CUSTOMER OWNED ASSEMBLAGE REPLENISHMENT from the NAVIGATE/ORDERS menu to open the CUSTOMER OWNED ASSEMBLAGE REPLENISHMENT LIST CRITERIA window. In this window, select the customer and the associated assemblage for which you are processing replenishments and click SEARCH. DMLSS will then display the AM CUSTOMER OWNED

ASSEMBLAGE REPLENISHMENT LIST window similar to AM replenishments but includes a checkbox for the Log Issue field. This box is unchecked by default when DMLSS opens the window.

See the following process if the box is checked or unchecked:

- Unchecked– DMLSS calculates the orders and processes them directly to the SOS.
- Checked– DMLSS checks warehouse stock first and creates delivery lists for available stock. After completing this check, DMLSS calculates the orders by SOS for ordering.

Verify the quantities in the Order column and make any adjustments. The EOR FUNDS (end-of-record funds) button on the vertical toolbar provides a funds balance for the service customer associated to the customer owned assemblage. You should compare this balance to the assemblage total in the replenishment window to verify that adequate funds are available. Click the EXCEPTIONS button to view potential problems with the order—the orders will not process until you correct any exceptions. After you have verified the information in this window, click SAVE and DMLSS will process the replenishments.

Self-Test Questions

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

620. Performing inventories

1. How frequently must WRM assemblages be inventoried?

2. Within how many days after an exercise must you inventory used assemblages?

3. What is the first step taken to initiate an inventory in DMLSS?

4. When initiating an inventory, what should you do if the SOS type code for an item is UNK?

5. How do you later generate count lists if you decide to cancel the process when generating an inventory?

6. Which window is used to add count teams and the number of segments each will need to inventory?

7. Which two methods are available to check the status of an inventory?

8. Which window is used to enter physical quantities from the count lists?

9. How do you open the AM CRITERIA FOR ENTERING RESEARCH window?

10. Which AM RESEARCH INVENTORY GAINS AND LOSSES window button allows you to view on-hand balances for the assemblage?

11. Which button allows you to enter additional information found during research?

12. Which step processes all actions and unlocks all records from inventory?

13. Which inventory report lists the total dollar adjustment amount and adjustment reasons?

14. Which report identifies items that still require a physical count?

15. Which report allows you to preview the inventory accuracy prior to completing the physical inventory process?

621. How to conduct assemblage transfers

1. List the four criteria that must be met prior to processing an assemblage out-shipment loss.

2. Which report lists items in the selected assemblage(s) that have commingled quantities?

3. Which report shows the availability of consumable items for end-items in selected assemblages?

4. Which window is used to transfer assemblages to another organization?

5. Where do you save the assemblage loss data?

6. When processing an assemblage gain from another SRA, DMLSS will prompt you to select the drive/directory where what item is located?

622. Using assemblage management reports

1. Which report is used to compare previous and current allowance quantities for a specific period?

2. Which report identifies the funding required to bring materiel availability percentages up to the selected critical and noncritical percentages?

3. Which report shows by assemblage, the target amount, available balance, and committed, obligated, receipts, R-sales, and return amounts for the current FY?

4. Which report allows selection of multiple assemblages for side-by-side comparison of balance information?

5. Which report is essentially the same as the last page of an Assemblage Status Report?

6. Which report lists all assemblages owned by the selected organization and provides an overall summary for each balance line?

623. Customer-owned assemblages

1. What is a customer-owned assemblage?

2. What RMO coordinated items should be established and linked before processing a customer owned assemblage?

3. Customers tasked with ownership of an assemblage must have their user IDs associated to what?

4. When importing a new customer owned assemblage, from where do you download the AS files?

5. Which window is used to load a non-standard assemblage?

6. What are the two main differences between AM replenishments and customer-owned replenishments?

Answers to Self-Test Questions

610

1. USAF/SG.
2. AFMOA/SGAL.
3. MAJCOM/SG.
4. AMC/SG.
5. AFFOR/SG.
6. AFMLOC.
7. MTF commander.
8. Any four of the following: (1) Ensure all authorized contingency medical materiel assemblages are established and levels loaded in the DMLSS system; (2) Maintain and deploy all contingency materiel assemblages in the highest state of materiel readiness; (3) Ensure that all assigned contingency medical materiel assemblages are inventoried IAW published guidance and policy; (4) Provide information on materiel status of all assigned contingency medical materiel projects IAW AFI 41-106 to Team Chiefs and the MRC; (5) Annually review and validate assigned assemblages as listed on the AFMS MRL and units DOC statement; (6) Ensuring the proper storage of all assigned WRM assemblages; (7) Develop activation checklists for medical logistics contingency response activities.

611

1. The MRC.
2. (1) SORTS updates.
   (2) Training and exercise schedule updates.
   (3) Deployment after action reports.
   (4) Results of inspections.
   (5) Status of medical unit readiness training.
   (6) AFSC-specific training status update.
   (7) Status of deployed personnel.
3. Status of all assigned WRM assets.
4. The base that has been selected to develop and maintain the LOGDET and ASs for a UTC.
5. The standard movement requirements for a UTC.
6. (1) Submit and coordinate UTC/AS changes through its MAJCOM.
   (2) Develop manpower detail in conjunction with the MEFPAK responsible command.
   (3) Develop LOGDET using the appropriate AS as the source document, based on the mission capability of the UTC.
   (4) Coordinate recommended changes to LOGDET and manpower detail with non-pilot units.
7. At least annually.
8. 31 December.

612

1. Your requirements.
2. What you already have on-hand or due-in.
3. Replenishment List.
4. Through the AM navigate menu; select ORDERS, and then REPLENISHMENT LIST. You may also click on the REPLENISH button located on the horizontal toolbar while in the AM module.
5. Rollup Requirements.
6. Stock Target Criteria.
7. Prime-substitute.
8. Deferred procurement.
9. Assemblage Funds Requirements Estimate.

10. Dated Items Summary.

613

1. By use of a three-position number.
2. By a single alpha character that is used in conjunction with the project code.
3. As a single number immediately following the increment.
4. The specific section within an increment.
5. AFML website.
6. ITEM ALLOWANCE CHANGE.
7. To retrieve a list of all assemblages that have an existing allowance for the entered item ID.
8. New Allowance.
9. Create the record.
10. Associate the new allowance to the applicable assemblage.

614

1. PAR.
2. Force health protection prescription.
3. All authorized active and reserve military personnel designated for overseas deployment in wartime.
4. AFMOA/SGAL.
5. 30.
6. BW/CW.
7. In bulk to the troop commander.
8. They are prescribed by the member's medical provider and dispensed by the servicing pharmacy.

615

1. The host stock record account.
2. Materiel will be simulated.
3. A courier.
4. Their home station Medical Logistics activity.
5. 10 mg.
6. 1 gram.
7. Three.
8. 42 per individual.
9. Doxycycline.
10. O&M.

616

1. SYSTEM SERVICES.
2. ASSET REVIEW.
3. Replenishment.
4. Lowest to highest cost.
5. Repeats the process with the noncritical shortages.
6. Retain the replaced item as long as it is serviceable and supports the requirement.

617

1. ASSEMBLAGE RECORD DATA.
2. Click STRAT STATE, and select a new classification from the dropdown menu.
3. The information is still available for you to view; however, DMLL will not permit you to process updates.
4. “Delete location record when the on-hand quantity is zero” section.

5. Open the ASSEMBLAGE RECORD DATA window, click ADD LOC button on the vertical toolbar, and enter the quantity to gain.
6. DELETE LOC.
7. SPLIT LOC.
8. MERGE LOC.
9. (1) Select UTILITIES, and click on MAINTAIN LOCATION.
   (2) Select ADD under the location or sublocation section.
   (3) Click OK to close the data entry window, the click DONE to close the window.
10. (1) Click the ADD ITEM button on the vertical toolbar to open the INVENTORY ADD ITEM-LOCATION DATA window.
    (2) Enter the Item ID and press the enter key.
    (3) Enter the quantity you are gaining and complete the remainder of the QA data.
    (4) Click the SAVE button on the toolbar to process the gain.
11. One.
12. (1) QA Alert. WRM Supply Item. Qty Required.
    (2) AM QA Delinquency Notice. Supply Item Qty WRM.
    (3) AM QA Review Only. No Action Required (WRM).

618

1. (1) Managing D&D and nondeteriorative items.
   (2) Carrying out responsibilities of materiel inspectors.
   (3) Initiating medical materiel complaints.
   (4) Maintaining the QA/RM file to include actions taken on DOD MMQC messages.
   (5) Taking action on suspended stocks and on destruction notifications.
2. (1) Commingle operating and WRM stock to the greatest extent possible.
   (2) Store stock in such a way to ensure the oldest stock is issued, consumed, or replaced first.
3. DHA MEDLOG.
4. Type I.
5. Type II.
6. (1) PV Credit Returns.
   (2) SLEP.
7. Maintain in the assemblage until replacement stocks are received.
8. For health and legal reasons.

