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EQUIPMENT MANAGEMENT MANUAL

NAVMED P-5132

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NAVMED P-5132
Equipment Management Manual

CHANGE TRANSMITTAL 1
3 Jan 2008

To: BUMED Claimancy Activities

1. Purpose. To reiterate Department of the Navy policy and provide equipment management procedures to include budgeting, funding, acquisition, use, maintenance, repair, redistribution, and disposal of equipment used by medical and dental treatment facilities.

2. Action. Replace entire NAVMEDLOGCOMINST 6700.1 and NAVMED P-5132 (2nd Edition) dated June 1997.

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EQUIPMENT MANAGEMENT MANUAL

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SECTION 1. GLOSSARY

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1-1 Abbreviations

AAC
Acquisition Advice Code

AAMI
Association for the Advancement of Medical Instrumentation

ADAL
Authorized Dental Allowance List

ADPE
Automated Data Processing Equipment

AEL
Allowance Equipage List

AFMSA
Air Force Medical Support Agency
(Formerly Air Force Medical Logistics Office {AFMLO})

AMAL
Authorized Medical Allowance List

ANSI
American National Standards Institute

APL
Allowance Parts List

ASN RDA
Assistant Secretary of the Navy, Research, Development and Acquisition

BCN
Bar Code Number

BIOFACS
Biomedical and Facilities System

BMED
Biomedical Engineering Division

BMET
Biomedical Equipment Technician
(All references in this manual referring to BMET also includes the Dental Equipment Technician {DET})

BOD
Beneficial Occupancy Date

BQ
Bachelor Quarters

BSC
Budget Status Code

BSO
Budget Submitting Office

BUMED
Bureau of Medicine and Surgery

BUPERS
Bureau of Naval Personnel

CCP
Consolidation and Containerization Point

CDM
Configuration Data Manager

CDRH
Center for Devices and Radiological Health
(Food and Drug Administration)

CE
Collateral Equipment

CEC
Civil Engineer Corps

CESE
Civil Engineering Support Equipment

CFR
Code of Federal Regulations

CIO
Chief Information Officer

CIP
Clinical Investigation Program

CNI
Commander, Naval Installations

CNO
Chief of Naval Operations

CO
Commanding Officer

COMNAVFACENGCOM
Commander, Naval Facilities Engineering Command

CONUS
Continental United States

COR
Contracting Officer Representative

COSAL
Consolidated Shipboard Allowance List

CT
Computed Tomography

DHHS
Department of Health and Human Services

DISREPS
Discrepancy in Shipment Reports System

DMLSS
Defense Medical Logistics Standard Support

DMSB
Defense Medical Standardization Board (Formerly Joint Readiness Clinical Advisory Board {JRCAB})

DOD
Department of Defense

DON
Department of the Navy

DRMO
Defense Reutilization Management Office

DSCP
Defense Supply Center Philadelphia

DSN
Defense Switching Network

DSP
Defense Standardization Program

DTR
Defense Transportation Regulation

DTS
Defense Transportation System

E&TM
Equipment & Technology Management

EC
Equipment of Care

ECN
Equipment Control Number

EFD
Engineering Field Division

EM
Equipment Manager

EPRC
Equipment Program Review Committee

ESOC
Emergency Supply Operations Center

FAR
Federal Acquisition Regulations

FDA
Food and Drug Administration/Act

FEAD
Facilities Engineering Acquisition Dept

FMF
Fleet Marine Force

FMS
Foreign Military Sales

FOS
Family of Systems

FTSCLANT
Fleet Technical Support Center, Atlantic

FTT
Facility Transition Team

FY
Fiscal Year

GFE
Government Furnished Equipment

GME
Graduate Medical Education

HAP
Humanitarian Assistance Program

HCP
Hearing Conservation Program

HFPPO
Health Facility Planning and Project Office

HIPAA
Health Insurance Portability and Accountability Act

HMP
Hull Modernization Plan

HSS
Health Service Support

ILS
Integrated Logistics Support

IS
Information Systems

ISEA
Interservice Engineering Agent

ISSA
Interservice Support Agreement

JCAHO
Joint Commission on Accreditation of Healthcare Organizations

JER
Joint Ethics Regulation

JPEO
Joint Project Executive Office

JPM Guardian
Joint Program Guardian

JTTP
Joint Tactics, Techniques and Procedures

KO
Contracting Officer

LANTNAVFACENGCOM
Atlantic Division, Naval Facilities Engineering Command

MCVIMO
Major Claimant VI Management Office

MDS
Maintenance Data System

MEL
Maximum Expenditure Limit

MEMP
Medical Equipment Management Program

MHE
Material Handling Equipment

MILCON
Military Construction

MIP
Maintenance Index Card

MR
Maintenance Requirements

MRC
Maintenance Requirements Card

MRLC
Maximum Repair Limit Cumulative

MVISA
Medical Visual Information Service Activity

MWR
Morale, Welfare, and Recreation

NAVDIRB
Naval Diagnostic Imaging and Radiotherapy Board

NAVMED MPT&E
Navy Medicine, Manpower, Personnel, Training and Education Command

NAVMEDINFOMGMTCEN (NMIMC)
Naval Medical Information Management Center

NAVMEDLOGCOM (NMLC)
Naval Medical Logistics Command

NAVMEDSUPPCOM (NMSC)
Navy Medicine Support Command

NAVSEASYSCOM
Naval Sea Systems Command

NDE
Navy Data Environment

NFPA
National Fire Protection Association

NIST
National Institute of Standards and Technology

NMCPHC
Navy and Marine Corps Public Health Center

NMR
No Maintenance Required

NOTAL
Not to All

NSN
National Stock Number

NSR
No Significant Risk

O&M
Operation and Maintenance

OCONUS
Outside Continental United States

OEM
Original Equipment Manufacturer

OMMS NG
Organizational Maintenance Management System-Next Generation

OP
Other Procurement

OSI
Operating Space Items

PACNAVENGCOM
Pacific Division, Naval Facilities Engineering Command

PAFOS
Provisioning, Allowance & Fitting-Out Support

PIN
Property Identification Number

PM
Preventive Maintenance

PMI
Patient Movement Items

PMS
Planned Maintenance System

PNEC
Primary Navy Enlisted Classification

POM
Program Objective Memorandum

PP&E
Property, Plant & Equipment

QDR
Quality Deficiency Reporting

QI
Quality Improvement

RDT&E
Research, Development, Test, and Evaluation

RM
Risk Management

ROD
Report of Discrepancy

ROICC
Resident Office in Charge of Construction

SCD
Ship Change Document

SCLSIS
Ships Configuration and Logistics Support Information System

SDDC
Surface Deployment and Distribution Command

SECNAV
Secretary of the Navy

SM
Scheduled Maintenance

SMDA
Safe Medical Devices Act

SMDR
Senior Medical Department Representative

SPR
Scheduled Parts Replacement

SRM
Sustainment, Restoration and Modernization (Formerly Maintenance of Real Property (MRP)

SYSCOMS
System Commands

TAD
Temporary Additional Duty

TDR
Transportation Discrepancy Report

TFBR
Technical Feedback Report

TSA
Technical Support Activity

TYCOM
Type Commander

UIC
Unit Identification Code

UM
Unscheduled Maintenance

USAMMA
US Army Medical Materiel Agency

VA
Veterans Administration

VI
Visual Information

3-M
Maintenance and Materiel Management

SECTION 2. CLASSIFICATION OF PERSONAL PROPERTY

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Reference: SECNAVINST 7320.10 series, Department of the Navy (DON) Personal Property Policies and Procedures

Article 2-1
General

1. **Property, Plant, and Equipment (PP&E).** For accounting purposes, there are three categories of PP&E that have been defined in SECNAVINST 7320.10 series.

a. Heritage Assets. Recognized to be of historical or natural significance, cultural, educational, or artistic importance, or possess significant architectural characteristics and they are usually located in museums or registered with the Naval Historical Center or the Marine Corps Museums Branch. Heritage assets are usually expected to be preserved indefinitely.

b. Stewardship Land. Land not acquired for, or in connection with General PP&E ("acquired for in connection with" is defined as land acquired with the intent to construct General PP&E and land acquired in combination with General PP&E, including not only land used as the foundation, but also adjacent land considered to be the common grounds to General PP&E).

c. General PP&E. Divided into two subcategories: real property (i.e., land, building, and structures), and personal property, defined below.

2. Personal Property, a subcategory of General PP&E, (sometimes referred to as Garrison Property) is defined as those items used, but not consumed, to produce goods or services in support of Department of the Navy's (DON) mission. Personal Property includes: office equipment, industrial plant equipment, vehicles, material handling equipment, automated data processing (ADP) equipment, government-furnished equipment (GFE) acquired by the Federal Government or a contractor, leased assets (capital or operating), and military equipment such as weapons, weapon systems, and weapon system components and support equipment. Personal Property does not include: inventory items (e.g., items intended for sale), operating materials and supplies, real property (i.e., land buildings and structures), or items of an historical nature.

Article 2-2
Categories of Personal Property

1. **Personal Property** is categorized as capitalized, minor, and sub-minor.

a. Capitalized Personal Property. Personal Property that meets ***all of the following capitalization criteria***:

(1) Has an acquisition cost, book value, or when applicable, an estimated fair market value equal to or greater than $100,000.

(2) Has an estimated recovery period equal to or greater than 24 months.

(3) Is not intended for sale in the ordinary course of operations.

(4) Has been acquired or constructed with the intention of being used or available to be used by DON in its operations.

b. Minor Personal Property has an acquisition cost greater than $5,000 and less than $100,000, or has an acquisition cost greater than $100,000, but does not meet all the capitalization "criteria."

c. Sub-Minor Personal Property. Any asset that has an acquisition cost of $5,000 or less.

2. Special Considerations Regarding "Systems." Emerging technology and current state-of-the-art applications have resulted in the proliferation of Personal Property "systems." To classify equipment as a system it must meet the same criteria as listed above.

a. The "System" Concept. A system shall be considered to exist if a number of components are part of and function within the context of a whole to satisfy a documented requirement.

b. System Unit Cost. The term "system unit cost" applies to the aggregate cost of all equipment items being acquired as a new system including ancillary costs.

c. Caution. Requirements may not be fragmented to circumvent designation of equipment as a system. All due caution must be exercised in properly defining requirements to avoid acquisition of what should properly be classified as a system in a piecemeal fashion. Similarly, items, which do not normally function together within the context of a whole to satisfy a documented requirement, may not be grouped as a system.

3. Leases. Leases can be either operating or capital based on whether they meet the criteria in SECNAVINST 7320.10 series. Lease determination requires full knowledge of the terms of the lease and the activity's requirements, and shall be made by the contract authority and provided to the Property Manager for proper recording in the property system.

4. Personal Property in the Possession of Contractors. Personal property either acquired by the Federal Government or the contractor to be used to complete a Government-sanctioned activity.

Article 2-3
Accountability Requirements for Personal Property

1. Establishment of Accountability

a. Accountable records shall be established in the Defense Medical Logistics Standard Support (DMLSS) System. DMLSS is BUMED's system of record for all personal property purchased, leased (capital or operating leases as applicable, (SECNAVINST 7320.10 series)), or otherwise obtained, having a unit acquisition cost of $5,000 or more, all ADP equipment, and items that are considered sensitive or classified. Accountable records shall also be for controlled inventory items (CII) that ***meet all of the following three criteria***:

(1) Pilferable.

(2) Critical to the activity's business/ mission.

(3) Hard to repair or replace.

b. Additional and/or separate records or other record keeping instruments shall be established for management purposes when a risk assessment indicates the need for more stringent controls, or when otherwise required by law, policy, regulation, or Agency direction.

SECTION 3. ACQUISITION OF EQUIPMENT

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References: DOD 4120.24-M, Defense Standardization Program (DSP) of 9 Mar 2000
BUMEDINST 4120.2, Procedures For Participation in the Defense Standardization and Specification Program
Federal Acquisition Regulation (FAR), Subpart 7.4 Equipment Lease or Purchase
OPNAVINST 11010.20 series, Facilities Projects Manual
OPNAVINST 2400.20 series, Navy Management of the Radio Frequency Spectrum
NAVSUPINST 10490.33 series, Material Handling Equipment; Administration and Control of
SECNAVINST 7320.10 series, Department of the Navy Personal Property Policies and Procedures
NAVFAC P-300, Management of Civil Engineering Support Equipment
OPNAVINST 11240.8 series, Management of Civil Engineering Support Equipment (CESE) in Navy
BUMEDINST 11240.6, Administration and Management of Civil Engineering Support Equipment (CESE)
OPNAVINST 3104.2, Naval Imaging Program (NAVIMP) Policy and Responsibilities
BUMEDINST 5290.2, Management and Operation of Medical and Dental Visual Information (VI) Activities, Functions, and Resources
BUMEDINST 6000.12 series, Clinical Investigation Program (CIP)
NAVMEDCOMINST 1710.1, Morale, Welfare, and Recreation (MWR) and Bachelor Quarters (BQ) Administration Program
BUMEDINST 5420.19, Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB)
OPNAVINST 4614.1 series, Uniform Materiel Movement and Issue Priority System (UMMIPS)

Article 3-1
Standardization Procedures

1. General. Section 3 provides guidance on standardization, budgeting, acquisition, and receiving of equipment.

a. Standardization. ***DOD 4120.24-M Defense Standardization Program (DSP)*** established policies and procedures in achieving Department of Defense's (DOD's) standardization objectives. It describes the requirement for the Secretary of Defense to maintain a unified defense standardization and cataloging program for like products, technologies, a common set of specifications, and cooperating with the industry in the development of standards. BUMEDINST 4120.2 provides objectives and procedures for Chief, Bureau of Medicine and Surgery's (BUMED) participation in DSP.

Request for Cataloging and Standardization: Most stationary activities no longer use national stock numbers for requisitioning. Cataloging and DOD standardization is primarily used for the operational medicine requirements, with very few exceptions. Requests for cataloging or standardization for operational requirements are forwarded to:

Commanding Officer
Naval Medical Logistics Command
(Code 04)
1681 Nelson Street
Fort Detrick, MD 21702-9203

An Allowance Change Request Form is used and can be located on NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/fleet_usmc/fleet_usmc.htm

b. Naval Medical Logistics Command (NAVMEDLOGCOM) coordinates a unified DON (including the Marine Corps) position for medical and dental items standardization. The Equipment Support Directorate (Code 03) coordinates the technical review of specifications developed or retained. Operational Support Directorate (Code 04) coordinates issuance and maintenance of National Stock Numbers. The Defense Medical Standardization Board (DMSB) is responsible for clinical, technical, and logistical aspects of medical materiel entered into the Defense Supply System.

Article 3-2
Excess Equipment

1. General

a. Property that is excess to the needs of activities represents a fertile source of materiel resources for other activities. Redistribution of these excesses provides the gaining activity with the opportunity to obtain materiel at little or no cost in a time when obtaining funds for new equipment is difficult.

b. NAVMEDLOGCOM is responsible for the management and execution of BUMED's Excess Medical and Dental Materiel Redistribution Program to include screening and directing the redistribution or disposition of excess medical and dental equipment and materiel for BUMED. Activities are required to report all excess equipment with condition A, B, and C and with a minimum line value of $500 to NAVMEDLOGCOM via the Tri-Service Medical Excess Distribution System (TRIMEDS) by using the DMLSS system. A complete discussion of excess equipment and materiel can be found in Section 12 of this Manual.

Article 3-3
Equipment Program Review Committee (EPRC) and Approval Process

1. EPRC. An EPRC will be established and used at each activity to plan, budget, approve, and prioritize equipment acquisitions and leases.

2. EPRC Composition. The minimum composition of the EPRC include the following individuals or their functional equivalent:

a. Naval Hospitals:
Chairperson – Appointed by the Commanding Officer
Director For Administration
Director of Surgical Services
Director of Ancillary Services
Director of Nursing Services
Director of Medical Services
Comptroller
Equipment Manager
Head, Materials Management
Staff CEC Officer or Facilities Manager
Biomedical Equipment Technician (BMET)
Chief Information Officer (CIO)
Safety Officer

b. Other BUMED managed commands:
Chairperson - Appointed by the Commanding Officer
Department Heads
Equipment Manager
BMET
Safety Officer

3. EPRC Responsibilities

a. At least semi-annually, the EPRC will meet to formulate and prioritize all unfunded equipment. Except for emergent requirements, the resulting list will determine the order of equipment procurement.

b. At least semi-annually, the EPRC shall:

(1) Review the equipment management program to ensure its effectiveness, and that guidance outlined in written instructions is being followed.

(2) Establish separate priority lists for Other Procurement (OP), and Operation & Maintenance (O&M) equipment to include in the following year's business plan and/or budget submission. It is recommended that Command Business Plans include a 5-year Equipment Replacement Plan that is updated annually. As of FY04, the OP (investment) threshold is $250,000; and the O&M (expense) is the amount less than the OP threshold, i.e., less than $250,000. For budgeting purpose, use the actual equipment cost and not the acquisition cost as defined in article 8-4, paragraph 3. The equipment's unit cost dictates whether the equipment requires OP or O&M funding. For the purpose of recording and reporting assets, the capitalization threshold remains at $100,000.

(3) Consolidate an equipment priority list of the activity and its branch clinics or detachments with final prioritization for the entire organization. Factors such as clinical capability, maintenance history, the recapture of health care expenditures, pending MILCON Projects, return of patient workload to military facilities, increase in productivity, and support of Graduate Medical Education (GME) training should be major considerations in the prioritization process.

(4) Consider lease vs. buy options and review lease agreements in accordance with Federal Acquisition Regulation (FAR), Subpart 7.4 and SECNAVINST 7320.10 series.

(5) In addition, the activity EPRC shall:

(a) Monitor the equipment replacement program, ensuring compliance with this manual and other appropriate instructions and directives. This is best done by reviewing equipment's life expectancy and maintenance assessment within the DMLSS system.

(b) Run a 5-year replacement plan report in DMLSS. Ensure that equipment below the accountability threshold ($5,000) is also considered.

(c) The equipment program should address all of the equipment, not just medical equipment requirements.

(d) Monitor the property administration procedures.

(e) Monitor the management of the excess equipment program.

(f) Review inventory results.

4. Approval Thresholds and Requirements

a. NAVMEDLOGCOM's Equipment Support Directorate (Code 03) performs technical review of equipment greater than $25,000 regardless of projected funding source.

b. OP-Funded Threshold is currently $250,000. OP-Funded equipment is also known as investment equipment. Use of OP appropriation is proper when the equipment or system:

(1) Cost is equal to or greater than the OP threshold, and no NSN is assigned.