619

1. DHA MEDLOG, with input from the service agencies.
2. $10K.
3. Service managers.
4. Five business days.
5. 60 to 90 days.
6. Until all products are used or the product fails testing.
7. 6505.
8. DD Form 1575, Suspended Tag Materiel.
9. FDA Test.
10. 90 days.
11. The source, location of where the relabeling will take place, number of personnel needed, estimate of the maximum number of personnel deploying, estimate of how long the relabeling will take, and responsibilities for relabeling assets for ARC units.

12. MRC, annually.

620

1. At least every 24 months.
2. 60 days.
3. Select the assemblage to inventory.
4. Go to the item catalog record and load a valid SOS against the item.
5. (1) From the NAVIGATE menu, select PHYSICAL INVENTORY, GENERATE COUNT LISTS.
   (2) Select the count information, count list breaks, set the count list sort criteria for the inventory segment and click OK.
6. GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN.
7. (1) Use the STATISTICS button on the vertical toolbar of the GENERATE COUNT LISTS AND ASSIGN TEAMS TO AM ICN window.
   (2) Open the AM INVENTORY CONTROL NUMBER STATUS window by selecting the AM NAVIGATE menu, PHYSICAL INVENTORY, CONTROL NUMBER STATUS.
8. AM ENTER COUNTS FOR PHYSICAL INVENTORY (ICN)
9. From the AM NAVIGAGE menu, select PHYSICAL INVENTORY, RESEARCH DISCREPANCIES.
10. BALANCES.
11. POST-INVENTORY ACTIONS.
12. Finalizing the inventory.
13. Inventory Adjustment Voucher.
14. Missed Location Count List.
15. Preview-Inventory Accuracy Analysis.

621

1. (1) The assemblage, or any part of the assemblage, is not in inventory freeze status.
   (2) There are no commingled items in the assemblage.
   (3) Funds for transfers to other MTFs or field units have been disassociated.
   (4) Required reports are printed.
2. Commingled Picklist.
3. End Item/Consumable Item Relationship Report.
4. AM ASSEMBLAGE LOSS.
5. CD/DVD-RW drive (D:/).
6. The in-shipment disk (CD/DVD).

622

1. Assemblage Allowance Change.
2. Assemblage Funds Requirements Estimate.
3. Assemblage Funds Status Report.
4. Assemblage Status Rollup.
5. Assemblage Status Summary.
6. Organization Status Report

623

1. An assemblage that was purchased with the customer’s O&M funds.
2. SVC/Customer, expense center, and project center.
3. Their assemblage.
4. From the AFML website.
5. AM NON-STANDARD ASSEMBLAGE LOAD.
6. (1) Funding is directly associated to the service customer.

(2) You have the ability to bypass acquisitions and order materiel directly from the SOS.

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

Unit Review Exercises

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

Do not return your answer sheet to AFCDA.

37. (610) Who acts as the primary point of contact (POC) for the Combined Air Operations Center (CAOC), deployed units, and sustaining bases on medical materiel and supply chain issues?
    a. ABMSO.
    b. AFFOR/SG.
    c. AFMLOC.
    d. AFMOA/SGAL.

38. (610) Who must approve the loan of a unit's war reserve materiel (WRM) materiel?
    a. WRM project officer.
    b. Chief of AFMOA/SGAL.
    c. Medical readiness officer.
    d. Medical treatment facility (MTF) commander.

39. (611) Which responsibility belongs to the Medical Readiness Committee (MRC)?
    a. Environment of care status.
    b. In-bound personnel updates.
    c. Status on deployed personnel.
    d. Updates on inspection schedules.

40. (611) What type of information is included in the Logistics Detail (LOGDET)?
    a. Dimensions.
    b. Expiration dates.
    c. Inspection results.
    d. Training updates.

41. (611) Which of the following is a pilot unit responsibility?
    a. Submit unit type codes/allowance standards (UTC/AS) changes to the major command (MAJCOM).
    b. Develop Air Force specialty code (AFSC)-specific logistics training.
    c. Submit deployment after action reports.
    d. Validate LOGDET every two years.

42. (612) Before you can fund, procure, or replace war reserve materiel (WRM), you must first identify
    a. the source of supply.
    b. the purchasing agent.
    c. your storage capacity.
    d. your requirements.

43. (612) Which function is used to review Logistics (LOG)-owned assemblage shortages and to determine a method to satisfy those shortages?
    a. Deferred procurement.
    b. Replenishment List.
    c. Logistics detail.
    d. Action required.

44. (612) Which search tool is used to combine multiple requirements for the same item identification (ID) into a single replenishment requirement?
    a. Allow quantity.
    b. Available assemblages.
    c. LOG order.
    d. Rollup.

45. (612) Which search tool is used to identify the percentage of noncritical items you wish to procure?
    a. LOG order.
    b. Allow quantity.
    c. Stock target criteria.
    d. Available assemblages.

46. (613) How are military war reserve materiel (WRM) projects identified in an allowance standard (AS)?
    a. Single-position alpha character.
    b. Single-position number.
    c. Three-position numeric code.
    d. Six-position alpha-numeric code.

47. (613) Where can you obtain the most recently published allowance standard (AS) levels?
    a. AFML Web site.
    b. USAMMA Web site.
    c. MTF readiness office.
    d. AFMLOC readiness office.

48. (614) Which biological warfare/chemical warfare (BW/CW) item is also a controlled item?
    a. CANA.
    b. ATNAA.
    c. Mefloquine.
    d. Pyridostigmine.

49. (614) When individuals are deploying in small numbers or by themselves how do they obtain their biological warfare/chemical warfare (BW/CW) antidote kits?
    a. Dispensed by pharmacy.
    b. Delivered by troop leader.
    c. Issued by medical logistics.
    d. Signed-out by medical readiness.

50. (615) How should biological warfare/chemical warfare (BW/CW) assets be used during an exercise?
    a. Issue all materiel to include controlled items.
    b. Issue everything except for controlled items.
    c. Move simulated materiel to mobility line.
    d. Simulate movement of all items.

51. (615) How are biological warfare/chemical warfare (BW/CW) assets delivered to the deployed Medical Logistics function?
    a. Commercial transportation.
    b. Tasked 4A1 personnel.
    c. Troop commander.
    d. Military air cargo.

52. (615) How does a troop commander complete the biological warfare/chemical warfare (BW/CW) audit trail?
    a. Return documentation to the home station MEDLOG.
    b. Turn the documentation into the deployed MEDLOG.
    c. Return the items to the home station MEDLOG.
    d. Turn the items into the deployed MEDLOG.

53. (615) How many antidote treatment nerve agent autoinjectors (ATNAA) are authorized for each individual?
    a. One.
    b. Two.
    c. Three.
    d. Four.

54. (616) What Assemblage Management (AM) window allows users to review assemblage allowance standard (AS) requirements that have an overage or shortage, for a specific assemblage?
    a. LOG ORDERS.
    b. ASSET REVIEW.
    c. LOGISTICS DETAIL.
    d. REPLENISHMENT LIST.

55. (617) Which Assemblage Record Data location button allows you to manually get rid of location codes?
    a. SPLIT.
    b. MERGE.
    c. DELETE.
    d. REMOVE.

56. (617) Which Assemblage Record Data location button allows you to insert additional locations for an assemblage data record?
    a. ADD.
    b. SPLIT.
    c. MERGE.
    d. INTRODUCE.

57. (617) How are you notified when a received war reserve materiel (WRM) item is flagged as having a quality assurance (QA) alert?
    a. ASSEMBLAGE MANAGEMENT INBOX.
    b. INVENTORY MANAGEMENT INBOX.
    c. Pop-up message during inventory.
    d. Pop-up message during receipt.

58. (618) Which definition most closely matches the term *commingle*?
    a. To store heavier objects closer to the ground.
    b. To ensure the oldest stock is used first.
    c. To separate to prevent accidental use.
    d. To maintain in a single location.

59. (618) Which type of shelf life items may be *extended only through* the Food and Drug Administration/ Department of Defense Shelf Life Extension Program (FDA/DOD SLEP)?
    a. 0.
    b. I.
    c. II.
    d. III.

60. (619) How much total Air Force stock must be available to be economically feasible to Shelf Life Extension Program (SLEP) test an item?
    a. $10K.
    b. $20K.
    c. $30K.
    d. $40K.

61. (619) Shelf Life Extension Program (SLEP) items extended by the Food and Drug Administration (FDA) will be relabeled, down to the unit of issue, within how many days after receiving notification of extension?
    a. 30.
    b. 60.
    c. 90.
    d. 120.

62. (620) Stored war reserve materiel (WRM) assemblages must be inventoried every
    a. 12 months.
    b. 24 months.
    c. 36 months.
    d. 48 months.

63. (620) While in the Assemblage Management (AM) PHYSICAL INVENTORY window, what is the *first step* to initiate an inventory?
    a. Enter counts.
    b. Assign teams.
    c. Generate count list.
    d. Select the assemblage.

64. (620) Which Assemblage Management (AM) inventory report identifies the gain/loss transactions that will result if you finalize the inventory with the currently available count information?
    a. Missed Location Count List.
    b. Inventory Accuracy Analysis.
    c. Preview-Inventory Accuracy Analysis.
    d. Potential Inventory Discrepancy Report.

65. (621) Which criterion must be met prior to processing a war reserve materiel (WRM) out-shipment loss?
    a. Ensure assemblage is in “freeze” status.
    b. Required reports have been saved to disc.
    c. There are no commingled items in the assemblage.
    d. Funds for transfers to other MTFs have been associated.

66. (622) Which war reserve materiel (WRM) report identifies, by selected assemblage(s), the funding required to bring materiel availability percentages up to the selected critical and noncritical percentages?
    a. Assemblage Funds Requirements Estimate.
    b. Assemblage Funds Status Report.
    c. Assemblage Status Summary.
    d. Assemblage Status Rollup.

67. (622) Which war reserve materiel (WRM) report identifies the number and type of assemblages owned by all accounts?
    a. Assemblage Status Summary.
    b. Assemblage Status Rollup.
    c. Organization Status Report.
    d. Assemblages Managed.

68. (623) A Defense Medical Logistics Standard Support (DMLSS) customer-owned assemblage is an assemblage that
    a. is maintained by Medical Logistics.
    b. is maintained by Medical Readiness.
    c. was purchased with AFWCF/MDD funds.
    d. was purchased with MTF O&M funds.

69. (623) What information should be verified *before establishing* a Defense Medical Logistics Standard Support (DMLSS) customer-owned assemblage?
    a. Funding is available.
    b. Custodian is assigned.
    c. Appointment letter is on file.
    d. Service/customer account is established.

70. (623) What is a main difference with customer-owned replenishments when compared to Assemblage Management (AM) replenishments?
    a. Funding is directly associated to the service customer.
    b. Expiration dates do not need to be tracked.
    c. You must use the acquisitions department.
    d. Load sheets are issued by AFMOA.

Please read the unit menu for unit 3 and continue ➔

Student Notes

Unit 3. Expeditionary Medical Materiel Operations

THE AIR FORCE MEDICAL SERVICE is tasked with providing medical support to the Air Force throughout the full range and scope of expeditionary operations. Since the end of the Cold War, the AFMS has transformed into a light, lean, life-saving, and mobile expeditionary medical force. By modularizing medical assets, health service support is a properly tailored response in all contingencies. Deployable modular aeromedical evacuation (AE) units provide the interface between the ground-based expeditionary medical contingency support units and the critical care capable AE system. The build up of AE modular support, concurrent with the build up of ground-based medical support units, ensures that timely evacuation of casualties occurs. The AFMS remains committed to ensuring a uniformed medical service is relevant to supporting the Air Force mission. But how does medical logistics tie into this commitment? In this final unit, you will review some basic concepts of field operations, special expeditionary considerations, and classified systems, all things that you may encounter during your involvement with expeditionary medical materiel operations.

3–1. Field Operations

In this first section, we will look at two different, yet equally important, aspects of being an expeditionary medical materiel journeyman. In the first lesson, you will learn about the concepts and processes used while being a deployed 4A1X1. Then, you will look at the challenges involved with moving and receiving temperature sensitive materials while in the field and while at home-station.

624. Expeditionary Medical Logistics

The Expeditionary Medical Logistics (EML) system is designed to provide time-definite support and sustainment to deployed AEFs. It also provides tailored logistics support to the deployed medical unit through the use of predetermined supply chains. To meet this requirement, medical logistics personnel must have the knowledge and training to successfully sustain a deployed medical force through the full spectrum of military operations. EML criteria include:

- On time.
- 100 percent fill.
- 96-hour customer wait time (must meet or beat this target).
- Begins within 24–48 hours of deployment.
- “Pull” not “Push” resupply.
- 100 percent positive control of the supply chain.

Expeditionary Medical Logistics concepts

The EML system consists of two main concepts: focused logistics and agile combat support. Both concepts are required to meet AEF deployment and sustainment challenges.

Focused logistics

Focused logistics is the combination of information and logistics technologies needed to ensure that the right materiel arrives at the right time, at the right place, and in the right quantity, every time. The primary goal of focused logistics is a compression of the customer wait time. To achieve this goal, customers and suppliers must employ effective information management practices and have timely access to reliable and secure telecommunication channels.

The focused logistics supply system uses high velocity, time definite transportation to manage mission and logistics requirements while minimizing the reliance on stockpiles. New transportation systems enable the shift from supply-based systems to direct vendor or prime depot delivery.

Agile combat support

Agile combat support is the second concept supporting EML and it is crucial to the Air Force philosophy of power-generation—the deployment of Air Force personnel primarily from the CONUS. Agile combat support is the rapid movement of required materiel directly from "factory to flight line," providing a "reachback" sustainment capability for medical and other deployed personnel, which allows for a much smaller logistical footprint in the operating theater.

Expeditionary Medical Logistics process

The EML process may use a sustaining base to receive deployed medical unit requirements and to process orders through approved vendors or depots that meet strict Air Force availability, time, and shipping criteria. Commercial transportation is used as far forward as possible, where it then flows into the military transportation system. In a mature theater, there may be a TLAMM element linked to the combatant commands, Joint Task Force (JTF)/SG, Air Force Forces (AFFOR)/SG, deployed medical units, sustaining base, and AFMLOC. When a TLAMM is established, it becomes the deployed unit's primary POC for materiel and equipment support in theater. The sustaining bases will still be available for emergencies and support when the TLAMM is unable to provide support.

The sustaining base receives requests for materiel from deployed units and takes necessary actions to ensure 100 percent of all requests are transmitted to vendors/depots, and in turn, are immediately purchased, packed, marked, and shipped, so that the deploy unit receives the materiel on time. There are many locations however where temporary AEF's have evolved into long-term deployments. In these locations, the sustaining base may *not* be the initial base that receives orders; rather orders may be transmitted to the area of responsibilities (AOR) medical materiel depot.

The number of nodes or hand-offs (AFMLOC, deployed unit, sustaining base, TLAMM, area of responsibility [AOR] depot) must be minimized. Meanwhile, consolidation points must be avoided, whenever possible, to allow materiel to flow rapidly and nonstop. Reliable worldwide telecommunication support and internet access are essential to facilitate information flow among system users throughout the supply chain and to ensure in-transit visibility (ITV) of materiel. The EML system is the linking process for a complex supply chain.

Deployed unit

The deployed unit is a war reserve medical assemblage that provides medical support in response to war, contingencies, disasters, humanitarian operations, exercises, or any operation that requires moving the assemblage from storage to operational use. The EML process provides materiel resupply to the deployed units. The foundation of the success of EML is dependent on pre-deployment actions. Success begins with attention to detail during the day-to-day, peacetime management of the medical assemblage and its associated personnel. Maintaining a high readiness capability, such as a full complement of supplies and equipment and fully trained personnel, is vital to the success of EML. The deployed unit's primary responsibility upon arrival at the deployed location is to establish a *reliable telecommunication link* (voice and data) to the sustaining base. Without reliable communications, providing adequate logistics support is difficult.

Sustaining base

In the employment phase of the operation, the EML process shifts the administrative burden of medical logistics from the deployer to the sustaining base and to other logisticians in the supply chain. The sustaining base is the materiel "lifeline" of the deployed medical unit. By assuming the bulk of the supply chain administrative, sourcing, and tracking functions, the sustaining base augments the deployer's limited logistics resources. Equally important, the sustaining base is the deployed unit's medical materiel information lifeline. The sustaining base's primary function is to receive the deployed unit(s)' requisitions, channel those requisitions to the most appropriate source (based on availability), and monitor the shipment of all materiel to the requesting unit. The FFLG1 (UTC code for medical materiel deployment team) team members may deploy, as needed, to supply and distribution nodes along the supply chain to facilitate and expedite the movement of materiel and to assure continuity of operations. The FFLG1 teams may also deploy to the sustaining base, if needed, to augment existing staff.

Air Force Medical Logistics Operation Center

The AFMLOC is the center for Air Force medical supply chain management. The AFMLOC is the focal point for coordinating and integrating medical logistics planning and support. The AFMLOC functions as the supply chain manager, and creates and maintains responsive, visible sustainment to the theater combatant commander and to the deploying/deployed forces. The AFMLOC synchronizes information, commercial technology, logistics, and transportation strategies to meet the full spectrum of operational requirements.