(2) Cost is equal to or greater than the OP threshold, and an NSN is assigned, but is not Acquisition Advice Code (AAC) "D".

(3) Is an upgrade to an existing system involving multiple equipment components and software changes that are combined to address validated system deficiencies and exceeds the OP threshold, but not software changes alone.

(4) Is a single software revision to add capability that exceeds the OP threshold.

(5) Costs of additions/expansions to an OP-funded system are equal to or greater than the OP threshold.

(6) If the system has already been determined to meet the OP threshold then the following will also be paid for with OP funds:

(a) The cost of initial installation.

(b) Cost of initial operator and BMET training if on-site. OP funds will be used to pay for training of one operator and one BMET when the training is off-site (train the trainer). Travel and per diem are O&M funded.

(c) Cost of transportation, packaging, and crating.

(7) Caution:

(a) An equipment item or system's unit cost cannot be decreased below the OP threshold by subtracting the value of any early payment discounts or trade-in allowances.

(b) Requirements may not be fragmented to circumvent designation of equipment as a system. (Similarly, items that do not normally function together within the context of a whole to satisfy a documented requirement may not be grouped as a system).

c. Approval Requirements

(1) Equipment or systems with a unit cost of $25,000 or greater will be submitted as part of the annual business plan and reviewed, prioritized, and endorsed by the four Navy Medicine Regions. NAVMEDLOGCOM, in the supporting role of the Navy Medicine Support Command (NAVMEDSUPPCOM), will coordinate the appropriate Surgeon General's Specialty Leaders' and/or technical experts' review and consolidate the Regions' submissions for BUMED review and funding approval.

(2) Technical approvals are valid for 3 years. An item approved this year may not need to be reviewed again for another 2 years. However, NAVMEDLOGCOM may request review of previously approved packages based upon technology, facility mission changes, and when contradictory information becomes available. When the approved item is not funded the first year, it should be included in the following year's business plan and budget submission. Status of reviewed equipment may be found on NAVMEDLOGCOM's web page at: http://www-nmlc.med.navy.mil/gov_only/equipment/equip_status_report/equipmentstatusreport.asp. The technical approval process applies to the regular budgeting cycle and emergent requirements.

d. O&M-Funded Equipment

(1) NAVMEDLOGCOM coordinates the review and approval process for the procurement of expense equipment ranging from $25,000 to $249,999. Review includes clinical engineering for possible standardization, and for appropriate Surgeon General's Specialty Leader's approval.

(2) The activity is responsible for budgeting for expense equipment and documenting the requirement in the business plan. BUMED has the option to centrally fund all or a portion of BSO-18 O&M requirements.

(3) The O&M appropriation is proper when the equipment or system meets the following criteria:

(a) Cost is less than the OP threshold regardless of whether an NSN is assigned.

(b) Cost is equal to or greater than the OP threshold and an NSN is assigned and is stocked in depot, AAC "D." (However, under these circumstances, NAVMEDLOGCOM recommends waiver procedures per the FAR).

(c) The per item cost of additions to or replacements within the OP-funded system is less than the OP threshold. If only software is being procured and its intended use is to replace operational software or previous operating software.

(d) Cost to relocate previously installed equipment or system regardless of how originally funded.

(e) Cost of additional BMET or operator training.

(f) Falls under the category of **Sustainment, Restoration, and Modernization (SRM)**, previously known as Maintenance of Real Property (MRP).

(4) Funded Installed Equipment. Installed Equipment, sometimes called *"built-in equipment,"* is accessory equipment and furnishings that are required for operation, and are fixed and built in as part of the real property facility. Such equipment is engineered and built into the facility as an integral part of the final design. Equipment of this class is considered part of the real property. Replacement of installed equipment is properly funded with SRM funds, also referred to as *construction dollars*.

(5) The Facilities Projects Manual, OPNAVINST 11010.20 series, provides guidance on determining if equipment should be procured with OP, O&M, or construction (SRM) dollars.

(6) Some examples of SRM funded equipment are:

(a) Fire alarms and intercom systems (including hardwired Nurse Call Systems).

(b) Electrical generators and auxiliary gear.

(c) Built-in food preparation and serving equipment (galley dishwashers).

(d) Built-in refrigerators.

(e) Waste disposers, such as incinerators.

(f) Hoods and vents.

(g) Built-in laboratory and pharmacy furniture.

(h) Heating, ventilating, and air conditioning (HVAC) installations.

(7) The fact that equipment may have been OP funded in the past is not a justification for continued OP funding. If there is any doubt whether an item should properly be funded with OP, O&M, or construction (SRM) funds, consult your local civil engineer or contact BUMED-M4.

Article 3-4
Equipment Requiring Special Procedures

1. Frequency Allocation. Activities will coordinate (radio) frequency allocation approval with local base communications, per OPNAVINST 2400.20 series. Additionally, outside Continental United States (OCONUS) activities require country clearance.

2. Material Handling Equipment (MHE). MHE is defined as all self-propelled equipment normally used in storage and handling operations in and around warehouses, industrial plants, airfields, or depots, such as forklift trucks, warehouse tractors, platform trucks, and pallet trucks. NAVSUP 10490.33 series provides specific instructions for initiation of requirements for initial or replacement procurement of MHE, allowance change requests, maintenance, and inventory reporting.

3. Leased Equipment

a. Types of Leases. As discussed in the Department of the Navy Personal Property Policies and Procedures, SECNAVINST 7320.10 series, leases can be classified as either Operating or Capital Leases.

(1) Operating leases for personal property do not transfer the risk of ownership to DON. Therefore, operating leases are expensed as incurred and shall not be reported as capital personal property. The leased personal property is accounted for and recorded in DMLSS following the Loan/Lease module**.**

(2) Capital leases are leases that meet the minimum capitalization threshold of $100,000; has an estimated recovery period equal to or greater than 24 months; is not intended for sale in the ordinary course of operations; and has been acquired or constructed with the intention of being used, or available to be used by DON in its operations. In addition, the lease must satisfy **one** of the following four criteria:

(a) Transfers ownership of personal property to the lessee by the end of the lease term.

(b) Contains an option to purchase the property at a bargain price.

(c) The lease term (non-cancelable portion plus all periods, if any, representing renewals or extensions that can reasonably be expected to be taken) is equal to 75 percent or more of the estimated economic life of the leased personal property.

(d) The present value at the beginning of the lease term of the minimum lease payments equals or exceeds 90 percent of the fair market value of the leased personal property.

(3) The Lease Determination Worksheet contained in SECNAVINST 7320.10 series, will assist in the proper classification of leases.

(4) Several factors should be considered when planning for the acquisition of medical/dental equipment. Considerations include, but are not limited to, comparative costs (including operation and maintenance) for equipment leasing versus purchase, the length of time the equipment will be used, potential obsolescence of the equipment due to technological innovations, the availability of purchase options, and serviceability. Request for renewal of lease must include an economic analysis comparing the leasing and purchasing cost.

(5) If there is any doubt about a lease, contact NAVMEDLOGCOM's Equipment Support Directorate (Code 03) prior to proceeding with an O&M lease. Use of O&M funds for an OP lease is an unauthorized obligation of funds.

4. Civil Engineering Support Equipment (CESE). The administration, operation, and maintenance of automotive vehicles, construction, and railway equipment are collectively known as CESE. Commander, Naval Facilities Engineering Command (COMNAVFACENGCOM) is responsible for the administration and procurement of CESE for the Navy. Transportation Equipment Management Centers (TEMCs) were established within designated COMNAVFACENGCOM Engineering Field Divisions (EFDs) to facilitate execution and management of the CESE program. Commander Pacific Division, Naval Facilities Engineering Command (PACNAVFACENGCOM) TEMC supports all field activities in the pacific, southwest, west, and northwest divisions. Atlantic Division, Naval Facilities Engineering Command (LANTNAVFACENGCOM) TEMC supports all field activities in the south, north, and other divisions not covered by PACNAVFACENGCOM. Activities shall manage their CESE program by following NAVFAC P-300; OPNAVINST 11240.8 series; and BUMEDINST 11240.6 series.

5. Visual Information (VI) Equipment

a. As stated in OPNAVINST 3104.2, Naval Imaging includes still and motion imagery, audio, graphic arts, visual aids, models, displays, visual presentation services, and the processes and resources that support them, and encompasses the DOD term "Visual Information (VI)." Emphasis is placed on controlling proliferation of activities, equipment, manpower, products, productions, and services through central management at all levels. Detailed management instructions, categories, descriptions, and definitions are contained in OPNAVINST 3104.2 and BUMEDINST 5290.2. BUMED manages and operates VI production activities; biomedical photography laboratories; medical VI libraries, scientific illustrations, graphic arts, exhibits services, and other medical VI documentation functions.

b. Approval and Authority. BUMED maintains Medical Visual Information Service Activities (MVISA) that supports local medical and dental VI activities. These activities provide management of all medical VI resources and services. The operation of these activities and functions must be approved by the Navy Medicine, Manpower, Personnel, Training and Education Command (NAVMED MPT&E). NAVMED MPT&E is the BUMED Special Assistant for Visual Information (Code OV). Disestablishment of a MVISA must be approved by NAVMED MPT&E and authorized by the Chief of Naval Operations (CNO) and DOD.

6. Information Systems (IS) Equipment. The activity's Information Management Department shall review requests for information systems and equipment, recommend approval, and when required, forward to higher echelon authority for

approval. Planning and budgeting of information system requirements are the responsibilities of the activity, its Information Management Department, and Naval Medical Information Management Center (NMIMC). NMIMC is also responsible for coordinating all reviews and approvals of medical equipment that connect to the local and wide area networks (LAN/WAN). This review includes consideration for security, bandwidth, and standardization efforts within Navy and DOD Medicine.

7. Clinical Investigation Program (CIP) Equipment. BUMEDINST 6000.12 series establishes authority for CIP. NAVMED MPT&E, is the program manager, provides guidance, and has authority over all protocol of CIP. Participating activities shall coordinate funding and equipment requests for the program with NAVMED MPT&E.

8. MWR Equipment. Morale, Welfare, and Recreation (MWR) and Bachelor Quarters (BQ) Administration Program equipment is funded by Bureau of Naval Operations (BUPERS), and should not be procured using O&M or OP funds. The MWR/BQ program is administered following the NAVMEDCOMINST 1710.1. BUMED is the MWR/BQ Program Administrator.

9. RDT&E Equipment. Equipment for Research, Development, Test and Evaluation (RDT&E) Program shall follow pertinent RDT&E equipment procurement guidelines.

10. Medical Imaging Equipment. The Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB) evaluates new and emerging medical imaging and radiotherapy technologies, and recommends short- and long-range planning and acquisition strategies for radiographic, nuclear medicine, ultrasound imaging, radiotherapy, and related support equipment. The membership is contained in BUMEDINST 5420.19. NAVMEDLOGCOM's Equipment Support Directorate (Code 03) receives, reviews, and prepares equipment packages submitted for board action. The NAVDIRB meets quarterly. Activities shall submit emergent equipment requests to NAVMEDLOGCOM's Equipment Support Directorate (Code 03) at least 6 weeks prior to a NAVDIRB meeting. All other requests should be submitted as part of the regular business plan and budget cycle.

Article 3-5
Budgeting and Funding for Other Procurement (OP) Appropriation Medical/Dental Equipment

1. BUMED Activities shall prepare and submit investment equipment budgets following BUMED's annual published guidance. OP Budgets are submitted via the Regions to NAVMEDLOGCOM's Equipment Support Directorate (Code 03). OP Investment equipment is budgeted 3 years prior to when it is expected to be purchased, i.e., a request for equipment submitted in FY07 may be approved for purchase in FY10.

a. Program Objective Memorandum (POM) Year budget is prepared annually by each activity and forwarded to NAVMEDLOGCOM's Equipment Support Directorate (Code 03). A negative report is required from an activity that is not requesting investment equipment. NAVMEDLOGCOM will use the budget to draft the BUMED equipment POM. This input is the first opportunity for an activity to address its equipment needs, and every attempt must be made to identify the activity's entire requirements. The POM budget should include:

(1) Current item unit price.

(2) Replacement items. Items in the investment equipment inventory that will have reached the end of useful life by the end of the fiscal year (FY) in which the budget will be executed.

(3) New item. Item required as a result of increased mission, new mission, or significant changes in technology that renders existing item obsolete.

b. Budget Preparation

(1) Submit, Equipment Request, NMLC 6700/12, for the **"POM Year."** Blocks 1, 2a, 3b-h, 4, 5, 6, 7, 9, 10, 12, and 14 must be completed. A vendor's equipment price quotation must be included. The Equipment Request Form NMLC 6700/12 can be found on NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/policies/equip_forms.htm.

(2) "Budget Year." Activities shall submit an updated equipment request form, NMLC 6700/12, to NAVMEDLOGCOM's Equipment Support Directorate (Code 03) for each piece of investment equipment requested. The updated equipment request shall include current equipment information, and signatures. Submissions for the budget year will follow guidance provided in BUMED's FY Financial and Logistics Guidance.

(3) During the "budget year," changes should be provided on equipment submitted for the "POM Year" budget. Examples are cancellation, deferred to another FY (provide fiscal year), or procured with O&M funds.

c. Acquisition Control Number (ACN). Each OP equipment item budgeted will be assigned an ACN.

(1) The ACN will be preceded by the end user's activity Unit Identification Code (UIC). The ACN is a six-digit number, the first two of which are the last two digits of the FY in which the item is first budgeted. The last four digits can be any combination of letters and numbers. If the activity is using the New Equipment Request (NER) Process in DMLSS, the activity may use the last four digits of the NER requisition number as the last four digits of the ACN. Enter the ACN construct in the ACN field of the NER.

(2) The ACN will be unique and cannot be duplicated.

(3) The ACN will not be changed from year-to-year even though the particular equipment item goes unfunded.

(4) An example of an ACN for the Naval Branch Medical Clinic, Naval Station, Norfolk, VA might be 32510-060001. "32510" is the end user UIC for the Naval Branch Medical Clinic. "06" is the FY in which the particular equipment item was first budgeted, and "0001" are four numbers assigned this item to uniquely identify it from all other ACNs budgeted.

d. Item Status List. After technical reviews are completed in the "budget year." the status of the reviews may be found on NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/equipment/equip_status_report/equipmentstatusreport.asp. Budget Status Codes (BSCs) are as follows:

(1) "A" - procurement action has been initiated.

(2) "C" - canceled at request of activity.

(3) "D" - deferred at request of activity.

(4) "F" - funded with previous years' funds.

(5) "J" - technically reviewed and approved by specialty leader/NAVDIRB.

(6) "M" - require additional information for the specialty leader/NAVDIRB.

(7) "N" - new item not yet technically reviewed by the specialty leader/ NAVDIRB.

(8) "X" - disapproved; can be resubmitted for another review after responding to the comments of the specialty leader/ NAVDIRB.

Article 3-6
Procedures for Purchasing Medical/Dental Expense Equipment

1. General

a. Expense equipment is equipment with a cost up to $249,999. To support standardization and cost savings through consolidated procurement, requests to purchase expense equipment

with a cost greater than $25,000 shall be routed through the Regions to BUMED. In this process, NAVMEDLOGCOM shall ensure that the equipment requested receives appropriate clinical engineering and specialty leaders' review and approval. Once this technical approval has occurred, NAVMEDLOGCOM, in support of NAVMEDSUPPCOM, will consolidate the submissions for BUMED's review and funding approval.

b. Expense equipment bought with special project funds, for example, a mammography unit funded under the Breast Health Initiative Program (i.e., mammography units), shall be coordinated through NAVMEDLOGCOM. Designation of a special project does not bypass the standing policies for equipment.

c. Activities are responsible for the budgeting of expense equipment through the business plan process. Proper planning and accurate budgeting is essential.

d. Budget submission should include replacement items and new program requirements.

2. Responsibilities

a. Include Biomedical Equipment Maintenance Division's input with regards to equipment repair history, downtime, and projected variance in life expectancy when preparing the budget. This may assist in identifying proper equipment requirements.

b. Activities requesting expense equipment from $25,000 to $99,999 shall submit, Expense Equipment Request Form, NMLC 6700/13, to NAVMEDLOGCOM's Equipment Support Directorate (Code 03). Activities requesting expense equipment from $100,000 to $249,999 shall submit Equipment Request Form, NMLC 6700/12, to NAVMEDLOGCOM (Code 03). Both forms can be found on NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/policies/equip_forms.htm.

3. An Acquisition Control Number (ACN), Block 1 of NMLC 6700/13 shall be created as follows: The commands UIC, first two positions after the UIC will be the last two digits of the fiscal year of when the item is submitted. The third digit will always be the letter "M" to identify O&M funds. The remaining **three digits will be assigned by the activity.** For example, the ACN for the first item requested in FY06 will be N0001806M001, and sequentially, thereafter, for other items requested during the same fiscal year. If the activity is using the New Equipment Request (NER) Process in DMLSS, the activity may use the last three digits of the NER requisition number as the last three digits of the ACN. Enter the ACN construct in the ACN field of the NER.

Article 3-7
Ordering and Receiving

1. General. Commands shall initiate requisitions for equipment when funds are available and the requirements for budgeting review and approval are satisfied. When the **user/department** is requesting equipment, the following information must be included in the requisition:

a. Specify **what** is needed and **why** it is needed. Provide make, model of the equipment, National Stock Number (NSN), and any additional specification that would assist in the purchase of the required item. Ensure a justification for the item is listed. Justification may vary depending on the cost and complexity of the item being purchased. Include the vendor's name, address, and telephone number. Attach-ments and accessories required for the equip-ment to function as intended, must be included on requisition. The request should include a requirement for two complete sets of service literature at least as comprehensive as that used by the vendors' field service personnel to include any diagnostic software necessary and any schematics. When possible, list three vendors on the requisition. This will assist in expediting requisition processing. Prior to submission for purchase, the Biomedical Equipment Maintenance Division shall review request for medical items, and the Information Systems Department shall review for all items that will or could connect to the network. When applicable, Safety, Facilities, and the Education and Training Departments shall also review the requisition prior to purchase. Reviews are obtained to ensure complete compatibility, reliability, maintainability, and security of the network and patient data for each item.

b. Priority Designator. The priority designator in OPNAVINST 4614.1 UMMIPS, shall be strictly followed when determining delivery date of an item. The designators for requisition processing are 03, 06, or 13. Requisition with a priority designator higher than 13, i.e., priorities 03 and 06, must include a justification and an impact statement detailing the cause or nature for its urgency. The Commanding Officer must approve priority 03 requests and Directors may approve priority 06 requests.

c. Identify **where** the equipment will be located and used. This information is required for equipment accountability, and to ensure adequate space, room preparation, and utilities provided.

d. Certification that equivalent sharable and idle equipment is not available in-house. A full justification must be provided for a sole source item. Personal preference, or additional capabilities not required to fulfill the identified need, are not acceptable justifications. A sole source justification must clearly demonstrate that no other item is available to satisfy the requestor's requirements. All sole source justifications forwarded to NAVMEDLOGCOM are reviewed by its contracting officer and legal counsel

e. Installation Costs. Installation costs for equipment includes those costs associated with attaching the equipment to existing utilities, mounting the equipment to the structure in a manner appropriate for a medical activity and repairing any surface finishes damaged during the installation.

f. An attachment to the equipment request package (NMLC 6700/12) to assess the appropriate funding requirements:

(1) Facilities Survey (NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/equipment/equipment.htm).