Transportation

The transportation function is outside the direct control of medical logisticians, therefore, medical logistics and the transportation community must work hand-in-hand to develop executable medical cargo movement plans. Cargo movement throughout the transportation chain is considered ineffective unless 100 percent ITV is maintained. Medical logisticians must employ existing military information systems and commercial transportation service provider world-wide-Web tracking sites to monitor and maintain ITV of medical cargo. ITV information is "pushed" to all participants in the supply chain. Each transit point in the cargo flow transmits shipping data to all previous transit points and all planned subsequent transit points. The primary recipient of all movement data should be the deployed unit.

625. Cold chain management

Cold chain management is the process of preparing temperature sensitive medical products (TSMP) for shipment utilizing approved systems and procedures. This includes ensuring that the required temperatures are maintained throughout the supply chain and validating that those conditions are met during all phases of distribution until issue or administration. TSMPs include anthrax and smallpox vaccines.

The Distribution Operations Center

The US Army Medical Materiel Agency (USAMMA) has the exclusive mission of the distribution management of anthrax and smallpox vaccines for the DOD. The Distribution Operations Center (DOC) was established in 1998 specifically for the distribution of anthrax vaccine to implement the mandate to vaccinate the entire military force. In the same year, approximately 200,000 doses of anthrax shipped to the US Army Medical Materiel Center Europe (USAMMCE) were frozen and lost because they were packed in ice.

The main objective of DOC is the distribution of TSMPs that are safe and effective, to members deployed to high threat areas (HTA). Knowing how to properly handle these products greatly minimizes the chances of loosing or compromising the product. Employment of cold-chain management principles has netted a 99.8 percent success rate in shipping vaccine from the manufacturer directly to the requesting site. The World Health Organization estimates that 60 percent of vaccine shipments are temperature compromised–either excessively warm or cold. In recent years,

other refrigerated vaccines such as influenza vaccine have also been lost due to the same problems. All personnel involved in the packing storing and distribution of these refrigerated vaccines, not just anthrax vaccine, must realize that exposing the vaccine to any freezing material can potentially nullify the potency of the vaccine.

Principles of cold chain management

Cold chain management distribution is a combination of product, packaging, logistics, mechanical hazards and weather. Cold chain is a risk management system intended to assure the quality and safety of the product to the point of use. As with any system with uncontrolled variables, in this case weather, there will always be failures. The four key principles of cold chain management are:

1. Use of insulated shipping containers to keep products chilled at proper temperature and prevent freezing.
2. Inclusion of temperature monitoring devices.
3. Rapid movement of products - Partnership with commercial carriers to guarantee express delivery from origin to user sites and maintain asset visibility and control throughout the distribution process.
4. Key involvement with knowledgeable customers (internal and external).

If you do not follow all of these principles, you will not achieve the intended goal of moving the product from point A to point B while assuring that required shipping temperatures were maintained and validated.

Factors affecting TSMPs

Temperature sensitive pharmaceuticals can be affected or compromised by several factors. Major contributors to the loss of TSMPs include, but are not limited to:

- Improper temperature control during storage and shipping.
- Inadequate or improperly calibrated temperature control systems.
- Melting.
- Contamination.
- Accidental freezing.
- Lack of knowledge of cold chain management procedures by personnel handling the materiel.

Currently, the worst TSMP enemy is freezing. Approximately 90 percent of the TSMP losses occur because of freezing. Freezing causes crystallization of the liquid component of the vaccine. As the water crystallizes, there is a physical grinding of the vaccine structure. If this continues long enough, the potency of the vaccine degrades. This is the reason that gel packs used for cooling the vaccine can not be placed in a freezer, since the temperature of freezers are generally set at zero degrees Fahrenheit (°F). Gel packs this cold (32 degrees below freezing) are cold enough to freeze the vaccine without actually placing it in a freezer.

Storage and handling categories

You must exercise care in preparing and planning shipments to provide for temperature variations, multiple handling and extended periods of time in transit. Use the appropriate containers and shipping forms to reduce the risk of damage. There are specific storage and handling categories of TSMPs.

Frozen products

To prevent deterioration of or other damage, frozen products must stay in a frozen state according to the manufacturer’s storage temperature requirements until ready for use. Storage temperature for frozen products is between -17 degrees Celsius (°C) and -20 °C (1°F and -4°F). Use dry ice with this type of product.

Refrigerated (chilled) products

To prevent deterioration or other damage, refrigerated products must stay in a chilled state according to manufacturer's storage temperature requirements. Medical products requiring chill storage may be subject to damage if frozen. Storage temperature for chilled products is between 2°C and 8°C (36°F and 46°F).

Limited unrefrigerated products

Other medical materiel requiring constant refrigeration in storage, in some cases can be shipped unrefrigerated for varying periods without adverse effect. The temperature for this type of product must be maintained between 0°C and 35°C (32°F and 95°F).

Other considerations

You must afford the degree of protection necessary to prevent the deterioration or other damage of TSMPs caused by hazards the item may be subjected to during shipment.

The purpose of cold chain management is to minimize risk by measuring and understanding thermal exposure in the uncontrolled segments of the distribution system. A well planned and executed quality-monitoring program can identify and classify failures that do occur and identify areas that need tighter controls to prevent reoccurrences.

Self-Test Questions

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

624. Expeditionary Medical Logistics

1. What is the EML system designed to do?

2. The EML provides tailored logistics support to deployed medical units through the use of what?

3. How long after deployment does EML begin?

4. The EML system consists of what two main concepts?

5. Define *focused logistics*.

6. Define *agile combat support.*

7. When established, will be used by deployed units as their primary in-theater materiel and equipment POC?

8. Whenever possible, what should be avoided to allow materiel to flow rapidly and nonstop?

9. The deployed unit's primary responsibility upon arrival at the deployed location is to establish what with the sustaining base?

10. Which team may deploy to supply and distribution nodes along the supply chain to facilitate and expedite the movement of materiel?

11. Which activity is at the center of Air Force medical supply chain management?

12. With whom must Medical Logistics work hand-in-hand with to develop executable medical cargo movement plans?

625. Cold chain management

1. What term is used for the process of preparing temperature sensitive medical products for shipment?

2. Who has the exclusive mission of distributing anthrax and smallpox vaccines for the DOD?

3. List the four key principles of cold chain management.

4. What is the worst enemy to TSMPs?

5. What is the storage temperature range for frozen products?

6. What is the storage temperature range for refrigerated products?

7. What is the storage temperature range for limited unrefrigerated products?

8. What is the purpose of cold chain management?

3–2. Special Considerations

In this section, you will look at two unique situations that you may encounter when working with WRM and contingency response assemblages. In the first lesson, you will review the Patient Movement Items program. In the second lesson, you will look at the basics of the Logistics Module system.

626. Patient movement items

Patient movement items are the jointly designated supplies and equipment necessary to support patient movement and AE. Medical Logistics personnel manage inventory availability (at PMI centers and cells), asset visibility, and flow of PMI through available transportation methods to meet requirements.

A major factor in the movement of patients through the levels of care is to ensure specific medical equipment and durable supplies designated as PMI are available. The PMI system supports the in-transit patient care capability without removing equipment from patients, exchanges in-kind PMI without degrading medical capabilities, and provides prompt recycling of PMI. The system provides a seamless in-transit patient and/or equipment management process from initial entry into AE to the patient's final destination.

Due to the small footprint of some medical facilities, providing medical supplies and equipment to accompany patients through the evacuation process may be difficult. Therefore, PMI should be coordinated in advance with the AE system, since most items can be provided from the AE staging base. PMI accompanies a patient throughout the chain of evacuation, from the originating MTF to the destination MTF. PMI centers "push" equipment to the forward locations where patients encounter the AE system. During contingency operations, the AE cell under the theater combatant commander, directs the PMI activities for that theater.

Purpose of patient movement items

The main purpose of the PMI program is to prevent degradation of the capabilities of medical elements due to an outflow of PMI with patients. The program manages all PMI assets and provides sufficient assets to sustain AE operations or provide for in-kind exchange when PMI must accompany a patient while in the AE system. The Joint Readiness Clinical Advisory Board (JRCAB) has identified certain core PMIs that are critical to patient care, which are certified for AE operations, and managed under this program. While needs of the other Services may not require all of the items, the USAF program addresses all of them. The objectives of the PMI program are to:

- Retain PMI assets by the military medical services. This is necessary to maintain the overall readiness posture of the medical services, and to sustain patient transport/care through the AE system.
- Maintain item serviceability through a structured preventive maintenance program and timely repair services.

To facilitate accomplishing the above objectives, PMI requires an information/data system that is capable of globally tracking the items and providing timely management information. As a result, medical assets are not only being in the right place at the right time, but also maintained with appropriate accountability and asset visibility.