(2) Manufacturer Installation Quote (with line item costs identified).

(3) Rough drawings (including space dimensions, utility service location, equipment location, HVAC supply, etc.).

(4) Photos of entire space including subfloor/overhead spaces (digital images preferred).

g. Extended Installation. Extended installation is limited to modifications required for the proper installation of the new system. For example, the installation of a telemetry system in a ward where one did not exist, or the installation of a three-phase x-ray system in a room where a single phase exists. Cosmetic work such as replacing floor or ceiling tile, new lighting, and painting will NOT be included, unless such surfaces were damaged by the installation. Such costs shall be funded from the activity's operating budget.

h. Turnkey Procurement. A Turnkey system includes purchase of the equipment, room preparation, installation, and related costs. Turnkey systems should only be appropriately considered for large equipment acquisitions such as specialized or expensive medical/laboratory equipment (e.g., MRI system) for which the facility does not currently have the service or an adequate location in which to install the equipment. Upon determination of a requirement for a turnkey installation, the facility must coordinate the requirement with NAVMEDLOGCOM's Equipment Support Directorate (Code 03). ***Turnkey projects are handled as exceptions, and technical approval of the equipment requirement does not indicate approval of a turnkey installation.***

2. Requisitions

a. Requisitioning Procedures. Follow local procedures when initiating purchases and when performing follow-ups on purchase requests for both standard stock and open purchase items. Maintain a "tickler file" to ensure timely follow-ups. Prime Vendor and Depot items may be ordered through on-line computer programs and systems.

b. Commercial Purchases (Open Purchase/Market). Open market equipment procurements shall only be considered when a suitable item cannot be obtained through the Federal Excess Program, standard stock, or Federal Supply Schedules or existing federal contracts. FAR prohibits purchases based strictly

on personal preference. Competition, small business set-asides, Buy American Act, sole source justi-fication, and other requirements set forth by the FAR, and FAR supplements must be strictly adhered to.

c. Procurement Support Provided by NAVMEDLOGCOM. Under certain circumstances, NAVMEDLOGCOM will perform procurement actions on behalf an activity. The requesting activity must forward specifications for the item using either a NAVCOMPT 2276 or a DD 1149 to NAVMEDLOGCOM. For installed imaging equipment, the appropriate personnel, normally the facility engineer must complete the Facilities Survey located on NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/equipment/equipment.htm.

3. Receiving Procedures

a. Receiving procedures for standard stock and open market purchased equipment is generally the same. Receiving personnel shall match the requisitions/purchase orders with the shipping documents and packing slips to ensure that the items delivered are the items ordered. Receiving personnel shall check the item for correct quantity, damage, or discrepancy. Once the item is received and signed for, follow local document distribution procedures by obtaining signatures with dates on the receipt until the requestor receives the item. File the receipt document. Receipt documents are used for receipt control, financial and property accounting, customer notification, purchasing, audit, and inspection.

b. Equipment Inspection. Prior to use, The BMET shall inspect equipment for proper and safe operation, compatibility with existing utilities and systems, and to ensure receipt of required documents such as schematic diagrams, wiring diagrams, parts lists, and operator's manuals. Installation, when required, shall be scheduled at this time.

c. Accounting and Tagging. After BMET inspection, tag equipment and update property accounting records. Ensure that the ACN is entered in the ACN of the new equipment record in DMLSS. Under all circumstances, equipment must be tagged and entered into DMLSS within 7 days of receipt, or it must be determined damaged/defective and rejected. This does not mean that a product cannot be rejected after it has been tagged, if it proves to not meet the contractual requirements.

SECTION 4. FLEET SUPPORT

Article	Subject	Page
4-1	General	4-1

References: COMNAVSURFLANTINST 6000.1 series/COMNAVSURFPACINST 6000.1 series, Shipboard Medical Procedures Manual
OPNAVINST 4790.4 series, Ships' Maintenance and Material Management (3-M) Manual
NAVSEAINST 4790.8 series, Ships' Maintenance and Material Management (3-M) Manual Provisioning, Allowance & Fitting-Out Support (PAFOS) Manual (NOTAL)
COMFLTFORCOMINST 4790.3 series, Joint Fleet Maintenance Manual
BUMEDINST 6700.13 series, Management and Procurement of Authorized Medical and Dental Allowance List Material for Fleet Units
Performance Based Agreement between Defense Logistics Agency (DLA), BUMED, Military Sealift Command (MSC), Commander, Fleet Forces Command (CFFC), Pacific Fleet (PACFLT), and Naval Supply (NAVSUP)

Article 4-1 General

1. This section provides a brief description on manuals and policy used for the Fleet Equipment Maintenance Program.

a. COMNAVSURFLANTINST 6000.1/ series COMNAVSURFPACINST 6000.1 series, Shipboard Medical Procedures Manual. Section 3 of the Shipboard Medical Procedures Manual directs and summarizes requirements for developing and maintaining a viable maintenance repair capability. These references ensure optimum equipment readiness in support of operating forces.

b. OPNAVINST 4790.4 series, Ships' Maintenance and Material Management (3-M) Policy. The Ships' 3-M System is a management tool that provides efficient and uniform methods for conducting and recording preventive, alterative, and corrective maintenance. Preventive maintenance actions are those actions intended to prevent or discover functional failures. Preventive maintenance includes actions taken to prevent equipment from failing, such as changing the oil, cleaning filters, calibrating, etc. Alterative maintenance is the performance of authorized changes or modifications to upgrade or change the design of installed equipment. Corrective maintenance is action taken to fix equipment that has failed or is not working to desired performance standards. Planned Maintenance System (PMS) and Maintenance Data System (MDS) tools are provided to manage ship maintenance.

c. NAVSEAINST 4790.8 series, Ships' Maintenance and Material Management (3-M) Manual. 3-M is designed to provide ships and applicable shore stations with a simple and standard means for planning, scheduling, controlling, and performing maintenance on all shipboard systems and equipment. The primary objective of 3-M is to manage shipboard maintenance in a manner, which will ensure maximum equipment and system operational readiness. It references OPNAVINST 4790.4 series policy regarding 3-M and assigns responsibilities to Naval Sea Systems Command (NAVSEASYSCOM) Field Activities, Systems Commands (SYSCOMS), and BUMED/NAVMEDLOGCOM for providing support.

d. Provisioning, Allowance, & Fitting-Out Support (PAFOS) Manual. The PAFOS is an authoritative document that lists equipment/ components verified by Ships Configuration and Logistics Support Information System (SCLSIS) Configuration Data Manager (CDM) to be installed on a ship to perform its operational mission. Included are the repair parts and special tools required for operation, overhaul, and repair of equipment/components. Also, included are the Operating Space Items (OSI) consumables necessary for safety, care and upkeep of the ship. The Coordinated Shipboard Allowance List (COSAL) provides technical and

supply information making it an Integrated Logistics Support (ILS) document. A COSAL is a technical document as described in the Allowance Parts Lists (APLs) or Allowance Equipage Lists (AELs), and it is also a supply document that includes medical material.

e. Senior Medical Department Representative (SMDR). Ship's medical officers or SMDR can request APL changes from NAVMEDLOGCOM's Equipment Support Directorate (Code 03) at http://www-nmlc.med.navy.mil/gov_only/ equipment/equipment.htm.

2. COMFLTFORCOMINST 4790.3 series, Joint Fleet Maintenance Manual. Ship Maintenance (SHIPMAIN) Modernization Entitled Process

a. The SHIPMAIN Modernization Entitlement process represents sweeping changes in the modernization of U.S. Navy ships. The goal of the entitled process is to populate the President's budget with approved, fully funded alterations which have been selected based on technical, war fighting, readiness, and cost benefits, using a structured process involving Type Commanders (TYCOMs) and senior Office of the Chief of Naval Operations (OPNAV) decision makers. The SHIPMAIN Entitlement Process:

(1) Reduces over 40 alteration types into two categories, Fleet TYCOM alterations and Program (Systems Command or Program Executive Office) alterations.

(2) Streamlines and consolidates a number of existing modernization practices, processes, meetings, and supporting documents.

(3) Presents a single, hierarchical decision-making process for modernizing surface ships and aircraft carriers.

b. The SHIPMAIN process begins with an idea that is entered into a web-enabled database, known as the Navy Data Environment (NDE). Anyone with an NDE account can submit ideas into the entitlement process using a new, consolidated Ship Change Document (SCD). The submission step is designed to ensure that good ideas enter the process, while duplicate ideas or ideas with no apparent benefit are removed.

c. The entitlement process uses three stakeholder decision boards, one each at the Captain (0-6), Rear Admiral (1 and 2 star), and Vice Admiral (3-star) levels. Voting members of the boards include TYCOM and OPNAV organizations, as well as the Assistant Secretary of the Navy, Research, Development and Acquisition (ASN(RDA)) to ensure continuity throughout various acquisition programs. Once an SCD is approved, it becomes part of the Hull Modernization Plan (HMP) and is incorporated into the Baseline Authorized Work Package, to be completed during a scheduled CNO availability period.

3. BUMEDINST 6700.13 series, Management and Procurement of Authorized Medical and Dental Allowance List Material for Fleet Units. This Authorized Medical Allowance List (AMAL) and Authorized Dental Allowance List (ADAL) instruction provides policy to effectively manage medical and dental inventories and to establish responsibilities to maintain and review authorized medical and dental allowance lists for operating units. The allowance lists are established to provide the minimum quantity of medical and dental equipment and consumables for fleet and Fleet Marine Force (FMF) units.

4. Performance Based Agreement between the Defense Logistics Agency (DLA), BUMED, Military Sealift Command (MSC), Fleet Forces Command (FFC), Pacific Fleet (PACFLT), and Naval Supply (NAVSUP). The Performance Based agreement assigns tasks and accountability in support of the Hospital Ship Program.

SECTION 5. COLLATERAL EQUIPMENT REQUIRED TO INITIALLY OUTFIT NAVY MEDICAL AND DENTAL CONSTRUCTION PROJECTS

Article	Subject	Page
5-1	General	5-1
5-2	Responsibilities	5-1

References: BUMEDINST 11110.7 series, Final Authority For Medical And Dental Facility Design
BUMEDINST 11110.8 series, Health Facility Planning And Project Officer Program

Article 5-1
General

1. Collateral Equipment (CE). CE is the initial provision of equipment and furnishing that are used to outfit a Military Construction (MILCON) project. The MILCON project may include replacement, expansion, or general refurbishment of an existing facility or space. CE funds shall not be used as source for a command's equipment replacement program.

2. OP-Funded Equipment Approval. Prior to purchase, equipment identified for OP funding must receive technical review and written approval from the appropriate Surgeon General's Specialty Leaders, Technical Experts, or Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB), as appropriate.

Article 5-2
Responsibilities

1. Bureau of Medicine and Surgery (BUMED). BUMED is the final approval authority for the design of all facility projects. This authority includes MILCON and other projects within the BUMED Budget Submitting Office (BSO) regardless of the resource sponsorship. This authority is stated in BUMEDINST 11110.7 series.

2. Health Facility Planning and Project Officer (HFPPO). The HFPPO is responsible for the facility under construction. The HFPPO provides liaison between the activity and builder.

The HFPPO provides the necessary coordination between BUMED, the activity, Navy Facilities Engineering Command, Facilities Engineering Acquisition Department (FEAD), and other construction and engineering entities. The following are some of the HFPPO responsibilities concerning equipment and is further outlined in BUMEDINST 11110.8 series.

a. Participate in the activity's development and continuously update technical and non-technical equipment to include furnishings.

b. Budgeting and Funding. HFPPO shall liaise with the activity and BUMED in developing and continuously updating equipment requirements and pricing to provide the most current cost estimates for budgeting and funding the initial outfitting. The HFPPO coordinates the procurement, storage, and installation of CE. Funds are provided by BUMED.

c. Assist the activity Commanding Officer (CO) and Equipment Manager (EM) to identify existing equipment eligible for relocation to the new facility or space so as to avoid procurement duplication.

3. Activity Commanding Officer

a. As the primary user, the CO participates in the development of technical and non-technical equipment requirements. The CO shall provide personnel resources for the selection of medical equipment and furnishings for the facility. The EM and CO shall identify equipment not eligible for relocation to the new facility; this excess equipment shall be reported to NAVMEDLOGCOM via the Tri-Service Medical Excess Distribution System (TRIMEDS) using the Defense Medical Logistics Standard Support

(DMLSS) system excess reporting process. After the equipment has been advertised in TRIMEDS for 45 days without Navy, Army, or Air Force activities requesting the material, contact the local DRMS and submit the appropriate turn-in documents. The list may be provided to the Humanitarian Assistance Program (HAP). The HAP Director's telephone number is (229) 639-6193. HAP will coordinate transfer of requested excess through the local DRMS. All remaining material must be turned in to DRMS. Retain all DRMS documents and reconcile with DMLSS upon transfer of the equipment.

b. A MILCON Project, from the start of construction to the Beneficial Occupancy Date (BOD) can span a significant period of time in which existing equipment items in the activity may no longer support the current needs of the activity. The equipment has become obsolete, or the equipment has been damaged in a way that would render it not usable in the new facility. With this in mind, it is essential a 100 percent wall-to-wall inventory of existing equipment and property be taken early in the project and updated as the project progresses. This MIL-CON relocation inventory analysis will take into account the following criteria to determine if the item will be retained:

(1) The Maximum Expenditure Limit (MEL) and the Maximum Repair Limit Cumulative (MRLC) indicators in DMLSS.

(2) The age of equipment (equipment having less than 50 percent of its useful life remaining at BOD must be evaluated for transfer) must not affect the mission due to relocation down time at the move date.

(3) The equipment shall have a serviceable and usable condition code at BOD and must meet the current technical requirements of the modality.

(4) If the cost of maintenance up to the BOD added to the cost to relocate the item exceeds 80 percent of a replacement item it shall be evaluated for replacement.

c. When the determination is made to replace the item, consideration shall be given to a trade-in against a replacement item. If an item has value as a trade-in, this option should be taken at time of procurement. Material that is not considered for retention will be reported as excess and the procedures for excess equipment will be followed for redistribution and/or disposal.

d. The local activity shall submit the inventory results certified by the Commanding Officer to the HFFPO. This inventory should be based upon the most current inventory contained in DMLSS. This inventory will be used to document relocation of all collateral equipment items.

e. Establish a Facility Transition Team (FTT) consisting of the HFPPO as Technical Leader, Facilities Officer, Material Manager, Equipment Manager, BMET, Chief Information Officer (CIO), essential departmental personnel, and Public Works/Resident Officer in Charge of Construction (ROICC), (as required).

SECTION 6. TEST AND EVALUATION OF MEDICAL AND DENTAL EQUIPMENT

Article	Subject	Page
6-1	General	6-1
6-2	Procedures	6-1
6-3	Conditions for Test and Evaluation	6-2
6-4	Evaluation	6-2

Article 6-1
General

1. Nature of Medical and Dental Equipment. The dynamic nature of medical and dental equipment has created an environment of rapidly changing technology. Limited financial resources prohibit the procurement of new items of equipment for evaluation and comparative purposes. Additionally, equipment proven to be acceptable for use in one setting (e.g., CONUS hospital or clinic use) may not be suitable for use in other settings (e.g., shipboard, field, or OCONUS facilities).

2. Conditions. Conditions such as motion, dust, electromagnetic interference, temperature extremes, and high humidity affect the performance and reliability of some equipment. The user must be aware of how well an item can tolerate and function in the environment in which it will be used.

3. Vendors. Many vendors will allow their products to be tested and evaluated on site by potential users. BUMED does not object to this process, however, approval is required prior to accepting medical or dental materiel for test and evaluation. NAVMEDLOGCOM is the approving authority. Items requiring structural changes or major installations will not be considered under this program.

Article 6-2
Procedures

1. Requests. Requests to test and evaluate medical and dental equipment shall be sent to NAVMEDLOGCOM's Equipment Support Directorate (Code 03) via the requesting activity's Equipment Manager for approval. Include the following information:

a. Name and address of supplier.

b. Equipment nomenclature.

c. Model number, catalog number, or other identification.

d. Cost of the item.

e. Number of units required for testing.

f. Site(s) of test.

g. Length of tests (90-day limit. 180-day limit if minor installation is required).

h. Proposed testing protocol.

2. Equipment Gain. Equipment must be gained in DMLSS using the transaction reason "User Test." Detailed equipment gain procedure can be found in **Section 8**.

Article 6-3
Conditions for Test and Evaluation

1. Approval. The approval for test and evaluation of equipment may be granted when the current model has not been evaluated within 3 years of the request, or when the item is not currently undergoing evaluation at another activity for the same purposes. When a request is received for a previously tested item, or for an item currently being evaluated, the request will be denied. A copy of the previous evaluation report will be forwarded to the requesting activity. When the evaluation is in progress, a copy of the evaluation report will be provided to the requesting activity when the current evaluation is completed. When the previous evaluation report does not meet the intended use of the item, sufficient justification for re-evaluation must be submitted to NAVMEDLOGCOM.

2. Vendor Agreements. The vendor must agree to the following terms in writing before the test can begin:

a. The item is accepted at no cost to the Government.

b. The Government accepts no responsibility for damage or loss while it has custody of item.

c. The item is returned to the supplier in "as is" condition.

d. The acceptance for test and evaluation implies no agreement to purchase.

e. All test and evaluation reports are the property of the United States Government and will not be released to private industry without NAVMEDLOGCOM consent. The evaluation report may not be used as an endorsement of the item or in any advertisements by private industry.