Tracking patient movement items

The PMI system is an in-place concept used to retain, manage, and redistribute PMIs. Without this system in place, there would be a one-way flow of goods out of the respective theaters, thus depleting the capabilities for both the MTFs treating the casualties and the AE system that transports the patients. The tracking system includes asset visibility for military personnel to determine locations of equipment by grouping (e.g., by WRM project), what equipment is at a specific location, and where a specific piece of equipment is to be found.

When an MTF prepares a patient for AE, certain PMI accompanies the patient. It is the losing MTF's responsibility to furnish sufficient, fixed-wing approved PMI necessary to support the patient for the duration of the AE movement. Because the AE system structure to/from and within a theater is normally established before supporting medical logistics services are available, there must be an assurance of PMIs available in sufficient quantities. The PMI program, through its additional assets for AE or as an exchange feature, ensures that MTF capabilities are not unduly diminished (**NOTE:** MTF may refer to a forward medical element using PMI for patient care/transport).

Patient movement items center inventory management

USAF guidance was developed for the Medical Logistics management of PMI inventories. Centers receive assets centrally purchased by the Air Force Medical Support Agency (AFMSA) and manage them with the PMI center considered as another using activity of an MTF. As different makes/models of PMI are brought into the PMI program inventory, PMI centers collocated with an active duty AE squadron that performs routine, scheduled missions should coordinate with the AE unit and perform a one-for-one serviceable item exchange. The purpose is to have the active flying crews use the most current versions (models) of PMI. Exchanged items are retained at the PMI center and counted as interim capability until those older versions are replaced or deployed for contingency purposes. Air Mobility Command (AMC/SG) is responsible for identifying quantities of PMIs for each PMI Center and "live mission" active duty AE units and publishes them in an allowance standard.

Manpower demands

Management intensity and demand for biomedical maintenance of PMI increases significantly during a contingency. Normal staffing levels (peacetime) must be augmented by deployed personnel. UTCs are maintained for packages of deployable medical logistics (4A1X1) and biomedical equipment maintenance (4A2X1) personnel. Medical Logistics personnel must be concerned with inventory availability (at centers, cells, and aeromedical staging activities), asset visibility, and flow of PMI through available transportation methods to meet requirements. The biomedical maintenance technicians focus on item serviceability (at a center) and the timeliness and quality of biomedical services.

Patient movement items

Specific Global Patient Movement Joint Advisory Board (GPMJAB) and Defense Medical Standardization Board (DMSB) approved medical equipment and durable supplies required to support the patient during evacuation are referred to as PMI. Examples of PMI include ventilators, litters, patient monitors, and pulse oximeters. The items may change due to deletions, modernization replacement, or updates to operational guidance.

Patient movement items: unit type codes

Primary PMI teams are composed two different UTCs: medical material specialists (FFLG1) and BMETs (FFBMM). Combined, this logistics team provides manpower for operational management of a PMI center. Medical material teams will manage PMI equipment, supplies, accountability/acquisition of required material, and facilitate equipment recycling, scanning, and tracking in the Patient Movement Items Tracking System (PMITS). Equipment repair teams support regional maintenance and repair capability for equipment in PMI centers and/or cells. These teams will provide scheduled preventative maintenance and calibration, repair and maintenance services, and updates to the PMI information system.

Secondary PMI equipment packages and teams include the following UTCs:

- FFBM1–Deployable medical calibration and maintenance equipment team who performs biomedical maintenance on the deployed PMI.
- FFQP3–A notional UTC team comprised of PMI that can be tailored to a specific need to include whatever PMI equipment/supplies are necessary for a deployed site.
- FFQP4–Deployable PMITS used to track PMI in the deployed area. It consists of a backpack, PMITS laptop, external hard drive, and scanners.

627. Logistics module

LOGMOD is a logistics-planning program that receives and maintains the cargo and personnel details for UTCs and taskings. The system is used to maintain detailed cargo records such as those associated with our WRM assemblages. It also provides Air Force MAJCOMs, base-level logistics planners, and unit deployment managers with the capability to plan and execute deployments supporting the worldwide movement of forces

LOGMOD's standard input, editing, and storage capabilities produce the materiel, packing, and load lists for base deployment plans. It updates UTC packages after they are tailored to a given contingency and modifies deployment documents to comply with tailored requirements. Deployment officers provide data to their local logistics plans function for input into LOGMOD, and the module produces reports and logistics planning files for higher headquarters and the base-level lists used in deployment operations and exercises.

Modules

LOGMOD consists of four interconnected modules: Logistics Force Packaging (LOGFOR), Logistics Planning Module (LOGPLAN), Deployment Schedule of Events (DSOE), and Unit Deployment Management (UDM).

Logistics Force Packaging

LOGFOR provides the capability to create and maintain the standard logistics details consisting of supplies and equipment for each UTC in the Air Force. This module provides the planning foundation for strategic airlift requirements. The product generated by LOGFOR is called the Logistics Detail or LOGDET.

LOGDET provides equipment planning data for deploying units and the foundation for individual force capability strategic airlift requirements estimates for planning.

Logistics Planning Module

LOGPLAN provides the capability to customize the unique UTC database of equipment and supplies for each tasking (OPLAN [operations plan]/CONPLAN [concept of operations plan]) which include Air Force assets. Tailored UTC information developed in LOGPLAN must be manually transferred to the Deliberate Crisis Action Planning and Execution Segments (DCAPES) system to ensure time-phased force deployment data (TPFDD) includes correct movement requirements data. This database is called the Logistics Plan File (LPF). LOGPLAN contains two subsystem modules:

Deployment Schedule of Events

DSOE is a LOGPLAN subsystem. This module provides users with an automated capability to plan, schedule, and monitor the deployment actions that support the movement of forces.

Unit Deployment Management

UDM is a LOGPLAN subsystem that is used by the unit deployment manager in preparation for and execution of deployment taskings.

Usage

LOGMOD utilizes LOGFOR to create and maintain the standard logistics details, consisting of supplies and equipment, for all AF UTCs that have associated supplies and equipment. At the installation/wing level, it provides the capability to schedule, monitor, and control movement of cargo and personnel via air or surface modes of transportation. Specifically, it provides information to the rest of the Air Force on your WRM projects. LOGMOD allows you to organize your assemblages by specifying your materiel requirements, including the number of 463L pallets, hazardous items, weights, dimensions, and cubes. This information is used to request the appropriate aircraft for

transporting the WRM to deployed locations. This system provides packing lists, placards, and other management listings.

Back-up system

LOGMOD-Stand Alone (LSA) is used as a back up to LOGMOD. This system is a unit level program that manages personnel and cargo data in an off-line mode. LSA contains similar capabilities as LOGMOD and is a tool available when LOGMOD is not available.

Self-Test Questions

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

626. Patient movement items

1. What are patient movement items?

2. What is a major PMI factor in the movement of patients through the levels of care?

3. PMI centers “push” equipment to which locations?

4. What is the main purpose of the PMI program?

5. Who identifies core PMIs that are critical to patient care, certified for AE operations, and managed under the PMI program?

6. Who is responsible for identifying quantities of PMIs for each PMI Center and “live mission” active duty AE units and publishes them in an allowance standard?

7. What are the main PMI concerns for deployed Medical Logistics personnel?

8. PMI teams consist of what two UTCs?

627. Logistics module

1. What system is a logistics-planning program that receives and maintains the cargo and personnel details for UTC’s and taskings?

2. List the four interconnected modules that make-up LOGMOD.

3. Which module provides the planning foundation for strategic airlift requirements?

4. What is the name of the product generated by LOGFOR?

5. Which module provides the capability to customize the unique UTC database of equipment and supplies for each tasking?

6. Which subsystem provides users with an automated capability to plan, schedule, and monitor the deployment actions that support the movement of forces?

7. LOGMOD information is used to request *what* for transporting WRM to deployed locations?

8. What system is used as a back-up to LOGMOD?

3–3. Classified Systems

Congratulations! You have made it to the last section of this course. In a short time, you will be taking your course exam over all four volumes. Remember – adequate preparation is your key to success. In this final section, you will look at the basics of managing secure and non-secure communication devices. Afterwards, you will learn about security concerns and classified materials.

628. Secure/Non-secure communication devices

Any classified information must be transmitted by secure means. Situation Reports (SITREPS), medical surveillance, site locations, and compiled patient data are all examples of information that can be classified and needs safeguarding. The types of secure communications equipment usually available include secure telephone units (STU IIIs) and various other encryption devices. Medical or casualty information becomes an operations security (OPSEC) issue when linked to a particular military mission or operation. While medical information itself is not normally classified, in the context of a mission, it should be protected as part of the combatant commander's overall OPSEC program to deny information to the enemy. When incorporated, information protection is an integral part of all planning. *Information protection* is the protection afforded to information systems to preserve the availability, integrity, and confidentiality of the systems and the information contained within the systems. Such protection includes the integrated application of communications security, emissions security, computer security, security awareness education and training, privacy act, records management, and freedom of information act requirements. The varying degrees of security, which are required for different types of systems, must be considered on an individual basis. Each planning activity, operation, contingency or other military process must be examined to ensure security is adequate to protect the systems that support the plan. Air Force Policy Directive (AFPD) 33-2,

Information Assurance Program, covers specific responsibilities and contains additional guidance on information protection.