Article 6-4
Evaluation

1. Evaluation Report. When the test is complete, an evaluation report having all information outlined on page 6-3, Test and Evaluation Summary, will be sent to the Commanding Officer, Naval Medical Logistics Command, ATTN: Senior Clinical Engineer, Equipment Support Directorate (Code 03). The results of the evaluation should determine if the technology is mature enough to warrant procurement. If a procurement is decided upon:

a. The information gathered by the Command Contracting Officer should be used for developing evaluation criteria.

b. No vendor specific model may be preselected.

c. A “best value” solicitation should be submitted to all vendors with a similar product.

d. An expert panel under the direction of the Contracting Officer would use the evaluation criteria to determine the vendor’s product that is the “best value” to the government.

2. Test Results. All test and evaluation results will be cataloged by NAVMEDLOGCOM. A list of the items evaluated within a 3-year period will be published on the NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/equipment/equipment.htm.

Note: ***Section 6 does not apply to technical evaluations conducted as part of a Government procurement action under the direction of a Contracting Officer.***

Test and Evaluation Summary

1. The summary shall include:

a. Item name and model number.

b. Manufacturer name, address, and point of contact.

c. Item description.

d. Item catalog/part number.

e. Item cost.

f. Item function.

g. Any utility requirements.

h. Location of test.

i. Frequency of use during test.

j. Reason for test (e.g., planned technology purchase, vendor request, etc.).

k. Name of principal evaluator.

l. Test protocol (as described below).

2. Test Protocol. Personnel performing test and evaluation contribute to the DOD equipment database. Compare the test item to similar items you are now using or have used in the past. Your findings should include both the desirable and undesirable features of the item. The protocol should include the following categories:

a. Conditions of Testing. Some items of equipment suitable in one environment are not suitable in another. The protocol should include a description of the test site (e.g., hospital, branch clinic, shipboard, etc.) and a description of the procedures performed per week.

b. Quality of Manufacturing. Even a surface inspection can be informative. A sloppily constructed exterior rarely conceals a superbly constructed, rugged, and reliable interior, but the opposite is frequently true. Have your activity's BMET remove the covers and evaluate workmanship of circuitry and machinery.

c. Overall Design and Human Engineering. Is the overall design usable and sensibly laid out? For example, are displays readable from usual operator position? Are controls easily accessible?

d. Ease of Installation and Maintenance. Did the unit reveal any peculiarities of positioning, power, plumbing supply, or initial calibration? Is the type of installation what it is claimed to be (e.g., is a portable instrument truly portable)? What is your BMET's opinion of serviceability?

e. User Acceptance. Did the device win acceptance from its primary users during the test? Were there any difficulties learning how to use the equipment; vague or specific dissatisfaction with the overall design; overly complicated procedures for use, maintenance, etc.? If possible, please try to substantiate the reason for lack of acceptance of a unit.

f. Usefulness of Manuals and Manufacturer's Training. Are the manuals written so a non-technical oriented clinician can easily understand and learn to use the equipment? Does the manufacturer offer training in the use and maintenance of the equipment and, if so, is there a charge for it?

g. Reliability of Device. Did the unit fail or require maintenance during the test? The test should subject the equipment to normal handling and service by a variety of personnel. Limiting the use of the equipment to a few individuals who treat the "new" equipment carefully does not provide a valid evaluation.

h. Safety. Consider the unit with regard to electrical, mechanical, and functional safety to both patient and operator. Does the unit have sufficient alarms and safeguards for use by your ***least*** experienced personnel? Were any hazards noted?

i. Suitability for Navy Use. Summarize both the negative and positive features of the unit and include your recommendations of the unit for use in medical or dental activities ashore, afloat, and in the field.

j. Overall Evaluation and Comments. This portion of the evaluation is to be used to provide any additional input/information, which may be useful in determining suitability for use of the tested item in Navy activities, aboard ship, or in the field.

SECTION 7. REPORTING UNSATISFACTORY EQUIPMENT

Article	Subject	Page
7-1	General	7-1
7-2	Transportation Discrepancy Report (TDR), SF-361	7-1
7-3	Reporting of Item and Packaging Discrepancies, SF-364	7-2
7-4	Medical/Dental Materiel Complaint and Quality Deficiency Reporting	7-3
7-5	Quality Deficiency Reporting (QDR) for Non-Medical Items, SF-368	7-4
7-6	Recalls, Manufacturer and Food and Drug Administration (FDA) Notifications, and Quality Deficiency Report Log	7-5

References: NAVSUP P-485, Volume I, Afloat Supply
NAVSUP P-485, Volume III, Ashore Supply
DOD 4500.9-R, Part II, Defense Transportation Regulation

Article 7-1
General

1. This section is a guide to assist in reporting and/or disposing of equipment due to quality deficiencies, packaging errors, or shipping type discrepancies. Emphasis must be placed on items that are considered injurious or potentially dangerous.

2. The purpose of a Quality Discrepancy Report (QDR) is to provide feedback to activities responsible for design, development, purchasing, supply, maintenance, contract administration, and other functions so action can be taken to determine cause, correct, and prevent recurring deficiencies. Further information can be obtained in NAVSUP P-485, Volume I, Afloat Supply, paragraph 4274, and Volume III, Ashore Supply, paragraph 07070.

Article 7-2
Transportation Discrepancy Report (TDR), SF-361

1. TDR, SF-361. Transportation discrepancies in shipments sent through the Defense Transportation System (DTS), and shipments within CONUS moving by commercial carrier will be reported via the Discrepancy in Shipments Reports System (DISREPS). Exceptions are listed in NAVSUP P-485 Volume I, paragraph 4273. The Defense Transportation Regulation (DTR), DOD Regulation 4500.9-R, Part II, Cargo Movement, Chapter 210, Nov 2004, prescribes responsibilities and procedures for reporting transportation discrepancies involving commercial carriers and military shippers worldwide. TDRs are created for two purposes:

a. To document loss of or damage to government material to support the filing of claims against carriers for Government reimbursement. If a claim is not filed, the Government is not compensated by a carrier for loss/damage, which leaves the Government, and thereby the taxpayer, to pay the bill and provide corrective action.

b. To document shipper-related discrepancies, e.g., those associated with HAZMAT requiring corrective action.

2. Samples. Samples of completed SF-361 are contained in figures 210-1, 210-3, 210-7, 210-8, and 210-14 in DTR Manual, Chapter 210, and instructions on how to fill out TDR (SF-361) are provided in DTR Manual, Chapter 210, Appendix I. In addition, the appendix contains procedures for submitting the report electronically. Point of contact for the SF-361 is:

Military Surface Deployment and Distribution
Command (SDDC) Operations Center
ATTN: SDG3-GD-CS
661 Sheppard Place, Second Floor
Fort Eustis, VA 23604-1644
(757) 878-8622; DSN 826-8622;
FAX (757) 878-7994; DSN 826-7994
e-mail: mainorp@sddc.army.mil

Article 7-3
Reporting of Item and Packaging Discrepancies, SF-364

1. Report of Discrepancy (ROD), SF-364. Reporting discrepancies attributable to shippers. Shipping discrepancies are the responsibility of the activity that shipped the material (including contractor, manufacturers, or vendors) and will be reported on the SF-364 (ROD) by the receiving activity. The ROD may be submitted online to Directorate of Medical Material, Defense Supply Center Philadelphia (DSCP) at https://dmmonline.dscp.dla.mil/forms/rod.asp.

2. Reporting Criteria. Types of discrepancies required to be reported, and exceptions are described in NAVSUP P-485 Volume I, paragraph 4269. In general, the SF-364 will be submitted when one or more of the following conditions exist:

a. Shortages or overages.

b. When erroneous materiel, unacceptable substitutes, or duplicate shipments are received.

c. The materiel received is for cancelled (confirmed only) requisitions. A copy of the confirmation of cancellation is required.

d. The condition of an item is found to be other than that shown on the shipping document.

e. The materiel is received after the shelf life has expired.

f. The materiel is shipped to the wrong activity.

g. Item technical data markings are missing and/or incomplete. These are markings on or attached to the item inside of the container.

h. The supply documentation is missing or improperly prepared.

i. Items reported shipped by Parcel Post are not received or are received in a damaged condition.

j. The materiel received has been cannibalized for nonexpendable parts or components without the authorization of the inventory manager.

k. There are product quality deficiencies relative to Grant Aid or Foreign Military Sales (FMS) shipments.

l. Repetitive discrepancies are observed.

m. Discrepancies pertaining to classified materiel or protected items will be reported regardless of the condition.

3. Packaging Discrepancies

a. Packaging discrepancies resulting in damaged material which may endanger life, impair combat or deployment operations, or affect other material will be reported immediately to the shipping activity, contracting office, and control point by the quickest communication medium to enable the shipper to take immediate corrective action. The formalized SF-364 will be transmitted by mail within 24 hours of the initial report.

b. Improper identification of containers or items that require opening the container or results in improper storage of the materiel.

c. Any packaging discrepancy involving hazardous materials, including improper identification markings of items and packs of unitized loads, regardless of whether damage or other unsatisfactory condition has resulted.

d. Excessive packaging by contractors resulting in additional costs to the Government.

e. Packaging discrepancies resulting in delay or additional packaging costs at aerial or water terminals or at Consolidation and Containerization Points (CCPs). The activity responsible for operating the terminal or port of embarkation/ debarkation will be responsible for preparing reports of discrepancies noted on shipments moving through the activity.

f. Repetitive packaging discrepancies that impose a significant burden on receiving or transshipment activities.

g. A particular specification, preservation, or packaging method. Reports relative to packaging discrepancies found in storage.

4. Submission of SF-364 Time Standard. The SF-364 will be submitted by receiving activities and/or transshipment activities within the time standards listed below. When extenuating circumstances prevent compliance, the reasons for delay will be entered in item 12.

a. From the shipment date:

(1) All activities – 90 calendar days (CONUS).

(2) All activities – 150 calendar days (Overseas Shipment).

b. Parcel Post - Lost shipments from:

(1) Government activities - 45 calendar days from date of shipment.

(2) Commercial sources - 90 calendar days from date of shipment.

5. Reply to SF-364. When an action activity is non-responsive to an SF-364, the reporting activity shall initiate a follow-up. Follow-ups should be sent at 30 days intervals.

a. Navy Action activities are required to reply within 45 days from date of receipt of the ROD.

b. When the ROD is passed to another activity for further action, the customer should be advised, and follow-up should be sent 60 days after submission of the original ROD.

c. For other than FMS and contractor RODs, when no reply has been received within 6 months from submission of the ROD, the submitter may close the ROD and initiate action to clear inventory and financial records.

Article 7-4
Medical/Dental Materiel Complaint and Quality Deficiency Reporting

1. General. All Naval Medical/Dental Department personnel are responsible for reporting items considered injurious, unsatisfactory, or potentially hazardous to patients or staff through the supervisory chain. Suspected defective or unsatisfactory materiel must be reported. Materiel Managers must coordinate and submit an SF-368; Product Quality Deficiency Report, or its equivalent.

2. Categories of Defective or Unsatisfactory Materiel and Suspension from Issue and Use

a. Category I. Any drug, device, supply, or equipment determined by use or testing to be harmful or defective to the extent that use has caused or may cause serious illness or death. Immediately suspend from use or issue.

b. Category II. Any drug, device, supply, or equipment suspected of being harmful, defective, deteriorated, or otherwise unsuitable for use. Immediately suspend from use or issue.

3. Method of Reporting. The SF-368, Product Quality Deficiency Report, is submitted as follows:

a. Category I Items. Materiel in this classification must be reported by priority message or telephone call to: ***Directorate of Medical Materiel (DSCP), with NAVMEDLOGCOM and Defense Medical Standardization Board (DMSB)*** as information addressees. All priority messages and telephone calls must immediately be confirmed in writing by submitting the original and four copies of SF-368 to DSCP (Attn: DSCP-MRCM) with copies to NAVMEDLOGCOM and DMSB. DMSB telephone number is (301) 619-2186; DSN 343-2186, Fax (301) 619-8528; DSN 343-8528 or e-mail: dmsbsf368@dmsb.detrick.army.mil. Telephone reports are made to the Emergency Supply

Operations Center (ESOC), DSCP, (215) 737-2112 during ESOC's normal working hours, or to the staff duty officer (215) 737-2341 after regular working hours. (Caller using the DSN system should dial 444 plus extension listed above). Mailing address for DSCP is:

Defense Supply Center Philadelphia
ATTN: DSCP-MRCM
(SF368 Med Mat'l Complaint)
700 Robbins Avenue
Philadelphia, PA 19111-5092

SF–368 may be obtained online at:
https://dmmonline.dscp.dla.mil.

b. Category II Items. Report to DSCP (Attn: DSCP-MRCM) by submitting the original and four copies of the SF-368 not later than 10 working days from discovery of the defective or unsatisfactory item. Send information copies to DMSB at e-mail: dmsbsf368@dmsb.detrick. army.mil, Fax: (301) 619-8528; DSN 343-8528, and NAVMEDLOGCOM.

4. Processing Materiel Complaints. Medical and dental materiel complaint reports are processed in the following manner:

a. DMSB. In coordination with DSCP, and the FDA when appropriate, the DMSB evaluates all Category I and II complaints on the basis of information furnished in the report. If additional information is required, DMSB will contact the reporting activity. If, on the basis of professional technical and clinical judgment, the complaint is substantiated as meeting Category I criteria, the Surgeons General of the Military Services will direct suspension from issue pending completion of technical/medical FDA evaluation. Suspension of stock in the Navy is generally promulgated by the following means, as appropriate:

(1) An ALNAV message originated by BUMED or NAVMEDLOGCOM.

(2) A special BUMED notice.

(3) A notice on the NAVMEDLOGCOM web page.

(4) If DMSB does not substantiate a complaint reported as Category I, the complaint is downgraded to Category II and passed to DSCP for action.

(5) Address for DMSB is:

Staff Director
Defense Medical Standardization Board
1423 Sultan Drive
Fort Detrick, MD 21702-9201

b. DSCP is the focal point for medical/dental materiel complaint reporting, and DOD's reporting entity for reporting complaint data to the FDA. DSCP coordinates with DMSB and FDA in the evaluation and investigation of all medical materiel complaints. When DSCP confirms any report of defective or unsatisfactory materiel, the three military service medical field offices are notified of action to be taken through the Medical Materiel Quality Control (MMQC) message communication.

5. Samples. DSCP and FDA (when appropriate) will request a quantity of the item from the reporting activity when samples are required for testing and evaluation. NAVMEDLOGCOM will monitor sample requests. Property records shall reflect transfer of equipment to the testing activity. Disposition instructions will be provided after completion of the testing.

Article 7-5
Quality Deficiency Reporting (QDR) For Non-Medical Items, SF-368

1. Quality Deficiency. All product deficiencies shall be reported on an SF-368 as described in NAVSUP P-485, Volume I, Afloat Supply, paragraph 4274.

2. Categories. Upon discovery of quality deficient material, determine and assign a Product Quality Deficiency category.

a. Category I. Critical defects which may cause death, injury, or severe occupational illness; would cause loss or major damage to a weapon system; or directly restrict the combat readiness capabilities of the using organization, or any defect which will result in production stoppage. Report must be submitted within 1 day after discovery.

b. Category II. A product quality deficiency that does not meet the criteria of Category I. This category is normally used for reporting major and minor defects. Report must be submitted within 3 days after discovery.

3. Submission. As mentioned in NAVSUP P-485 Volume I, Afloat Supply, paragraph 4274, submit reports to:

Commander
Naval Inventory Control Point Mechanicsburg
Code 05614
5450 Carlisle Pike
P.O. Box 2020
Mechanicsburg, PA 17055-0788.

Maintain a log of QDRs with assigned unique report numbers. Maintain copies of the QDRs for at least 2 years from date of submittal. QDRs can be submitted via message, e-mail, fax or mail.

Article 7-6

Recalls, Manufacturer and Food and Drug Administration (FDA) Notifications, and QDR Log

1. Materials Management shall maintain a log of all quality deficiency reports, recalls, and quality notices as well as what corrective action was taken with the dates of receipt and action. The documentation must include notification of all departments involved in ordering, dispensing, and administering medications subject to the recall and/or discontinuation of production. The associated QDRs, recalls, and notifications shall be maintained for a period not less than 3 years.

SECTION 8. ACCOUNTING OF EQUIPMENT

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References: DODINST 5000.64, Defense Property Accountability of 20 Nov 2006
SECNAVINST 7320.10 series, Department of the Navy (DON) Personal Property Policies and Procedures
DOD Financial Management Regulation 7000.14-R, Volume 4, Chapter 6
NAVMEDCOMINST 6320.3B, Medical and Dental Care for Eligible Persons at Navy Medical Department Facilities
DMLSS Web-Based User Manual

Article 8-1
Property Account Records

1. Accountable Equipment Records, also known as property account records, shall be coded as accountable equipment. This codes is known in the DMLSS system as Accountable Equipment Code (AEC).

a. General. Accountable records will be maintained in DMLSS for all personal property purchased, leased (capital or operating leases as applicable), or otherwise obtained, having an acquisition cost of $5,000 or more, and items that are considered sensitive, classified, or other Controlled Inventory Items (CII) that meet ***all*** of the following three criteria:

(1) Pilferable.

(2) Critical to the activity's business/ mission.

(3) Hard to replace or repair.

2. Other accountable records include:

a. Maintenance significant medical equipment. This includes all equipment with a Maintenance Requirement Indicator (MRI) in DMLSS.

b. Automated Data Processing (ADP) equipment. This includes all lap top computers, computer systems, servers, personal digital assistant (PDA), and pocket PCs.

c. Dental hand pieces.

d. Test, Measurement, and Diagnostic Equipment (TMDE).

e. Projectors.

f. Digital cameras.

g. Other BUMED-directed controlled inventory items can be accessed via the NAVMED-LOGCOM Web site.

3. Reconciliation of Property Records

a. The personal property manager (PPM), also known as the equipment manager, is responsible for issuing custody receipts, maintaining and updating a consolidated listing of all personal property issued to Custodians or Responsible Officers who maintain custody of equipment within their respective areas. The inventory list will consist of updated equipment balances, incorporating all issues and turn-ins. The consolidated inventory list will be updated at least annually, or within 20 days prior to the change of Custodian or Responsible Officer. See SECNAVINST 7320.10 series for further guidance.

b. Two copies of the updated inventory list of equipment will be prepared. The Equipment Manager will retain a copy and the Custodian will retain the other copy. After incorporating issues and turn-ins into the consolidated listing, signature by the Custodian and Equipment Manager indicates that both acknowledge that the listing is complete and correct and that the Custodian acknowledges responsibility for the items.