Logistics support planning, for fielded Air Force medical information infrastructures, should define a strategy to place only the required number of equipment sets into the hands of the first responders as well as orchestrating delivery to units conducting personnel training. Simultaneous deployments to different locations or the occurrence of surge operational units will become more self-sufficient and will reduce overall logistics support requirements. Integration of medical logistics support through interoperability with theater information management systems and other support systems through information reach back must be available to provide adequate and responsive healthcare delivery to operational forces.

Telephone and radios

Secure/non-secure telephones and radios are other communication devices used with EMEDS. Users must be familiar with the procedures and proper operation of telephone and radios prior to deployment. Secure telephones (STU IIIs) use an encryption algorithm to encode and decipher voice communications. Users should expect small delays of a few seconds when communicating with these devices.

Land mobile radios (LMR) are military specific radio equipment items that are inter-operable with a wide variety of DOD and commercial radios. Use of these radio sets in operation outside the United States and its possessions must be approved through the appropriate theater combatant commander for that particular operation.

Satellite communication

Satellite communication (SATCOM) assets are deployed with air evacuation and patient staging packages and utilize orbital satellites to transmit and receive data or communications. Though satellite connectivity is the preferred connection, factors such as bandwidth availability and combatant commander priorities may dictate other than SATCOM usage. Theater deployable communications (TDC) provides other methods for theater communications. In these cases, the theater combatant commander may direct priorities. Telemedicine, medical logistics support, video transmission, and electronic mail require SATCOM capability when there is no local area network/wide area network (LAN/WAN) connectivity or a TDC network. Satellite communications may be military or commercial systems.

629. Security and classified materials

When deployed, you may find yourself having to deal with classified material. Many DMLSS reports when added together could provide an adversary with a better understanding of our medical capabilities, mission type, and personnel size. In most cases, you will have an appointed communications security (COMSEC) reporting official and COMSEC manager assigned to the unit. You must protect classified information in accordance with DOD 5200.1R, *DOD Information Security Program: Overview, Classification, and Declassification*. The procedures set up to control and safeguard COMSEC material and information will vary in emphasis, depending on the classification of the material, extent of its use, and the operational environment. You must incorporate every possible safeguard when you develop or review plans or take planning actions. The following are considerations in applying safeguards.

Adapting to the situation

While the control procedures and safeguards employed in any given situation must be adapted to the particular plan or environment, the adaptation should consist of modifying procedures rather than omitting them.

Controlling access

Due to the need for controlled access to COMSEC material, all secure telecommunications centers should be physically separated from other work areas and entry must be strictly controlled. The COMSEC instructions should include the controls required for the physical security of the facility.

Emergency actions

If the plan requires distributing, transporting, using, or storing COMSEC material, emergency instructions must be provided. These instructions could range from the simple destruction of codes and authenticators carried aboard aircraft to a full-scale emergency action plan for a communication facility. These procedures must be given to the people who are to take the emergency actions and protect the material under emergency conditions.

Computer security accounting

The sensitivity of most COMSEC materials and the need for COMSEC managers to know the location of each item at all times require that strict accounting procedures be established to control the material. All personnel who handle, operate, or destroy COMSEC materials and equipment must use these procedures. Since proper hand-receipts for crypto-material is an important part of most operations, material accounting instructions should be included in the plan.

Flightline security

Security for COMSEC material is an important part of an air operation. The plan must outline procedures for providing adequate security for all COMSEC material handled by operations personnel for use aboard aircraft. These procedures should also cover protecting the material while it is in transit to and from the aircraft regardless of whether or not the aircraft is securely parked.

High risk area

A high-risk area is any area (land, sea, or air) where there is a strong possibility that classified COMSEC material may be compromised through either overt or covert acts by hostile forces. It may be created by political unrest leading to mob action, civil disturbance, border tension, etc. These situations must be anticipated during planning and before crypto-material is moved into such a high-risk environment. In such areas, special protective measures for crypto-material must be established. Plan guidance must restrict the type and quantity of material to the minimum needed and specify responsibility and measures to give special protection to the crypto-material. It must also include emergency destruction plans and provide for a continuing assessment of their adequacy.

Identifying classified material

Protecting information is critical to mission accomplishment. It is vital that you understand your security roles and responsibilities and take them seriously. You must provide the necessary protection to classified documents. The classification designations for classified information are:

Classified Material	
Classification	**Description**
Top Secret	Refers to information or material of which unauthorized disclosure could reasonably be expected to cause exceptionally *grave damage* to national security.
Secret	Refers to information or material of which unauthorized disclosure could reasonably be expected to cause *serious damage* to national security.
Confidential	Refers to information or material of which unauthorized disclosure could reasonably be expected to cause *damage* to national security.

You must identify all classified information clearly with electronic labeling, designation, or marking. Marking is the principal means of informing holders of classified information about the specific protection requirements for that information.

The markings and designations serve to:

- Alert holders to the presence of classified information.
- Identify, as specifically as possible, the exact information needing protection.
- Indicate the level of classification assigned to the information.
- Give guidance on downgrading (if any) and declassification.
- Give information on the source(s) of and reasons for classification of the information.
- Warn holders of special access, control, or safeguarding requirements.

Classified documents must bear these markings:

- The overall classification of the document.
- Identification of the specific classified information in the document and its level of classification (page markings and portion markings).
- The agency, office of origin, and the date of the document.
- Identification of the source(s) of classification of the information contained in the document and, for originally classified information, a concise reason for classification.
- Declassification instructions and any downgrading instructions that apply.
- Control notices and other markings that apply to the document.

Every classified document must be marked to show the highest classification of information it contains. Documents include classified information contained in information system media, audiovisual media, hardware and equipment, or other media not commonly thought of as documents. This type of material must also meet the marking and designation rules mentioned previously. The main concern is the same as other types of documents: to inform the holders of classified information about the specific protection requirements for that information.

Handling of classified materiel

Everyone is responsible for the protection of classified information from the time it is created until it is destroyed. Everyone that works with classified information is personally responsible for taking proper precautions to ensure that unauthorized personnel do not gain access to it. Specifically, custodians of classified materials are responsible for protecting and accounting for classified material at all times. When classified information is taken out of approved storage containers, keep it under constant watch and turned face down or covered with the appropriate classified cover sheet. Each unit and staff agency that processes classified information must make an end-of-day security check to ensure classified information is stored properly. An integral part of the security check system is the securing of all vaults, secure rooms, and containers used for the storage of classified material.

Working with classified information

When you work with classified material, remember that the US government trusts you. You must ensure the security of the information in your possession. This includes following Air Force policies and guidance on accessing, transmitting, and disposing of classified material you work with. No one may have access to classified information unless that person has been determined to be trustworthy and access is essential to a lawful and authorized government purpose. Divulge classified information only to people (1) with a need to know, (2) with the proper security clearance, and (3) have a signed nondisclosure agreement on file. If you doubt whether someone should have classified information, talk to your supervisor. A few moments of caution could save your career and a few years in prison! No one has the right to access classified information solely by virtue of rank or position. Even having a security clearance alone does not entitle a person to access.

Transmission of classified information

Transmit classified information and information-bearing material in a way that minimizes the risk of compromise while permitting use of the most cost-effective transmission or transportation means.

When you send classified information from one place to another, place it in two opaque, sealed envelopes or similar wrappings when the size permits. Otherwise, put the materials in two opaque, sealed containers such as boxes or heavy wrappings. As long as you meet the requirement for two covers (inner and outer), you can wrap, box, or crate the material. Packing material must be strong enough to provide security protection while in transit to keep items from breaking out of the container and help in the detection of any tampering with the container. When classified material is hand-carried outside an activity, a locked briefcase may serve as the outer wrapper.

Fold or pack written classified material so that the text is not in direct contact with the inner envelope or container. If possible, avoid materials of different classifications in a single package. However, when you must send written materials in one package, consisting of multiple classifications, put all material into a single inner envelope or container.

Addressing

Address classified material to an official government activity and not to a person. Like all administrative communications, address classified materials directly to the office that is to take action on the subject. The inner envelope or container must show the complete mailing address of the sending and receiving activities, security classification markings, and any applicable special instructions. Carefully seal the inner container so it can't be opened without leaving evidence of tampering.