Article 8-2
Equipment Identification

1. Property, Plant and Equipment (PP&E) Identification

a. General. SECNAVINST 7320.10 series establishes DON Personal Property accountability procedures. A unique numeric identifier shall be assigned to all PP&E items within 7 calendar days from the day of receipt. The unique identifier assigned to a piece of equipment shall be maintained as long as it is in use within the activity. At a minimum, the unique identifier shall consist of the activity's Unit Identification Code (UIC) and an Equipment Control Number (ECN). The DMLSS system shall be used as the system of record for all accountable PP&E assigned to BSO-18 activities and shall be used to assign the ECN.

b. Bar Coding. Bar code numbers (BCN), also referred to as property identification numbers (PINs), are assigned by the activity's Equipment Management Division to Capital, Minor, and other accountable property. BCNs are prescribed to facilitate:

(1) Use of Automated Identification Technology, like barcode scanners, for physical inventories of equipment.

(2) Maintenance of property record files.

(3) Specific identification of equipment items in shipment orders, invoices, survey reports, and transfers.

(4) Maintenance of equipment history records.

c. PP&E shall be bar coded and entered in DMLSS within 7 calendar days from the date of receipt. For accountability purposes on equipment that requires installation and acceptance testing performed by manufacturer, assign a bar code within 7 days and place with the paperwork. After installation and acceptance have taken place, complete the bar coding process by placing the bar code on the piece of equipment (i.e., imaging systems) and assign the acquisition date as of the date of acceptance. For all other equipment, the acquisition date is the date the equipment arrives at the command. Should the equipment require acceptance testing, refer to Section 10 for detailed acceptance process.

d. Identification Numbers for Systems. Accessories and auxiliary equipment items that are attached to, or made part of a complete "system" shall be entered in DMLSS as a "component" and bar coded individually. This will identify the item(s) in the property book as part of the parent system. In DMLSS, the actual cost of the parent system, including its total ancillary cost, and the actual cost of each component must be recorded individually. Make sure that the total cost of the parent system and its component(s) is equal to the system's acquisition cost. The following are examples of equipment that must be entered as system/ component equipment type:

(1) Digital Imaging Network/Picture Archiving System (DINPACS).

(2) Catheterization Lab System.

(3) Physiological Monitoring System.

(4) Pharmacy Automation System.

(5) Video Endoscopy System.

(6) Central Supplies Automation System.

(7) Laboratory Automation System.

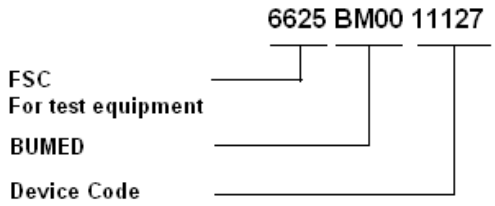
(8) Modular Dental Facility (MODENTS); contents will be listed as components.

(9) Mobile Hearing Conservation and Testing Facility (MOCAT); contents will be listed as components.

(10) Mobile Mammography; contents will be listed as components.

(11) Mobile Magnetic Resonance Imaging; contents will be listed as components.

2. Equipment (Item) Identification. An actual National Stock Number (NSN) should be used as the item ID when creating a catalog in DMLSS. However, if a non NSN or existing item ID is available, a new item ID can be created by combining the Federal Supply Class (FSC) number, BUMED Property Code (BM00 to BMXX) and the item's DMLSS device code. The following is a sample item ID created for a Defibrillator, Analyzer:



a. Equipment Nomenclature. DMLSS Standard Nomenclature/Device Code Table will be used when assigning a nomenclature. This will enable total asset visibility and accountability, and will ensure that the decision makers receive reliable and accurate information. This will also ensure that associated maintenance plan of a device code are properly assigned to a mainte-nance significant medical equipment. Nomen-clatures that cannot be found in the DMLSS device code table should be directed to NAV-MEDLOGCOM immediately for possible addition to the DMLSS device code table.

b. Leased equipment valued at $5,000 or greater shall be affixed with a bar code attached in a manner that will not damage the equipment once the lease is complete and the property minus the bar code, is returned to the vendor.

3. Affixing BCN Labels. Except when specifically instructed, the designation of the proper location of the label on the equipment item is the responsibility of each activity. Consideration will be given to:

a. The permanency of the identification in light of the nature of the item to which it is to be attached.

b. The effect to which the affixing of label will have upon the operation, efficiency, cleaning, or sterilization of the item.

c. The elimination of frequent cleanings and unnecessary replacement of the identification.

d. The ease in sighting for physical inventory or redistribution.

e. When personal property is transferred-in from another activity, the old BCN label will be removed and replaced with the gaining activity's new label indicating the new UIC and ECN.

Article 8-3
Individual Accountability and Responsibility

1. Accountability and Responsibility. Personal property personnel at all levels are obligated to keep accurate records of personal property. They are responsible for implementing adequate controls for care, custody, and safekeeping of Government property, and to ensure proper management of property.

2. Commanding Officer Responsibility. The Commanding Officer of accountable activities has the overall responsibility for the establishment and maintenance of the official financial personal property records. This responsibility includes the requirements of DOD Financial Management Regulation 7000.14-R, Volume 4, Chapter 6, and:

a. Appointment of a Personal Property Manager/Equipment Manager**.**

b. Establishment and maintenance of the official financial equipment records.

c. Coordination of the compilation of data in connection with the physical inventories of personal property.

d. Maintenance of internal controls to assure the accuracy of records and propriety of charges.

e. Assurance that personal property, regardless of class, is identified and properly reported.

3. Equipment Manager (EM)/Personal Property Manager (PPM) Responsibility. PPM's responsibilities include requirements of SECNAVINST 7320.10 series and locating medical equipment that cannot be located during the scheduled preventive maintenance cycle. This responsibility can be delegated to the PPM staff.

a. Ensure that the DD Form 200 is initiated by the Custodian/Responsible Officer responsible for the missing equipment.

b. Assist the Senior BMET in locating medical equipment.

4. Medical Equipment Accountability

a. All medical equipment with maintenance requirement indicator (MRI) is considered accountable and must be tracked. This includes lease and cost-per-use equipment. If a piece of equipment cannot be located during its normal preventive maintenance (PM) cycle, the Equipment Manager, and the Responsible Officer will make every effort to locate the missing item. If the item cannot be located within 30 days or by the end of PM cycle, whichever comes first, the Equipment Manager will ensure that the responsible officer initiates a DD Form 200 (Section 13). See Section 10, for recommended procedures for handling unable to locate medical equipment.

b. If a piece of medical equipment has an MRI of "No" and the Senior BMET changes the MRI to "Yes," the tracking will fall under the responsibility of the BIOMED.

Article 8-4
Equipment Gain

1. Equipment gain is the process of creating records for accountability and/or maintenance purpose. Use transaction reason "Equipment Inventory Gain Adjust" when gaining an equipment.

a. When gaining a piece of equipment, ensure that the equipment type is property assigned: individual, system, or component. See Section 8, for system/component entry requirement.

b. When gaining a piece of equipment procured by NAVMEDLOGCOM, (See Section 8) the Acquisition Control Number (ACN) will be entered in the ACN field of the main equipment record. See Section 3 regarding ACN.

2. Ensure that all valuation information is recorded including: make, model, serial number, Nameplate model, common model, acquisition date, acquisition cost, and installation date.

a. Ensure that correct Acquisition Fund Code (AFC) is used. Unless otherwise notified, MTFs should use the following AFCs:

(1) XH – Operation and Maintenance Expense-Health Affairs with acquisition cost of less than $100,000.

(2) MH – Operation and Maintenance Capital-Health Affairs with acquisition cost of $100,000 to less than $250,000.

(3) PH – Other Procurement Investment-Health Affairs with acquisition cost of $250,000 and over.

b. Other AFC may be used depending on which funds were used to purchase the equipment or when directed by NAVMEDLOGCOM:

(1) MJ – Joint Incentive Fund – DOD/VA.

(2) MV – Venture Capital Initiative – DOD.

(3) XN – OM&N Expense.

(4) MN – OM&N Capital.

(5) PN – OPN Investment.

(6) RD – Research/Grant – Private.

(7) ME – Environmental Program – Health Affairs.

(8) XL – OM Expense – Local.

(9) ML – OM Capital – Local.

(10) XB – OM Expense – BUMED.

(11) MB – OMR Capital – BUMED.

3. The recorded acquisition cost should equal the amount, net of both trade and cash discounts, paid for the property, plus transportation costs and other ancillary costs. Refer to SECNAVINST 7320.10 series for the complete definition.

4. The recorded acquisition date should be the date the equipment was officially receipted.

5. For transferred-in equipment, record the original acquisition date. If the acquisition date is unknown, call the manufacturer for the manufacture date and use this date as the acquisition date. Ensure that the accumulated depreciation is recorded in DMLSS for all capital equipment.

6. After completing the gain process in DMLSS, adjust the acquisition cost to reflect the following:

a. Actual purchase price.

b. Discounts.

c. Trade-ins.

d. Transporation cost.

e. Installation cost.

f. Upgrades.

g. Other costs.

Article 8-5
Inventories and Inspections

1. Inventories. In accordance with DODINST 5000.64 and SECNAVINST 7320.10 series, BUMED activities are responsible for conducting physical inventories and reconciliation of records of all classes of personal property. Physical inventory accuracy should be at least at 98 percent.

a. Planning. Activities are responsible for developing an inventory procedure to be followed each time the activity conducts a physical inventory. The inventory procedure should include detailed instructions pertaining to:

(1) The purpose of the physical inventory.

(2) The responsibilities of each representative of management assigned the task of taking a physical inventory of personal property.

(3) A specific list of inventory areas, including target dates for completion.

(4) Indoctrination of personnel taking the inventory.

(5) Specific operating techniques to be followed in sighting, tagging, describing, recording, and reporting personal property items.

(6) Instructions for the preparation of an inventory progress report for local management.

(7) Local requirements.

b. Upon completion of the physical inventory, action will be taken to reconcile the valuation information of the records with DMLSS. At a minimum, the reconciliation shall include:

(1) ECN.

(2) Nomenclature of equipment.

(3) Manufacturer's Serial Number.

(4) Manufacturer's Nameplate Model.

(5) Manufacturer's Model Number.

(6) Acquisition Cost.

(7) Custodian Name.

(8) Location.

(9) Commodity Class.

2. Replacement Facilities. A wall-to-wall equipment inventory is required for replacement facilities. Refer to Section 5 of this manual.

3. Walk-through Inspections. Walk-through inspections will be conducted at least quarterly to identify sharable, idle, under-utilized, non-bar coded, or unneeded equipment. This can also be accomplished by sampling at least 10 percent of the equipment monthly depending on the PPM staffing level. DMLSS shall be used when conducting this type of inventory. Inventory accuracy of accountable properties must be at 98 percent. At a minimum, the inspection results shall include, inspection date, service, department, activity, or command identification, names of the inspection team members, and the recommendations of the inspection team. After each walk-through inspection, idle or unused equipment will be reassigned or reported for redistribution. Standby equipment shall be of special interest to the inspection team (see Section 9). Maximum results can be achieved when personnel conducting the inspection have knowledge of equipment requirements, utilization, and planned programs. The inspection team should consist of management personnel, medical repair personnel, and, when appropriate, scientific or research personnel. The Property Manager for audit purposes will retain the results of walk-through inspections for 3 years. Additional documentation shall include action taken to reconcile property records and redistribute or dispose of excess equipment identified during the inspections.

4. Triennial Inventory. SECNAVINST 7320.10 series requires a triennial inventory. NAVMEDLOGCOM will coordinate the inventory process, BUMED will provide additional guidance by letter.

Article 8-6
Accounting for Lost or Damaged Property

1. Equipment Lost, Damaged, or Destroyed. Equipment that has been lost, damaged, or destroyed must be surveyed and the inventory adjusted. A Financial Liability Investigation of Property Loss, DD Form 200, shall be initiated by the Responsible Officer/Custodian. Section 13 contains a brief discussion on DD Form 200 preparation.

2. Equipment Received in Damaged Condition. See Section 7.

Article 8-7
Loan and Transfer of Equipment

1. General. Loaned equipment must be recorded in DMLSS to assist in tracking the equipment until it is returned to its owner. Appropriate transaction reason must be used to ensure accurate financial reporting.

a. Loans to Patients. NAVMEDCOMINST 6320.3B details the types of medical and dental care available for eligible beneficiaries at Navy Medical Department facilities.

(1) Expendable or durable items such as orthopedic aids, braces, crutches, hearing aids, implants, and similar appliances may be issued to patients.

(2) Equipment such as wheelchairs, infusion pumps, hospital beds, and resuscitators may be loaned to patients.

(3) By its very nature, personal property is usually not available for loan to patients.

b. Patient Movement Items (PMI). PMI equipment accompanying patients is discussed in Section 11.

c. Maintenance Technical Inspection. Maintenance technical inspection of equipment is required prior to transfer or loan. This subject is discussed in Section 10.

d. Inter- and Intra- Hospital Loans. As a general rule, personal property may be loaned among wards, services, or clinics of a particular hospital, or between BUMED activities if there are unusual or emergent requirements. This may be necessary when equipment resources are not available or are inadequate for unusual medical requirements and peak patient workloads.

(1) Intra-hospital loans of equipment may be made for up to 60 days. Equipment required for more than 60 days should be turned in to the Equipment Manager for permanent issue to the department requiring the equipment.

(2) The Equipment Managers of each activity must coordinate inter-activity loans of equipment. Use DD Form 1348-1A to document inter-activity loans and transfers.

2. Procedures

a. Loans to Patients. The Equipment Manager of the loaning activity is responsible for maintaining suspense files on equipment loaned to patients. Such equipment loans shall be documented using DD Form 1348-1A or General Services Administration (GSA) Optional Form (OF) 7. The Equipment Manager retains the original. The patient, loaning Department Head (if applicable), and the Biomedical Engineering Division (BIOMED) maintain copies of the form. As a general rule, any transportation costs for equipment loaned to patients are borne by the loaning activity. A Maintenance Technical Inspection (Sectin 10) is required prior to loan. The Equipment Manager and BIOMED must ensure that all required maintenance is performed during the loan period. Repair or replacement of the equipment is the responsibility of the loaning activity.

b. Intra-Activity Loans. A department requiring loan of equipment from another department of the same activity is responsible for initiating a locally generated form and submitted to the EM. The EM will record the loan action in DMLSS and print the Custodian Action List form to be signed by both the lending and receiving Custodians. The original copy will be kept by the Equipment Manager.

c. Inter-Activity Loans

(1) Equipment Managers of both the gaining and the lending activities are responsible for maintaining suspense files on the equipment. Equipment loans between activities should be documented using DD Form 1348-1A. The DD Form 1348-1A is normally prepared by the shipping Equipment Manager who retains the original form. The receiving Equipment Manager, the lending Department Head, and the receiving Department Head maintain copies of the form. As a general rule, transportation costs for inter-activity loans should be borne by the gaining activity.

(2) If inter-activity loans extend beyond 180 days, the transaction must be treated as a permanent transfer of property.

d. Lateral Transfer of Equipment

(1) Lateral transfer of equipment is defined as the transfer of custody from a BUMED activity to another BUMED activity. When bulk or mass lateral transfer is needed, contact NAVMEDLOGCOM for assistance.

(2) The Equipment Manager of the losing activity is responsible for adjusting its inventory by performing a loss using the loss transaction reason “Shipped to Another MTF.” The Equipment Manager of the gaining activity will be responsible for performing a gain using the gain transaction reason “Gained from Another MTF.”

(3) The activity Equipment Manager is the only individual authorized by the Commanding Officer to transfer personal property.

e. Transaction Reason for Other Equipment Transfers

(1) For equipment transferred-out to another DOD MTF, use transaction reason "Turn-in to Defense Reutilization and Marketing Service (DRMS)."

(2) For equipment transferred-out to another federal agency, use transaction reason "Transfer to Non-DOD Organization."

(3) For equipment traded-in to a private organization, use transaction reason, "Trade-in Equipment."

f. Pushed Personal Property. Any personal property purchased by NAVMEDLOGCOM or by higher echelon and forwarded (or "pushed") to a lower level activity shall be gained by the receiving activity as "Equipment Inventory Adjustment Gain." Follow guidance in Section 8 for acquisition fund code assignment.

3. Termination of Accountability. Personal property that has been transferred-out, sold, disposed, lost, stolen, or destroyed shall be properly documented and removed from the personal property system at the time the property leaves the activity or it is determined the item no longer exists. Substantiating documentation must be retained for 36 months.

4. Disposal Procedures

a. The Equipment Manager shall ensure that equipment with condition code A, B, and C are first reported as excess before turning it in to the DRMS. The BIOMED shall be responsible for condition coding medical equipment and MID will be responsible for condition coding ADP equipment. Excess reporting must be done via DMLSS.

b. Equipment for disposal will be coordinated with the nearest DRMS using a signed DD Form 1348-1A DTID or Electronic Turn-In Document (ETID) with the appropriate Disposition Authority Code or processed as a receipt-in-place.

c. While waiting for a stamped or signed receipt from DRMS, the property shall be transferred to "HOLD" customer in DMLSS. Once the stamped/signed receipt is received, the Equipment Manager shall perform a loss in DMLSS using the transaction reason "Turn-in to DRMS."

5. User Manuals. For additional information, the DMLSS User Manual can be found within the DMLSS Program located under HELP. This web-based manual is updated automatically with each new version update.

SECTION 9. SAFEGUARDING PROPERTY AND PATIENT INFORMATION

Article	Subject	Page
9-1	Physical Security and Loss Prevention	9-1
9-2	Standby/Contingency Equipment	9-1
9-3	Equipment Maintaining Patient Information	9-2

References: OPNAVINST 5530.14 series, Navy Physical Security
Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996" (HIPAA)
DODINST 8500.2, Information Assurance (IA) Implementation

Article 9-1
Physical Security And Loss Prevention

1. General. Commanding Officers are responsible for physical security and loss prevention within their command. The Security Officer designated by the Commanding Officer is responsible for implementing, enforcing, and conducting physical security and loss prevention programs. OPNAVINST 5530.14 series provides guidance on implementation of physical security measures to safeguard property and equipment. Department Heads, Equipment Managers, and others accountable and responsible for equipment are charged with the responsibility of ensuring its physical security and preventing its loss.

2. Physical Security Measures. Individuals responsible for equipment should employ appropriate security measures to safeguard the property for which they are responsible. Physical security measures include:

a. Electrical monitoring systems. Key control.

b. Roving security checks. Identification badges.

c. Combination locks. Safes and secure containers.

d. Restricted access.

e. Engraving, embossing, or labeling of pilferable items.

3. Safeguarding Property. Other measures that should be employed for the safeguarding of property are:

a. Resource utilization controls (adherence to preventive maintenance schedules, equipment operation procedures, equipment identification, timely inventory).

b. Accountability control (signed receipt documentation, signature logs, inspection checklists, reports of discrepancies).

c. Training in physical security and loss control.

Article 9-2
Standby/Contingency Equipment

1. General. Activities may maintain standby equipment for local disaster use, and contingencies. Possible storage locations include:

a. The department requiring the capability.

b. An equipment pool.

c. Material Management Department.

d. Other departments designated by the activity.

2. Procedures

a. Authorization. In the case of Homeland Security or in response to a pandemic, the requirement to maintain standby equipment is mandated by BUMED. The Commanding Officer must approve all command initiatives. The need for standby equipment must be revalidated during the triennial inventory.

b. Inspections. Standby equipment requirements, authorization, condition, and maintenance history should each be subjects of interest for semi-annual walk-through inspection teams as described in Section 8 of this manual. The team should determine the validity of the written authority to retain standby equipment, and should make specific recommendations to the Commanding Officer concerning the continued need for authorized standby items.

c. Accountability. Standby equipment will be accounted for in the same way as equipment prescribed in Section 8.

d. Maintenance and Tagging. Maintenance and tagging of standby equipment is discussed in Section 10. Standby equipment requires regular operator maintenance and scheduled preventive maintenance.

Article 9-3
Equipment Containing Patient Information

1. General. Access to patient information residing on medical equipment must be controlled.

2. Procedures

a. Maintain equipment that holds patient identifiable data in a locked area when not immediately monitored by staff.

b. Maintain an accurate inventory of all medical equipment that can hold patient information resident in the equipment memory.

c. Prior to repair, transfer, trade-in, or disposal of all medical equipment, determine if patient information is residing on the equipment. Delete patient information following the equipment manufacturer's guidance.

3. Additional Guidance. Refer to:

a. Public Law 104-191, "Health Insurance Portability and Accountability Act of 1996" (HIPAA).

b. DODINST 8500.2.

SECTION 10. BIOMEDICAL EQUIPMENT MAINTENANCE DIVISION

Article	Subject	Page
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10-2	Functional Organization	10-3
10-3	Biomedical Equipment Maintenance Division Operation	10-5
10-4	Contracts and Warranties	10-16
10-5	X-ray Acceptance Program	10-18
10-6	Repair Parts and Shop Supplies Management	10-20
10-7	Support of Operating Forces & Activities Not Assigned BMET Personnel	10-20

References:
- Joint Commission Comprehensive Accreditation Manual for Hospitals: The Official Handbook
- ANSI/AAMI Standard ES 60601-1: 2005 Electric Equipment, Part 1, General Requirements for Basic Safety and Essential Performance
- BUMEDINST 6470.22 series, Navy Radiological Systems Performance Evaluation Program
- DOD 4500.9-R, Defense Transportation Regulation
- DODINST 6055.12, DOD Hearing Conservation Program (HCP)
- NEHC TM 6260.51.99-2, Navy Medical Department Hearing Conservation Program Procedures
- Title 21, Code of Federal Regulations, Food and Drugs
- DHHS Regulations for the Administration and Enforcement of the Radiation Control for Health and Safety Act of 1968
- NAVSEAINST 4790.8, Ships' Maintenance Material Management (3-M) Manual

Article 10-1
General

1. Purpose and Scope. This section establishes basic principles, policies, procedures and requirements, and assigns responsibilities for conducting a medical and dental equipment maintenance management program. It provides uniform guidance and direction to standardize general operating procedures within Biomedical Equipment Maintenance Divisions (BIOMED) and applies to all Navy medical personnel.

2. Objectives. The objectives of this section are to establish and maintain an effective and workable medical equipment maintenance management program throughout the Navy. The aim is to provide optimum maintenance, performance, safety, reduction of maintenance expenditures, collection and review of data to ensure adequate planning for technology management, Quality Improvement (QI)/Risk Management (RM), and resources to meet these objectives.

3. Responsibilities

a. BUMED. The Chief, BUMED establishes policies to ensure uniform guidelines for maintenance programs of medical and dental equipment for activities under BUMED.

b. NAVMEDLOGCOM oversees the execution of BUMED policy through establishment of supporting procedures. NAVMEDLOGCOM also provides Biomedical Equipment Maintenance management and other logistically related technical support to commands under BSO-18 and other Navy/Marine Corps commands.

a. BUMED Activities

(1) Commanding Officers or Officers in Charge of activities under BSO-18 having BMETs will establish a BIOMED under the Material Management Department or Logistics Directorate.

(2) The BIOMED will administer the Biomedical Equipment Maintenance Program at all Navy medical activities ashore and provide support to elements of the Operating Forces.

b. Activities not under BUMED. It is recommended that activities not under BUMED participate fully in the Biomedical Equipment Maintenance Program and communicate directly with the nearest BIOMED or NAVMEDLOGCOM for medical integrated logistic support. Shipboard medical and dental departments should maintain the Organizational Maintenance Management System–Next Generation (OMMS-NG). OMMS-NG supports the Maintenance and Material Management (3-M) programs, Configuration Management, policies and procedures for Navy ships, and submarines. Most importantly, the information in OMMS-NG will provide supporting BMETs with a complete maintenance history, which is essential for technology management.

4. Funding

a. BIOMED Funding. The cost of test equipment, tools, repair parts, and miscellaneous expenses associated with the operation of Biomedical Equipment Maintenance at a medical activity will be funded by that medical activity or from the program sponsor.

b. Activity Funding

(1) All required repair parts will be funded by the activity having custody of the equipment.

(2) All expenses directly involved in the TAD of a technician are chargeable to the activity requesting assistance or service.

(3) Technical training of BMETs, exclusive of the technical training required for obtaining the NEC, will be funded by the activity requiring the training. Examples of this technical training are manufacturer's training classes and functional training courses.

(4) In addition to hardcopy documentation, all technical training and continuing education courses shall be entered into the personnel training and certification section of the Equipment and Technology Management (E&TM) module of the DMLSS system for purposes of possible assignments and evaluation of educational training needs of BMETs. This will also suffice for accomplishment of the Joint Commission requirement that can be found in the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Manual (HR 1.20.4).

c. Specialized Technical Training. For new equipment, the specialized technical training required for the maintenance and repair of that equipment should be programmed into the purchase price. Additionally, training should be coordinated to occur before the receipt and installation of the equipment if equipment does not have a preset warranty on purchase.

d. Continuing Education. Navy Medicine, Manpower, Personnel, Training and Education Command (NAVMED MPT&E) funds continuing education courses, on a limited basis, for BMETs assigned to activities not under BUMED. Additional information about available funding can be obtained from the Hospital Corps Section of the Educational Programs Department at NAVMED MPT&E. Continuing education courses for BMETs assigned to activities under BUMED will be funded by the local activity.

e. Reference Data

(1) Current editions of the following publications, standards, bulletins, and guidelines are required for the maintenance activity:

(a) NAVMED P-5132.

(b) Department of Health and Human Services (DHHS) Publication (FDA) 81-8144, Assemblers Guide to Diagnostic X-ray Equipment.

(c) DHHS Publication (FDA) 80-8035, Administration and Enforcement of Radiation Control for Health and Safety Act.

(d) National Fire Code Set, National Fire Protection Association (NFPA) 99;NFPA.

(e) Health Devices Sourcebook; Emergency Care Research Institute (ECRI).

(f) Local instruction implementing the Medical Equipment Management Program.

(g) Standard operating procedures for Biomedical Equipment Maintenance Division.

(h) Environment of Care Plan.

(i) American National Standard Institute/Association for the Advancement of Medical Instrumentation (ANSI/AAMI) Standard ES1 Safe Current Limits, (AAMI).

(j) Joint Commission Comprehensive Accreditation Manual for Hospitals: The Official Handbook.

(2) Recommended standards, technical references, publications, and guidelines in addition to those listed above:

(a) Health Devices; ECRI.

(b) Hospital Product Comparison System; ECRI.

(c) National Electrical Code Handbook; NFPA.

(d) Acceptance Testing of Radiological Imaging Equipment; American Association of Physicists in Medicine.

Article 10-2
Functional Organization

1. NAVMEDLOGCOM has oversight of biomedical equipment maintenance programs in the Navy. NAVMEDLOGCOM also functions as the Inservice Engineering Agent (ISEA) and Technical Support Activity (TSA) for the integrated logistics support requirements of afloat medical equipment and will disseminate medical and dental equipment safety, maintenance, repair, and other biomedical equipment information. Support services include:

a. Development of Planned Maintenance System (PMS) documentation.

b. Take action on all medical and dental equipment Category B Feedback Reports (FBR).

c. Provide technical guidance to other Navy system commands and appropriate organizations to ensure consistency of afloat equipment maintenance procedures with established fleet systems.

d. Management of the Radiological Systems Acceptance Program.

e. Management of the Digital Imaging Network–Picture Archiving Communications System (DINPACS) Acceptance Program.

f. Serve as the Functional Proponent of the DMLSS.

g. Develop and manage the provisioning requirements for fleet medical/dental equipment.

h. Program direction for biomedical equipment and technology management initiatives within the BUMED, including risk level assessment, equipment standardization, related scheduled maintenance plans and procedures/ documentation, and repair parts provisioning documentation.

i. Serve as a point of contact for resolving technical questions within BIOMED. Assistance can be obtained by addressing correspondence to:

Commanding Officer
Naval Medical Logistics Command
Equipment Support Directorate
(Code 03)
1681 Nelson Street
Fort Detrick, Maryland 21702-9203

or via e-mail at nmlc-bmet@nmlc.med.navy.mil

2. Activity. Commanding Officers will be responsible for the following:

a. Allocate sufficient test equipment, tools, reference materials, repair parts, utility services, and space to establish a BIOMED under their command. The physical size should be based upon the number of personnel assigned, quantities and complexity of equipment to be serviced, quantity of repair parts to be stored, geographical area, and units of the Operating Forces in their area of support.

b. Assign, coordinate, and control all BMET personnel under their command and provide additional military and/or civilian personnel support as required to meet the mission of BIOMED.

c. Institute local activity policies to ensure that an effective and efficient preventive maintenance program is functioning. A checklist for inspection of BIOMED activities is provided at the end of Section 10.

d. Ensure all Department Heads have training programs in effect that document annual operator training in proper equipment operation and performance of user maintenance to meet Joint Commission requirements for management of clinical and physical risks (i.e., Radiology, Outpatient Clinic, Central Supply Sterilization Room, Ward, etc). Manufacturer's literature may be used as training documentation.

e. Ensure funding is provided annually for the training of BMETs to maintain highly technical equipment items. Training records with annual updates are required for each BMET stating classes of equipment they are trained to maintain (Refer to Section 10, article 10-4).

f. Appoint in writing and ensure membership of the Senior BMET to the following committees:

(1) Environment of Care Committee.

(2) Equipment Program Review Committee.

(3) Radio Frequency Management Committee.

(4) Risk Management Committee.

3. Biomedical Equipment Maintenance Division (BIOMED)

a. General. Biomedical equipment maintenance is a function designated to furnish geographic medical/dental maintenance and repair support and, as such, should be organized to maximize available resources.

b. Functions. Biomedical equipment maintenance is responsible to:

(1) Promote the safe and effective care and use of medical/dental equipment.

(2) Develop standard operating procedures to efficiently use all maintenance and repair resources.

(3) Implement a command medical/ dental equipment maintenance program for inspection, preventive maintenance, calibration, scheduled parts replacement and unscheduled maintenance that will maximize equipment functionality and safety.

(4) Maintain an equipment maintenance program based on NAVMEDLOGCOM's established class risk assessment and maintenance plans. Inspections may be increased based upon BIOMED's evaluation of local incident data.

Note: Decreasing inspection frequencies may only be done with approval, in writing, from the activity's command safety committee and NAVMEDLOGCOM.

(5) Maintain a listing of all maintenance significant medical and dental equipment within areas of responsibility to include branch clinics and elements of the Operating Forces, including all medical and dental leased, loaned, or in use on a cost-per-test basis equipment.

(6) Provide technical review of all requests for contracted medical and dental equipment maintenance. Monitor manufacturer and/or vendor warranties and maintenance agreements. Inspect and document the performances of all medical/dental maintenance to verify that the services provided conform to the contract or warranty agreement.

(7) Establish a work control and priority system to ensure equitable service to all units. The following is the prescribed priority:

(a) Operating Forces.

(b) Regional Active and Reserve medical activities.

(8) Evaluate medical and dental equipment with each occurrence of unscheduled maintenance (repair) and during performance of preventive maintenance to provide recommendations for overhaul, life-cycle extension, or possible replacement.

(9) Document condition of all equipment upon receipt and whenever maintenance action is completed.

(10) Active participation in the Environment of Care Committee, Equipment Program Review Committee, Radio Frequency Management Committee and Risk Management Committee.

c. Size and Accessibility. The working area will be adequately sized and equipped with sufficient quantities of the proper tools, test equipment, technical reference material, storage shelving, and utility service to perform the maintenance support mission. The working area should be readily accessible to using activities so that equipment can be delivered easily, safely, and quickly.

d. Safety Requirements. The activity must include sufficient quantities of properly designed tools and equipment, machine guards where mechanical hazards exist, high standards of working environment including adequate lighting and ventilation; ample and orderly working surfaces, storage areas for tools and materials; and systematic removal and disposal of waste.

4. Personnel

a. General. BMETs shall be assigned duties in their respective technical specialty. This does not preclude assignment to normal military duties such as watch standing, enlisted advisor, or other collateral duties. Depending on the size of the activity, the amount of equipment to be maintained, the number of BMETs assigned, and workload, consideration will be given to the establishment of a BIOMED watch and/or the establishment of a rotating shift for the performance of scheduled and unscheduled maintenance.

b. Staffing Levels. Staffing levels should be adequate to properly conduct a workable Biomedical Equipment Maintenance Program. Assignment of non-technical personnel for clerical support positions should be considered. Personnel who are requesting a "C" School Primary Navy Enlisted Classification of 8410 should be considered for temporary maintenance shop assignment to facilitate recommendations for school attendance.

c. Use of Non-BMETs

(1) At facilities using non-BMET personnel, the ultimate decision to authorize and use non-BMETs rests with the Commanding Officer or Officer in Charge. The Commanding Officer or Officer in Charge must evaluate the skills and training of each individual on a case-by-case basis. In most activities, this responsibility is delegated to the Command Safety Committee. The Senior BIOMED on staff should conduct and coordinate such an evaluation. Authorization to maintain and repair specific medical and dental equipment must be given to the individual, in writing, by the Commanding Officer or Officer in Charge.

(2) Inservice training on each type of equipment to be maintained/repaired must be provided and thoroughly documented. Authorized non-BIOMEDs should be allowed to maintain/repair only those items of Medium through No Maintenance Required (NMR) Risk Level equipment. **Maintenance and repair of High Risk Level equipment shall only be performed by a trained BMET or qualified service support contract.** All maintenance and repair, regardless of risk level, completed by a non-BMET must be verified and documented by a BMET.

Article 10-3
Biomedical Equipment Maintenance Division (BIOMED) Operation

1. General. The core of the BIOMED's operation is the Medical Equipment Management Program (MEMP). MEMP must be based on risk assessments that consider the equipment function, physical risks to the patient, environment, maintenance requirements, equipment incident history, age, and any unique local requirements. Properly established, coordinated, and administered MEMP will provide a safe Environment of

Care (EOC) for the patients and staff. MEMP will also maximize the equipment availability, minimize the associated maintenance costs, and provide valuable information to the activity for systematic planning, technology management, and budgeting of equipment replacement. Within each program, procedures must be developed based on what will work for the medical activity. An effective MEMP requires thorough equipment management planning. The medical equipment management plan must include:

a. Guidance in Selecting and Acquiring Equipment. Technical management guidance and assistance will be provided to equipment custodians, Heads of Service, and/or Department Heads, as applicable, in planning for new equipment procurement.

b. Medical Equipment Inventory. Joint Commission EC.6.20.1 requires that a current, accurate, and separate inventory of all medical equipment included in the equipment management program will be established. This is accomplished in DMLSS using the Maintenance Requirement Indicator (MRI). Ensure that all maintenance significant equipment in the MEMP have an MRI in the catalog record. If a medical equipment must be added to the MEMP, with the approval of the Safety Committee, the inclusion criteria must be based on:

(1) Equipment function.

(2) Physical risks associated with use (consequence).

(3) Environment of use.

(4) Equipment incident history.

c. Equipment Evaluation. Equipment will be evaluated with each occurrence of unscheduled maintenance and during the performance of preventive maintenance to provide budgetary recommendations for overhaul, life-cycle extension, or possible replacement.

(1) Evaluations and recommendations are to be based on the costs of existing repairs required, total repair costs to date, present operating condition, projected post-repair condition, repair history, and projected remaining life based on the life expectancies found within the DMLSS system or Device Code and Life Expectancy Table at: http://www.nmlc.med.navy.mil/gov_only/equipment/Device_Codes/mdc.asp.

(2) Evaluations are to be recorded in DMLSS. Recommendations for early replacement of equipment or unusual equipment condition will be provided to the equipment Custodian/Department Head and Equipment Manager.

d. Monitoring Medical Devices Alerts. Include in the MEMP a procedure that will provide regular monitoring of the medical equipment recall and hazard alert reports including daily review of the Quality Assurance (QA) messages in DMLSS. This procedure will also address the process on how to report serious adverse events caused by medical equipment failure in accordance with the Safe Medical Device Act (SMDA). Refer for Section 7, article 7-4 for additional guidance on how to report medical equipment failure.

e. Emergency Procedures

(1) Specific procedures in the event of equipment disruption or failure.

(2) Availability and location of backup equipment.

(3) How to obtain emergency repair services.