The outer envelope or container must show the complete and correct address of the sending and receiving activities, including functional address symbols. It must not bear a classification marking, a list of the contents that would divulge classified information or any other unusual information or marks that might invite attention to the fact that the contents are classified.

Hand carrying classified material

Appropriately cleared personnel may be authorized to escort or hand-carry classified material between locations when other means of transmission or transportation cannot be used. Couriers must be informed of and acknowledge their security responsibilities.

Disposal of classified material

When classified materials have served their purpose, destroy them. Although the material still needs protection, there is a tendency to relax security once it has been marked for destruction. The process requires close supervision and strict compliance with prescribed procedures. The basic requirement is that classified information be protected until it has been destroyed and that destruction is complete enough to prevent recognition or reconstruction of the classified information. Classified material should be destroyed by burning, crosscut shredding, chemical decomposition, wet pulping, pulverizing, mutilation, or melting.

Summary

COMSEC users have access to COMSEC material and the responsibility for safeguarding it. COMSEC's ultimate success or failure rests with the material's individual user. The careless user or the user who fails to follow procedures for using, safeguarding, and destroying COMSEC material wastes all security efforts. COMSEC users must ensure that anyone who receives COMSEC material has authorization and has verified the individual's security clearance. Users must follow all security rules at all times. Report to the COMSEC manager any circumstances, intentional or inadvertent acts that could lead to the unauthorized disclosure of classified information, including its loss, improper use, unauthorized viewing, or any other instance that could possibly jeopardize the value of COMSEC material.

Units with a deployable mission develop procedures on handling, controlling, and protecting COMSEC materials while deployed. These procedures must include provisions for securely conducting COMSEC operations in normal and emergency situations and for safeguarding COMSEC

material. The procedures and instructions must be specific to the user's activity. The operating instruction should also include procedures on how to use COMSEC equipment.

Self-Test Questions

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

628. Secure/Non-secure communication devices

1. What is a STU III?

2. What term is used to describe the protection afforded to information systems to preserve the availability, integrity, and confidentiality of the systems and the information contained within.

3. Which equipment type uses an encryption algorithm to encode and decipher voice communications?

4. Which communication asset is deployed with the EMEDS SPEARR package?

629. Security and classified materials

1. What could an advesary gain if they added together enough DMLSS reports?

2. When adapting to a situation, rather then ommiting procedures you should do what?

3. How should secure telecommunications centers be seperated from other work areas?

4. Proper hand receipts are an important part of handling what type of material?

5. Security for COMSEC material is an important part of which type of operations?

6. What is the primary means for informing holders of classified information about the protection requirements for that information?

7. What should you do if you doubt whether someone should have access to classified information?

8. How should classified material be addressed when mailing is required?

Answers to Self-Test Questions

624

1. Provide time-definite support and sustainment to deployed AEF forces.
2. Predetermined supply chains.
3. Within 24-48 hours.
4. Focused logistics and agile combat support.
5. The combination of information and logistics technologies needed to ensure that the right materiel arrives at the right time, at the right place, and in the right quantity, every time.
6. Rapid movement of required materiel directly from "factory to flight line," providing a "reachback" sustainment capability for medical and other deployed personnel, which allows for a much smaller logistical footprint in the operating theater.
7. TLAMM.
8. Consolidation points.
9. A reliable telecommunication link (voice and data).
10. FFLG1.
11. AFMLOC.
12. The transportation community.

625

1. Cold chain management.
2. USAMMA.
3. (1) Use of insulated shipping containers to keep products chilled at proper temperature and prevent freezing.
   (2) Inclusion of temperature monitoring devices.
   (3) Rapid movement of products.
   (4) Key involvement with knowledgeable customers.
4. Freezing.
5. Between -17 °C and -20 °C (1 °F and -4 °F).
6. Between 2 °C and 8 °C (36°F and 46 °F).
7. Between 0 °C and 35 °C (32°F and 95 °F).
8. To minimize risk by measuring and understanding thermal exposure in the uncontrolled segments of the distribution system.

626

1. The jointly designated supplies and equipment necessary to support patient movement and aeromedical evacuation.
2. Ensuring specific medical equipment and durable supplies designated as PMI are available.
3. Forward locations where patients encounter the AE system.
4. To prevent degradation of the capabilities of medical elements due to an outflow of PMI with patients.
5. JRCAB.
6. AMC/SG.
7. Inventory availability, asset visibility, and flow of PMI through available transportation methods.
8. FFLG1 and FFBMM.

627

1. LOGMOD.

2. (1) LOGFOR.
   (2) LOGPLAN.
   (3) DSOE.
   (4) UDM.
3. LOGFOR.
4. Logistics Detail (LOGDET).
5. LOGPLAN.
6. DSOE.
7. The appropriate aircraft.
8. LSA.

628

1. A secure telephone unit.
2. Information protection.
3. Secure telephones.
4. SATCOM.

629

1. A better understanding of our medical capabilities, mission type, and personnel size.
2. Modify them.
3. Physically.
4. Crypto-material.
5. Air.
6. Marking.
7. Talk to your supervisor.
8. To an official government activity and not to a person.

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 AFCDA.

71. (624) The Expeditionary Medical Logistics (EML) system provides tailored logistics support to deployed medical units through the use of what type of supply chain?
    a. Adhoc.
    b. Installation.
    c. Commercial.
    d. Predetermined.

72. (624) Expeditionary Medical Logistics (EML) support begins within how many days of deployment?
    a. 1–2.
    b. 2–3.
    c. 3–4.
    d. 4–5.

73. (625) Who owns the exclusive mission of the distribution management of anthrax and smallpox vaccines for the Department of Defense (DOD)?
    a. AFMLOC.
    b. AFMOA.
    c. TLAMM.
    d. USAMMA.

74. (626) Which organization has identified core patient movement items (PMI) that are critical to patient care, are certified for aeromedical evacuation (AE) operations, and are managed under the PMI program?
    a. MERC.
    b. JRCAB.
    c. AFMOA.
    d. USAMMA.

75. (626) In what way is the patient movement item (PMI) system critical to the air evacuation mission?
    a. Grants flight surgeons access to new equipment.
    b. Allows for routine equipment maintenance.
    c. Lighter equipment reduces aerial fuel costs.
    d. Prevents a one-way flow of goods.

76. (627) Which system is a logistics-planning program that receives and maintains the cargo and personnel details for unit type codes (UTC) and taskings?
    a. LOGMOD.
    b. DMLSS.
    c. MRDSS.
    d. JMAR.

77. (627) Which LOGMOD module provides the planning foundation for strategic airlift requirements?
    a. LOGPLAN.
    b. LOGFOR.
    c. DSOE.
    d. UDM.

78. (628) Which type of communication device uses an encryption algorithm to encode and decipher voice communications?
    a. LMRs.
    b. HHTs.
    c. STU IIIs.
    d. SATCOMs.

79. (628) Which communication system relies on orbital satellites to relay data?
    a. HHTs.
    b. LMRs.
    c. STU IIIs.
    d. SATCOMs.

80. (629) It is important to safeguard Defense Medical Logistics Standard Support (DMLSS) reports while deployed because when added together they could provide an enemy with information about our
    a. number of security forces.
    b. medical capabilities.
    c. supply chain cycle.
    d. available funding.

81. (629) Due to the need for controlled access to communication security (COMSEC) material, all deployed secure telecommunications centers should be located
    a. separate from other work areas.
    b. on base information systems.
    c. within Medical Logistics.
    d. outside the MTF.

82. (629) What should you do if you doubt whether someone should have access to classified information?
    a. Alert the MTF commander.
    b. Notify your supervisor.
    c. Detain the individual.
    d. Call security forces.

Glossary of Terms, Abbreviations, and Acronyms

Terms

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

active due-in–A due-in with a quantity greater than zero.

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 Equipment Authorization Inventory Data (EAID).

base supply–The activity responsible for requisitioning, receiving, storing, and issuing (including maintenance of accountable records) supplies/equipment supporting the assigned mission of the base/wing.

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

centrally managed equipment–Items that are centrally budgeted, centrally acquired, and centrally managed. The complete life cycle of the item is centrally managed for unit requirements.

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

Defense Logistics Agency (DLA)–The agency of the DOD which is responsible for the wholesale management, procurement, and distribution of items of supply common to the military departments

Department Of Defense Activity Address Code (DODAAC)–Identifies the name and address of the activity to which materiel, documentation, and billing are to be mailed. The first character identifies the appropriate military service or the government ownership or sponsorship (MILSTRIP service code). The next five characters identify the name and address of the specific activity, unit, or organization.

deployment–The movement of strategic or tactical aircraft and units to an overseas location. This includes emergency movements, scheduled rotations of aircraft from CONUS bases to overseas bases, and related exercises.

deployment package–Selected assemblies of equipment needed to support accelerated tactical or strategic airlift operations conducted along normal peacetime lines of communication or into remote areas.