(4) BIOMED operating hours and contact number of the duty BMET.

f. Scheduled Maintenance. A scheduled maintenance Q)/RM Program will be conducted to determine and monitor the effectiveness of the entire maintenance program.

g. Repairs. Equipment will be repaired in a timely manner with consideration given to priorities in Section 10, article 10-2. When equipment repair requests are presented, the customers will be consulted to determine the priority of repair (emergency/urgent/routine) and estimated date of completion.

h. Modifications. Equipment modifications will only be performed when directed by equipment manufacturers or higher authority. (See Section 10, article 10-3 for additional guidance).

i. Equipment Condition Update. The equipment condition will be updated whenever an item of equipment receives servicing that changes the current condition.

j. Equipment Installation. The installation of newly procured equipment will be conducted by the BIOMED when installation is not included in the purchase price of the equipment. Before the installation, a determination must first be made of whether or not installation by Government personnel will void manufacturers' warranties.

k. Acceptance Inspections. Acceptance inspections will be performed and documented in DMLSS on all transferred or newly acquired equipment. The device code/nomenclature assigned in the DMLSS equipment record must match the actual equipment functionality. If nomenclature is incorrect, notify the Equipment Manager immediately for correction. Maintenance history records must be established and properly maintained for each item of equipment for the entire life of the equipment. A barcode number should be established for each maintenance significant item and remains unchanged unless transferred to another activity. DMLSS barcode labels shall be used to identify maintenance significant equipment below the property accounting threshold. Refer to Section 8, article 8-1 for additional guidance regarding tagging of equipment.

l. Administrative Procedures. Adequate administrative procedures will be established for the control and documentation of all work performed.

m. Technical Library. A technical library of operator and service manuals, miscellaneous technical reference manuals, parts listings, schematics, and wiring diagrams will be maintained for all maintenance significant equipment. To reduce storage space and ease library management, BIOMED should request electronic copies of manufacturer's literature when available. All literature should be recorded in DMLSS. Upon transfer of equipment, all manuals should be included with the equipment.

n. BMET Training. A technical training program for continuing education will be established and maintained within the BIOMED. Technical skill levels, experiences, and special training acquired by each BMET must be documented per Joint Commission requirement. Training should be directed towards theory of operation, maintenance, and repair of equipment currently installed within the command, or being procured. BMET training must be documented in DMLSS.

o. Operator Training. Training must be provided to operators when a new make or model of equipment is received in the command. The BMET, manufacturer, or vendor must provide this training before placing the unit into service. See related topic "Equipment History" in Section 10, article 10-3.

p. Technical Guidance. Technical guidance and assistance will be provided to equipment operators and address user maintenance procedures and proper operation of equipment. Trained operators will establish training within their department/division ensuring their personnel are sufficiently qualified.

q. Repair Parts Management Program. A viable and economical repair parts management program will be established (see Section 10, article 10-6).

2. Maintenance

a. Types of Maintenance Requirements (MR). There are three types of MR:

(1) Scheduled Maintenance (SM), serves to ensure proper operation, inherent reliability, increase operational availability, and prevents excessive wear of moving parts. Scheduled maintenance may include:

(a) Inspection (INSP).

(b) Preventive Maintenance (PM).

(c) Calibration (CAL).

(d) Scheduled Parts Replacement (SPR).

(2) Unscheduled Maintenance (UM) often referred to as corrective maintenance or repair of malfunctioning equipment.

(3) No Maintenance Required (NMR) applies to equipment that normally requires no scheduled maintenance based on the No Significant Risk (NSR) assessment, but is included in the equipment files to document UM.

b. Maintenance Levels. There are three maintenance levels:

(1) Level I (Performance Testing). Consists of operator maintenance performed before, during, and after equipment usage. It is the basic maintenance required to keep equipment operating on a daily basis. Procedures usually consist of maintaining fluid levels, simple lubrication, daily inspections, cleaning, and/or operator calibration checks and adjustments. Level I maintenance is to be performed by the operator.

(2) Level II (Inspection, Preventive Maintenance, Calibration, and Parts Replacement). Relates to scheduled periodic (planned) technical inspection, lubrications requiring disassembly, replacement of worn or deteriorated parts, interior cleaning, calibration verification and/or adjustment, and verification Level I performance. Level II maintenance is to be performed by a BMET or qualified service support contract.

(3) Level III maintenance consists of maintenance requiring complete overhaul of the item of equipment and is considered depot-level maintenance or equipment manufacturer service center level maintenance. At activity discretion, performance of Level III maintenance by the local maintenance shop is permitted if required parts, personnel with technical expertise, tools and test equipment, and man-hours are available. Level III maintenance will usually result in extension of service life and should be documented in appropriate service history.

3. Scheduled Maintenance Program. An aggressive scheduled maintenance program is the most important single factor in reducing the risk of injury and achieving maximum performance, efficiency, and life-cycle management. Scheduled maintenance programs provide regular systematic servicing, minor repairs, and detection of potential equipment malfunctions. Early detection of worn or failing components will often allow sufficient time to obtain replacement parts.

a. Responsibilities

(1) The first line of responsibility is the equipment operators and supervisors of areas where equipment is being used and operated. Supervisors will ensure that scheduled operator maintenance and performance testing is being conducted and documented. This responsibility must be well defined in the MEMP.

(2) BMETs are responsible for performance testing and documentation of Level II and III scheduled maintenance. Performance can be through the use of in-house or certified contracted service personnel; however, documentation of performance remains the responsibility of the BMET.

b. Risk Level Assessment. Assessments of risk level takes into account both outcome probability and severity of risk of injury to patients or staff caused by device failure or user error. The Risk Levels are defined as:

(1) “High-Risk devices” (Risk Level 1). Life-support, key resuscitation, critical monitoring, and other devices whose failure or misuse is reasonably likely to cause serious injury or death to patient or staff.

(2) “Medium-Risk devices” (Risk Level 2). Devices, including many diagnostic instruments, whose misuse, failure, or absence would have a significant impact on patient care, but would not likely cause direct serious injury.

(3) “Low-Risk devices” (Risk Level 3). Devices whose failure or misuse is unlikely to result in serious injury.

(4) “No Significant Risk” (Risk Level 4).

c. Scheduling Maintenance Frequency. The frequency of scheduled maintenance of medical equipment included in the MEMP should be in accordance with the manufacturers' requirements or frequency established by NAVMEDLOGCOM. BIOMED is required to use the DMLSS Device Code and Life Expectancy Table: http://www-nmlc.med.navy.mil/gov_only/equipment/Device_Codes/mdc.asp in assigning risk level and frequency of scheduled maintenance. Information within this table shall be interpreted as the minimum requirement.

d. Assessment Process. Maintenance frequency should be treated independently from risk level. Risk level is an important indicator to establish maintenance frequency. However, risk level alone should not define the frequency of maintenance. In cases where frequency must be increased, supporting data should be based on usage, physical condition, environmental stress, availability of back-up devices, staff input, and others. Service manuals and experience must also play a major role in making the final decision. Recommendations to decrease maintenance frequency or addition of equipment classes to DMLSS shall be directed to NAVMEDLOGCOM's Equipment Support Directorate (Code 03).

e. Performance Procedures. Assignment of a correct equipment device code will automatically assign a generic Maintenance Plan and Procedures (MPP) to the equipment. These MPPs must be revised to match the manufacturers' recommendation. Failure to accomplish this step will result in unnecessary or improper maintenance, and may increase labor hours. Ensure that MPPs are updated for each device, make, and model. Specific maintenance procedures will be determined on a case-by-case basis and performed as required to ensure reliability of the equipment. Recommended procedures, steps, or maintenance actions used in the performance of scheduled maintenance also include those recommended by NAVMEDLOGCOM.

(1) Additional scheduled maintenance procedures can be used to augment manufacturers' procedures or when procedures for specific types of equipment are not available. Examples where additional maintenance procedures may be found are:

(a) Medical Equipment Management in Hospitals available from:

American Society for Healthcare Engineering
40 North Lake Shore Drive
Chicago, IL 60611
(312) 280-6144.

(b) Health Devices Inspection and Preventive Maintenance System available from:

ECRI
5200 Butler Pike
Plymouth Meeting, PA 19462
(215) 825-6000.

(2) In all situations, scheduled maintenance of medical equipment will consist of the following minimum requirements:

(a) For critical safety factors: Mechanical operations and integrity of equipment will be inspected to ensure no hazardous defects to patients or equipment operators are present. Electrical safety inspections will be performed to determine an equipment item's conformance with the current leakage values as specified in the most recent edition of ANSI/AAMI Standard ES1. Those facilities serviced by 220 VAC, 50 Hz utilities should refer to the IEC 601 series standards. Electrical safety inspections will be performed as part of the scheduled maintenance program at the frequency identified in Section 10, article 10-3. Additionally, electrical safety inspections will be performed prior to issue of new or repaired equipment.

(b) Equipment calibration shall be conducted in accordance with the manufacturers' recommendations.

(c) In areas not normally accessible to the operator, cleaning is of critical importance, particularly if moving/heat sensitive parts are involved.

(d) Special lubrication as required.

(e) The BMET will verify equipment operation for an acceptable level of performance. The equipment operator may be asked to operate equipment while the BMET observes electronic, electromechanical, or mechanical responses.

f. Documentation of Scheduled Maintenance Performed. Maintenance records of equipment receiving scheduled maintenance will be annotated with a minimum entry consisting of the following information:

(1) Maintenance procedures performed.

(2) Current equipment condition code.

(3) DMLSS will be coded with appropriate noun/verb maintenance codes.

g. Administration. Minimum administrative actions must include:

(1) Scheduling and documenting scheduled maintenance actions.

(2) Monitoring QA (device alerts) issues.

(3) Assigning tasks for unscheduled maintenance.

(4) Preparing required reports as applicable.

(5) Ensuring that activities/customers supported by BMETs are kept informed about their equipment status. The Customer Maintenance Report in DMLSS/MA should be sent to the responsible custodian or customer upon completion of each scheduled maintenance visit. This report will identify the maintenance that was performed, equipment requiring further maintenance, and any problems, which were encountered during the maintenance visit (such as equipment that could not be located). This includes all equipment requiring scheduled maintenance in DMLSS. A copy of this report will be provided to the equipment manager if there is any equipment unable to be located.

h. Scheduled Maintenance Preparation. Prior to conducting a scheduled maintenance visit, the BMET will:

(1) Coordinate with the customer or activity to be visited with regards to a convenient time to minimize disruption to patient flow.

(2) Forward a list of equipment scheduled for maintenance using the Customer Scheduled Services Listing in DMLSS/MA.

(3) Review the MPP and manufacturer's service literature for the equipment to be serviced or applicable scheduled maintenance procedures.

(4) Determine the possible requirement for special tools and test equipment.

(5) Determine the possible requirement for special supplies, parts, or lubricants.

(6) Prepare and organize administrative records for the entry of results obtained during the preventive maintenance visit.

i. Scheduled Maintenance Visit. The scheduled maintenance approach should be systematic and comprehensive. The BMET should perform the inspection, calibration, or preventive maintenance required. The effectiveness of the operator maintenance program should be evaluated. The following specific points should be stressed:

(1) Cleanliness of the equipment.

(2) Proper storage of the equipment.

(3) Security of patient data in accordance with the HIPAA. See Section 9.

(4) Evaluation of maintenance failures that were not reported prior to the scheduled maintenance visit. Failures not reported are potential QI issues. Verify operators' proper use of equipment or accessories.

j. Processing Unable to Locate (UTL) Medical Equipment

(1) The Unable To Locate Equipment Notification Report in DMLSS/MA will be generated and forwarded to the responsible custodian no later than the first working day of the month. This report will serve as an attachment to the notification informing them that there is some equipment assigned to their department that cannot be located during the last scheduled maintenance month. A copy of this report will be provided to the Safety Committee and Equipment Management Division.

(2) Except for Risk Level 1 Equipment, by the 25th day of the preventive maintenance (PM) cycle, cancel the UTL work orders and use the reason "Unable to Locate." Ensure that proper credit for labor time used for searching for the equipment and for documentation is entered in the service line.

(3) All Risk Level 1 equipment must be located during the PM cycle (100 percent). Work order of Risk Level 1 equipment must be left open until a completed DD Form 200 is received from Equipment Management.

Note: When UTL work order is cancelled, it will no longer appear on the Unable to Locate Equipment Notification Report. Therefore, subsequent UTL reports must be generated using Business Options (BO). BO report templates can be downloaded from the NAVMEDLOGCOM's Web site.

k. Gaining Non-Accountable Maintenance Significant Medical Equipment. In the event that a maintenance record must be started on a piece of non-accountable (with N or L on AEC indicator) medical equipment due to change in risk and therefore must be included in the PM program, BIOMED can gain the equipment via the MA module in DMLSS. Once gained, the BIOMED will be responsible for tracking the equipment and not the Equipment Manager.

4. Repair Limitations

a. Repair Factors. When determining the practicality of repair, factors that must be considered are the age of the item, its projected life expectancy, replacement cost, obsolescence, past repair history, repair costs, and urgency of need. There are two repair factors the BIOMED can use when determining practicability of repair: (1) The traditional 50 percent limit rule and; (2) the DMLSS Maximum Expenditure Limit (MEL) and the Maximum Repair Limit Cumulative (MRLC) rule.

(1) As a general rule, the following expenditure limitations are recommended:

(a) When the item requires replacement due to non-availability of repair parts and related support.

(b) When the item following repair and calibration cannot perform certain specific operational tasks or does so with unacceptable quality.

(c) When maintenance records indicate a significant number of repairs have been performed to date, causing excessive downtime.

(2) The 50 percent Expenditure Limit Rule. This method is used when scheduled repair parts, i.e., x-ray tubes, are considered as repair parts cost. Using this method, expenditure limitations are:

(a) A one-time repair with expenditures exceeding 50 percent of the replacement cost of an item with an age less than 50 percent of its expected useful life.

(b) A one-time repair with expenditures exceeding 25 percent of the replacement cost of an item with an age more than 50 percent of its expected useful life.

(c) When maintenance records indicate accumulated repair costs are reaching the equipment's replacement cost.

(3) The DMLSS MEL/MRLC Limit Rule. In DMLSS, SPRs are considered as maintenance cost and not as a repair parts cost. These recommended expenditure limitations are embedded in DMLSS and are known as the MEL and MRLC. The MEL and MRLC values can be seen in the Equipment and Work Order details screen.

(a) The MEL uses a maximum repair expenditure limit that is set initially at 65 percent of the replacement cost and decrements equally during its life expectancy down to 10 percent. Repair expenditures on equipment that have exceeded their life expectancy will continue to be limited to 10 percent of their replacement cost.

(b) MRLC is the total cumulative expenditure recommended limit. This method multiplies the acquisition cost by 1.25 to derive the initial MRLC. As labor and part costs occur they are subtracted from the MRLC.

(c) The lower value of the MEL or MRLC should not be exceeded when considering one-time repairs.

b. Other Considerations. The flow chart illustrated at the end of this section should be taken into account when an item requires repair or replacement. This chart should be used only as a general guideline for the decision-making process; obviously, each situation is unique and, as such, will require the careful evaluation of other important factors.

5. Modification of Equipment. Major modification or alteration of equipment will not be accomplished unless authorized by the equipment's manufacturer or NAVMEDLOGCOM. Modifications or alterations on equipment that change the purpose (function) of the equipment from that originally designed will not be performed.

a. Purpose of Modification. Modification of an item of equipment is normally accomplished for one or more of the following purposes:

(1) To provide greater safety for patients and equipment operators.

(2) To meet revised specifications and industry standards.

(3) To correct design deficiencies.

(4) To increase equipment effectiveness.

(5) To provide improved equipment efficiency.

(6) To reduce maintenance requirements.

(7) To extend the useful life of the equipment.

b. Modification Recommendations. When an item of equipment is satisfactorily serving the purpose for which it was designed, but it is determined that improvements can be made in design features for one or more of the purposes stated above, a recommendation for modification will be submitted to NAVMEDLOGCOM for technical review and approval.

c. Minor Modifications. Minor modifications, which do not change the design of equipment, may be made when they do not result in a potential electrical or other safety hazard or void existing warranties or maintenance contracts. These modifications may be made without NAVMEDLOGCOM approval.

d. Modification Requirements. All equipment modifications will require a complete description of the modifications performed in maintenance history records. Major modifications will require an additional annotation of maintenance records as to the source of authorization for modifications performed. Service manuals, wiring diagrams, and sche-matics of modified equipment should be annotated or revised to reflect modifications performed.

6. Equipment Procurement. A comprehensive approach to the procurement of medical and dental equipment is essential for both CONUS and OCONUS sites. The BIOMED, in conjunction with the Safety Manager, Equipment Manager, Department Head, MID, and Facilities Manager, should recommend procurement specifications necessary for the safe and efficient installation and operation of equipment. For OCONUS sites, proper screening is essential to ensure that the equipment procured will be compatible with local facilities, utilities, and existing equipment.

a. Technical Review. A thorough technical review must be performed by the BIOMED and the nomenclature must be checked for accuracy and corrected when necessary. Technical review should focus on the following requirements:

(1) Maintenance.

(2) Training.

(3) Utilities.

(4) De-installation and installation.

(5) Extended warranty.

(6) Documentation.

b. Documentation. All requisitioning documents for new medical or dental equipment will specify that contractors furnish two complete sets of manuals, handbooks, and/or brochures (operator and service). Literature furnished should contain the following minimum information as applicable to equipment being procured:

(1) Step-by-step, illustrated procedures for proper use and care of equipment.

(2) Safety considerations in the application and servicing of the equipment.

(3) Utility requirements with technical performance specifications to include design levels of leakage current.

(4) Schematics, wiring diagrams, plumbing diagrams, mechanical layouts, complete parts lists, and other pertinent data for the item of equipment.

(5) Preventive maintenance, troubleshooting guides, and repair procedures (service instructions should be the same as those furnished to the equipment manufacturer's service engineers or technicians).

(6) Diagnostic software for proper operation and servicing of the equipment.

c. Acceptance Inspection. All newly acquired medical or dental equipment will be inspected by the BIOMED to ensure that it meets safety standards, manufacturer's specifications, and contract requirements. Failure of inspection criteria will be reported to the Contracting Officer for disposition. Minimum inspection requirements will consist of the following:

(1) Confirm that the item is free of physical or functional damage caused by improper shipment and/or faulty manufacture.

(2) Confirm that two copies of the operator's and service manuals have been provided as per contract.

(3) Confirm that the item of equipment meets all safety requirements (i.e., ground resistance, leakage current, etc).

(4) Verify that all the equipment delivered meets the requirements of the contract.

d. Equipment History. Upon receipt and completion of inspection, all new medical and/or dental equipment found to be acceptable will have an equipment history record in DMLSS and results of the acceptance inspection, manufacturer's warranty information, and initial equipment condition recorded. Manufacturer's service literature (service manuals and other technical documentation) and one copy of the operator's manual will be filed in BIOMED and its location entered in DMLSS. One copy of the operator's manual will accompany the item of equipment when it is delivered to the requisitioning customer. Ensure that operators have been properly trained in the operation of the specific equipment and that the training event is documented in the work order.

e. Installation. BIOMED will ensure that installation, if provided by contract, is complete.