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

equipment-medical–A medical item that has a life expectancy of five years or more, maintains its identity when in-use, is nonexpendable, and costs more than $2,500.

external sources (SOS)–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.

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

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

host base–An AF base designated to furnish specified supplies to tenant and other organizations through an appropriate organization supply officer.

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

local purchase–An authorized purchase, from sources outside the DOD, of materiel and services by a base activity for its own use or the use of a logistically supported activity. Local purchase is not limited to the immediate geographical area in which the base is located.

LOG-owned–Refers to a customer area whose inventory is logistics owned. Materiel is obligated/expensed to customer funds upon usage of the item.

medical materiel–Those items listed in the Federal Supply Catalog as medical materiel and any similar nonstock listed items.

Medical Resources Letter–A planning document for contingency support personnel and logistics and source for designed operational capability (DOC) statements, and Air Force-wide unit type code (UTC) availability and tasking summary (AFWUS) as approved by the Surgeon General.

Military Standard Requisitioning and Issue Procedures (MILSTRIP)–A standardized requisitioning and issue procedure designed to provide compatibility among DOD activities and the GSA for requisitioning and issuing materiel by the military services and GSA.

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

navigate–A method by which the user moves from one functional process to another functional process within the DMLSS system.

organization–A unit or activity drawing supplies direct from an AF base.

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

organization commander (base level)–The individual possessing supervisory control (not administrative control, such as supply squadron commander, etc.) of the function, and responsible for success of the assigned mission.

organizational equipment–All equipment items authorized to be on hand at an organization or base to support its mission.

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

quality assurance–The management function involving inspection, sampling, classification, evaluation, and reporting of materiel for ensuring that only serviceable items are issued and in-use or stored for contingency operations

receipt–The increase in inventory caused by receipts of incoming shipments or local turn-in.

report of survey (ROS)–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.

tenant–An organization or activity of one major command or military department that is supported by a host organization or activity under the jurisdiction of a major command or military department.

user–A person with access to DMLSS.

using activity–An organization or element of an organization that requests supplies from the medical logistics activity and/or equipment form the MEMO.

war reserve materiel (WRM)–That materiel needed to augment peacetime assets to completely support forces, missions, and activities reflected in USAF war plans.

Abbreviations and Acronyms

° C	degrees Celsius
° F	degrees Fahrenheit
ABMSO	accountable base medical supply officer
AE	aeromedical evacuation
AEF	Air and Space Expeditionary Force
AES	aeromedical evacuation squadrons
AFFOR	Air Force Forces
AFI	Air Force instruction
AFMAN	Air Force manual
AFML	Air Force Medical Logistics
AFMLOC	Air Force Medical Logistics Operations Center
AFMOA	Air Force Medical Operations Agency
AFMOA/SGAL	Air Force Medical Operations Agency, Medical Logistics Division
AFMOA/SGALC	Air Force Medical Operations Agency, Medical Logistics /Medical Contracting
AFMOA/SGALE	Air Force Medical Operations Agency, Medical Logistics /Clinical Engineering
AFMOA/SGALX	Air Force Medical Operations Agency, Medical Logistics /Medical Logistics Readiness
AFMS	Air Force Medical Service
AFMSA	Air Force Medical Support Agency
AFSC	Air Force specialty code
AFPD	Air Force policy directive
AFRIMS	Air Force Records Information System
AFSC	Air Force specialty code
AFWCF	Air Force Working Capital Fund
AM	Assemblage Management
AMC	Air Mobility Command
AOR	area of responsibility
APOD	aerial port of debarkation
APOE	aerial port of embarkation
ARC	Air Reserve Component
AS	allowance standard
ASC	allowance source code

ATNAA	antidote treatment nerve agent autoinjector
BMER	biomedical equipment repair
BMET	biomedical equipment technician
BW/CW	biological warfare/chemical warfare
CAL	custodian actions list
CANA	convulsion antidote for nerve agents
CAOC	Combined Air Operations Center
CD	compact disc
COMPES	Contingency Operations/Mobility Planning and Execution System
COMSEC	communication security
CONOPS	concept of operations
CONUS	continental United States
COTR	contracting officer's technical representative
CR/LL	custodian receipt/location list
D&D	dated and deteriorative
DBPA	decentralized blanket purchase agreement
DCAPES	Deliberate Crisis Action Planning and Execution Segments System
DFAS	Defense Finance and Accounting Service
DHA	Defense Health Agency
DITMS	Defense Information Technology Management System
DLA	Defense Logistics Agency
DMLSS	Defense Medical Logistics Standard Support
DMSB	Defense Medical Standardization Board
DOC	designed operational capability or distribution operations center
DOD	Department of Defense
DODAAC	Department of Defense activity address code
DP	deferred procurement
DRMS	Defense Reutilization and Marketing Service
DSOE	Deployment Schedule of Events (LOGPLAN subsystem)
DTR	dental treatment room
ECAT	electronic catalog
ECN	equipment control number
EDR	equipment detail record
EIL	equipment inventory list
EM	equipment management
EMEDS	expeditionary medical support

EML	Expeditionary Medical Logistics
EOFY	end-of-fiscal year
EOR	end of record
ERAA	equipment review and authorization activity
ESL	estimated storage life
FAM	functional area manager
FDA	Food and Drug Administration
FHP	force health protection
FHPP	force health protection prescription
FM	Facility Management
FSC	federal supply classification
FY	fiscal year
GPMJAB	Global Patient Movement Joint Advisory Board
GSA	General Services Administration
HHT	hand-held terminal
HMR	historical maintenance report
HTA	high threat area
IAD	inventory adjustment document
IAV	inventory adjustment voucher
IAW	in accordance with
ICN	inventory control number
ID	identification
IGM	in-garrision maintenance
IT	information technology
ITV	in-transit visibility
JMAR	Joint Medical Asset Repository
JOPES	Joint Planning and Execution System
JRCAB	Joint Readiness Clinical Advisory Board
JTF	Joint Task Force
LAN	local area network
LMR	land mobile radio
LOG	logistics (as in log-owned)
LOGDET	Logistics Detail (product generated by LOGFOR)
LOGFOR	Logistics Force Packaging (module of LOGMOD)
LOGMOD	Logistics module
LP	local purchase

LPF	logistics plan file
LRRC	loaner, repair, and return center
LSA	LOGMOD -Stand Alone
MAJCOM	major command
MC-CBRN	medical counter-chemical biological radiological and nuclear
MDD	Medical-Dental Division
MEDLOG	Medical Logistics (Air Force legacy system)
MEFPAK	manpower and equipment force packaging
MEMO	medical equipment management office
MERC	medical equipment repair center
MILSTRIP	military standard requisitioning and issue procedures
MISCAP	mission capability statement
ml	milliliter
MLFC	medical logistics flight commander
mg	milligram
MMQC	Medical Materiel Quality Control
MRA	MEFPAK responsible agencies
MRC	medical readiness committee
MRL	medical resources letter
MRSF	medical readiness staff function
MTF	medical treatment facility
NCOIC	noncommissioned officer in charge
NSN	national stock number
O&M	operation and maintenance (fund type)
OCONUS	outside the continental United States
O/H	on hand (as in inventory balance)
OP	other procurement (refers to fund type)
OPSEC	operations security
ORG	organization (MTF)
PACS	Picture Archive Communication System
PAR	population at risk
PMI	patient movement item
PMITS	Patient Movement Items Tracking System
POC	point of contact
POM	Program Objective Memorandum
PV	prime vendor

QA	quality assurance
QA/RM	quality assurance/risk management
RF	radio frequency
RMO	resource management office
ROS	report of survey
SATCOM	satellite communication
SFL	stock fund loss
SG	surgeon general
SHG	shipment gain (DMLSS transaction code)
SHL	shipment loss (DMLSS transaction code)
SITREPS	situation reports
SLEP	Shelf Life Extension Program
SME	subject matter expert
SNAPP	Soman Nerve Agent Pretreatment Pyridostigmine
SORTS	Status of Resources and Training System
SOS	source of supply
SRA	stock record account
SRIM	stock room and readiness inventory management
SS	System Services (DMLSS module)
STU	secure telephone units
SVC	service
TDC	theater deployable communications
TDY	temporary duty
TIGERS	The Integrated Global Equipment Request System
TLAMM	theater lead agents for medical materiel
TPFDD	time-phased force deployment data
TSMP	temperature sensitive medical product
UDM	Unit Deployment Management (LOGPLAN subsystem)
UDR	universal data repository
UNK	unknown (DMLSS transaction code)
U/S	unit of sale
USAMMA	United States Army Medical Materiel Agency
USAMMCE	United States Army Medical Materiel Center Europe
UTC	unit type code
WAN	wide area network
WRM	war reserve materiel

Student Notes

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