7. Transfer or Loan of Medical/Dental Equipment. Upon receipt of requests for the transfer or loan of equipment to another activity, or to a patient, the BIOMED will inspect equipment prior to it being transferred to or from the activity, whether temporary (loan) or permanent. The minimum inspection and administrative requirements are as follows:

a. Complete and document an inspection to establish the condition of equipment at the time of transfer or receipt. Inspect subsystems, accessories, or auxiliary equipment to ensure that items furnished are appropriate for proper operation and reflect stated condition of equipment.

b. Delete patient information as needed using guidelines in Section 9.

c. Provide copies of operator and service manuals when equipment is loaned or transferred to another activity. However, only provide a copy of the operator's manual when equipment is loaned to patients. Ensure manuals are returned when loaned equipment is returned.

d. When equipment is being permanently transferred from the activity, identify stocked repair parts and supplies pertinent to the operation and repair of the equipment and provide with the equipment at the time of transfer if not required within the activity.

e. Provide copies of the maintenance history record with all medical equipment being transferred or loaned. Do not provide maintenance history information in the case of equipment loaned to patients.

f. The BIOMED that receives loaned equipment from another activity is responsible for performance and documentation of all maintenance. In the case of equipment loaned to

patients, the loaning activity's Equipment Manager and BIOMED are responsible to ensure that all required maintenance is performed during the period of the loan.

g. Ensure that the proper hand receipt holder transfer is completed on all transferred equipment.

8. Defective Medical and Dental Equipment. After evaluation, medical or dental equipment suspected or determined to be unsatisfactory because of malfunction, design, or defects due to faulty materiel workmanship and/or quality will be reported following Section 7. This reporting requirement shall include defects identified during inspections, and poor equipment performance documented during the equipment's life cycle.

9. Medical and Dental Equipment Requiring Storage

a. Responsibility. BIOMED will evaluate document equipment condition and appropriately identify all equipment stored for contingency or requiring further disposition (disposal, transfer, and repairs required, or awaiting parts).

b. Storage Limitations. BIOMED's working area will not be considered a general equipment storage facility. Only equipment requiring maintenance action, awaiting repair parts, or Emergency Management Program items will be stored in BIOMED.

c. Equipment Tagging. In addition to annotation of maintenance records and/or work orders, any equipment being stored for further disposition or any equipment identified as defective and remaining within the customer’s custody shall be appropriately tagged.

10. Work Control

a. Work Control Log. A work control and priority system must be established to ensure timely response to requests for repair of critical equipment and meeting operational commitments. For this purpose, DMLSS will be used for chronologic assignment of work order numbers. Provide, at a minimum, the following information:

(1) Priority.

(2) Date request received.

(3) Equipment nomenclature.

(4) Equipment Control Number (Bar Code).

(5) Description of work required.

(6) Requesting activity, service, or customer.

(7) Date work completed.

(8) Work Location.

b. Work Order. DMLSS is the BUMED authorized medical equipment maintenance management system. It will be used to record test results, parts, actions, and service time needed to complete the work required. The use of the work order does not preclude the requirement to record repairs or maintenance performed on the equipment history records.

c. Radiation Protection Surveys. Radiation protection surveys of diagnostic radiographic systems and radiographic therapy equipment will be accomplished in accordance with BUMEDINST 6470.22 series, Navy Radiological Systems Performance Evaluation Program. Radiographic diagnostic and therapeutic systems must conform to the DHHS standards. Inquiries concerning this program can be addressed to the Navy and Marine Corps Public Health (NMCPHC) (previously known as the Navy Environmental Health Center (NEHC)).

(1) Request for the performance of a radiation survey inspection is the responsibility of the Radiology Department of the activity where the radiographic system is located.

(2) Scheduling and performance of the radiation surveys should be coordinated with BIOMED to provide assistance to the radiation physicist in performance of surveys as necessary.

d. Audiometers

(1) Activities with Hearing Conservation Program (HCP) audiometric equipment requiring maintenance will use the services of BIOMED. BIOMED must obtain NMCPHC authorization for repairs that may affect calibration. If authorizaion is granted by telephone, the telephone call and the name of the authorizing individual should be documented.

(2) All HCP audiometers will be calibrated annually by NMCPHC. U.S. Army, U.S. Air Force, or commercial calibration facilities may only be used after obtaining prior written authorization from NMCPHC. When requesting authorization for calibration of HCP audiometric equipment by sources other than NMCPHC, the activity must include the audiometer's make, model, and serial number; estimated cost; and a statement of verification that the facility to be used calibrates to ANSI standards. After the calibration has been performed, the activity will submit a report of Audiometric Equipment Caliration to NMCPHC. The report will include the audiometer's make, model, and serial number; the laboratory performing the calibration (name, address, telephone number); a copy of the audioeter error sheet; documentation that ANSI standards were used and met; dates sent and returned, and the cost of calibration.

(3) Activities using NMCPHC or audioetric repair or calibration must obtain message, letter, or telephone authorization prior to shipment of the audiometer. Upon receiving authorization, the audiometer will be suitably packaged in a bubble wrap and a "dual-wall" carton marked "FRAGILE, AIR FREIGHT SHIPMENT ONLY." Appropriate transportation account codes as prescribed for intra-Navy shipment of material by the Navy bureau, activity, office, or field activity in accordance with DOD 4500.9-R, Defense Transportation Regulation, Part II. All necessary items, such as cords, headphones, bone conduction vibrators, and switches must accompany the audiometer along with a memorandum from the user describing any problem. Patch cords are not required unless problems exist with them. Headphones are not interchangeable between audiometers.

Address shipment of audiometers to:

Commanding Officer
Navy and Marine Corps Public Health Center
ATTN: Audiometer Calibration Laboratory
620 John Paul Jones Circle, Suite 1100
Portsmouth, VA 23708-2103.

(4) Clinical or diagnostic audiometric equipment not used for screening in the HCP must be calibrated annually. Calibration and/or repair must be performed by a competent source with calibrations traceable to the National Institute of Standards and Technology (NIST). Remote areas that are unable to obtain local calibration and/or repair services should contact NMCPHC for information or assistance.

e. Audiometric Booths will be checked annually to ensure that the ventilation system, door seals, and lights are functioning properly. Audiometric booths should be certified in accordance with DODINST 6055.12 series. The Audiometric Test Booth Certification form is located in Naval Medical Department Hearing Conservation Program Procedures (TM 6260.51.99-2), Appendix A.

f. BIOMED Test Equipment. Test equipment will receive scheduled maintenance, calibration or accuracy verifications, repairs, and safety inspections as required to enhance biomedical equipment maintenance ability to provide medical/dental equipment maintenance support.

(1) All test equipment used in the calibration, verification, or safety analysis of medical/dental equipment will be calibrated by a qualified calibration lab at a frequency in accordance with the test equipment manufacturers' requirements or at a maximum interval of 12 months. Certificates of calibration should be provided from all service organizations and retained in the BIOMED for all equipment serviced. To ensure that all test equipment is calibrated and results documented at least annually, it is required that all test equipment is gained in DMLSS and an annual Maintenance Plan for inspection, preventive maintenance, and calibration are established.

(2) Test equipment used solely for testing or troubleshooting defective equipment (e.g., toolbox meters, etc). does not require calibration from other sources. Verification for accuracy of this type of equipment may be performed using BIOMED equipment calibrated to NIST specifications. Service results should be documented in test equipment records.

11. Software and Firmware. Equipment software and firmware version information must be recorded in DMLSS including operating system used.

12. Disaster Preparedness Program. BIOMED is responsible for the maintenance of equipment under the Disaster Preparedness Program. Management of equipment under this program must be included in the MEMP. See Section 11 for detailed guidance.

13. Patient Owned Equipment. Use of patient owned electrical equipment around the patient care area is highly discouraged. If patient owned equipment has to be used around the patient care area, clinic supervisor is responsible for ensuring that the equipment is safety tested or cleared for use by the BIOMED. During after hours, if possible, patient owned equipment should not be used until BIOMED is available to test the equipment. By no means should safety testing of patient owned equipment be categorized as an emergency work order. BIOMED should develop a plan on how to handle patient owned electrical equipment, including battery operated equipment and included in the MEMP. Testing procedure can be developed using NFPA 99. BIOMED must ensure that clinical staffs are aware of this procedure.

14. Preventive Maintenance and Safety Testing Completion Indicator. PM or safety testing completion indicator, currently known as PM/ Safety Sticker is not required. The original intent of this practice is to inform the user that the medical equipment had its most recent PM. BIOMED can accomplish the same intent by using current information technology i.e., posting the PM Completion list and Unable To Locate (UTL) list on the activity's intranet. Concurrently, UTL list should be forwarded to the Safety Committee and the Department Heads immediately after the PM cycle emphasizing that the UTL equipment requires service to verify its safety and must be brought to BIOMED's attention for preventive maintenance and safety testing. If BIOMED decides to implement the use of PM stickers as the means to indicate PM completion, then the practice shall be applied to all medical equipment or at least to all equipment under the same class within the activity.

15. Maintenance Assistance. Requests for BIOMED assistance should be directed to:

Commanding Officer
Naval Medical Logistics Command
Equipment Support Directorate (Code 03)
1681 Nelson Street
Fort Detrick, MD 21702-9203
Email: nmlc-bmet@nmlc.med.navy.mil.

Article 10-4
Contracts and Warranties

1. General. All requests for contracted maintenance of medical and dental equipment will be submitted via the BIOMED for technical review.

2. Contract Maintenance Technical Review

a. Maintenance Service Contracts. Equipment maintenance contracting is a joint decision involving the Equipment Manager, BMETs, cognizant Department, and the Materiel Management Department. The decision process must include factors such as equipment criticality, availability of BMETs, parts availability, test equipment, type of service required (shared maintenance, scheduled maintenance, emergency and/or corrective maintenance) and the cost of the contract as opposed to the procurement of the required training, test equipment, and parts. Maintenance contracts will address the following areas:

(1) Equipment covered by the contract will be identified by:

(a) Physical location.

(b) The manufacturer's model and serial number. Equipment systems (i.e., intensive care unit (ICU)/coronary care unit (CCU) patient monitoring system) will have each subsystems/components listed separately.

(c) The equipment control numbers (property and/or maintenance, as applicable).

(2) The contract should specify: the maximum response time (via telephone conversation/on-site) and hours of performance for different types of service, (i.e., emergency/ corrective maintenance and scheduled maintenance); scheduled maintenance frequency; shared maintenance responsibilities; and maximum downtime.

(3) The contract should specify if it is for labor only with parts to be furnished by the Government, or the contractor is to furnish parts as well as labor. Contracts that include parts should also specify total dollar value of parts, and which components will not be covered, or which will be covered only on a prorated basis.

(4) The contract should specify that all test equipment and/or calibration standards that are to be used in the performance of the contract are traceable and certified in accordance with NIST standards. Certification must be made available to the BIOMED upon request.

(5) For equipment sent to an outside repair activity/contractor, documentation is required that the person performing the repair is trained and qualified to repair that equipment.

(6) The contractor shall provide proof of specialized training for the field service representative responsible for maintaining the contracted equipment. This documentation will be submitted to the Contracting Officer representative (COR) and a copy kept on file in BIOMED. As long as equipment remains in inventory, no new contractor personnel shall work on equipment without providing this documentation to the COR.

(7) The contract should specify that the contractor's service representative will be required to report to BIOMED prior to commencing work and upon completion of each service call.

(8) The contract should specify that the contractor will submit a legible service report to BIOMED for each item of equipment serviced. The report should provide, at minimum, the complaint, an identification of the equipment serviced, the type of service performed (preventive maintenance or repair), an itemized list of parts and supplies furnished and the cost of each, and the total man-hours expended, including labor cost. If parts and labor are included in the contract, costs should still be provided as if the costs were not included. Repairs that cannot be completed during the initial visit will indicate the current status of the equipment and the projected date on when repairs will be accomplished. Payment of invoices shall not be authorized until receipt of the services report by BIOMED.

(9) The contract should specify that all scheduled servicing will be accomplished in accordance with manufacturer's recommendations or local maintenance procedures.

(10) For option year contracts, before executing the option year, ensure that all equipment and accessories listed on the contract equipment list are still in use. If a contracted equipment has already been disposed or transferred, refer the contract back to the contracting activity for removal from the contract equipment list and possible price adjustment.

(11) For Prime Maintainer or Shared Maintenance contracts, ensure that the contract is properly competed and fits the maintenance strategies outlined in the MEMP.

(b) Contracted Maintenance Monitoring. When contracts for medical equipment maintenance or service are established, the contracting officer (KO) should require the assignment of a BIOMED representative as the COR. Service contracts information must be entered in DMLSS' Service Contract (SC) module. DMLSS can associate service contracts with the contracted equipment and assist the COR monitor the performance of the contractor's service representatives and ensure that services provided meet the contract specifications.

(c) Contracted Maintenance Documentation. Maintenance history records of medical equipment under annual maintenance contracts will be annotated in DMLSS/SC with the name of the contractor, type of contract, cost, contract number, and period. All contracted maintenance performed will be recorded in DMLSS/MA upon submission of service reports from the contractor and/or vendor's representatives. The entry, at the minimum, will indicate the service

date, type of maintenance performed, parts used and cost, man-hours with labor cost, and travel rate.

(d) Installation of Equipment. When contracts specify installation of equipment by the contractor's representative, monitoring of the installation by BIOMED COR is strongly recommended, but assistance with or performance of the installation is prohibited. Upon completion of the installation by the contractor's representative, the user, and BIOMED COR will make an acceptance inspection and operational testing of equipment in the presence of the contractor's representative. The results of the acceptance inspection will be recorded on the appropriate equipment maintenance history record.

3. Warranty. Original manufacturer or vendor warranties for parts and labor must be carefully monitored and strictly administered in managing an efficient MEMP. All inspections and maintenance performed by the warranting agent will be recorded in DMLSS in accordance with procedures outlined in Section 10, article 10-3.

4. Maintenance by The Veterans Administration (VA). Repair programs offered by the VA Service and Distribution Center provide an alternative source and cost-effective way of servicing x-ray tube, surgical scope, and dental/ surgical handpiece repair. Services include: 2-day turnaround time option; 90-day warranty; and loaner, if available, for repairs exceeding 3 days. For more information contact:

VA Service and Distribution Center
P.O, Box 27
Hines, IL 60141
(708) 786-7510, FAX (708) 786-7504.

Article 10-5
X-ray Acceptance Program

1. General. If a medical radiographic system is procured through Defense Supply Center Philadelphia (DSCP) or NAVMEDLOGCOM, an acceptance inspection will be performed after the system is installed. This inspection will be performed on radiological systems within 30 days of installation. Fluoroscopy (fixed and mobile), tomography, computed tomography, magnetic resonance imaging, mammography, intra/extra oral x-ray and radiation therapy units must be inspected by a radiation physicist before initial clinical use. Straight radiographic systems may be placed into clinical use after acceptance testing by the BMET. The inspection will ensure that the equipment meets purchase specifications including applicable Federal and State regulatory requirements. Equipment performance standards will be based on the Title 21, CFR, DOD Acceptance Package, and BUMEDINST 6470.22 Series. The DOD radiographic systems acceptance inspection package/procedures can be downloaded from NAVMEDLOGCOM's web page at http://www-nmlc.med.navy.mil/gov_only/equipment/bmet/bmet.htm.

2. Performance of Inspection. Acceptance inspection should not be performed until authorization to proceed has been received from NAVMEDLOGCOM. Contact NAVMEDLOGCOM upon receipt of notification from the contractor that the installation is complete. Inspection can be performed by the following:

a. The local BIOMED. Will be responsible for performing the acceptance inspection on mobile x-ray and C-arm, general x-ray, tomography, and fluoroscopy systems. If possible, inspection should be performed in conjunction with, but not after, the NMCPHC's radiological systems performance evaluation (Radiation Physicist). The receiving activity's BMET is encouraged to perform the acceptance inspection upon receipt of authorization from NAVMEDLOGCOM if the following local assets are available:

(1) Required test equipment with current calibration certificates on file or affixed to the equipment.

(2) Personnel with the necessary technical expertise and training.

b. Qualified NMCPHC Surveyors. Will be responsible for performing the acceptance inspection on mammography, MRI, special procedures, computed and direct radiography, and computed tomography (CT) systems, in accordance with the Radiological Systems Performance Evaluation Program. The surveyor may require the assistance of BIOMED.

c. Additional support for inspection. If the acceptance inspection cannot be performed using local assets, NAVMEDLOGCOM should be contacted for additional support.

d. Interservice Support Agreement (ISSA). If BUMED assets are unavailable to perform the acceptance inspection, the Commanding Officer may use the ISSA. If the ISSA is used, funding must be provided to the activity performing the inspection.

e. Responsibility for Inspection Report. Acceptance Inspection must be completed within 30 days from the date when the installation was officially completed. BIOMED is responsible for ensuring that an electronic copy of the inspection results is forwarded to NAVMEDLOGCOM no later than 10 days after completion of the inspection. NAVMEDLOGCOM will forward the electronic copy to DSCP upon completion of the acceptance package review.

3. Administration

a. X-ray Verification/Certification Worksheet (DD Form 2164). This worksheet will be used by medical maintenance shops to record actions taken in conjunction with the verification and certification of medical radiographic systems under their cognizance. This form will be filed in BIOMED and retained until the radiographic system is excessed or disposal action is completed. This form does not apply to dental radiographic systems.

b. Report of Assembly of a Diagnostic X-Ray System. A Report of Assembly of a Diagnostic X-ray System (FDA Form 2579) is required by the FDA after certified diagnostic radiographic systems are installed or whenever certified components of a diagnostic radiographic system are replaced, reassembled, or repaired. The manufacturer will provide forms with certified systems or components. Additional forms are available from:

Director
Center for Devices and Radiological
Health (CDRH) (HFZ-22D)
5600 Fishers Lane
Rockville, MD 20852.

c. Authority. CDRH, acting under the authority of the Commissioner of the FDA, has prescribed regulations governing the manufacture, assembly, and performance of diagnostic radiographic systems used on human patients. These regulations, which became effective on 1 August 1974, are published in Regulations for the Administration and Enforcement of the Radiation Control for Health and Safety Act of 1968, DHHS Publication (FDA) 80-8035 (NOTAL) with amendments or deletions issued in the Federal Register and the Code of Federal Regulations, Title 21. The military services are not exempt from these regulations.

d. Use and Distribution of FDA Form 2579. The FDA Form 2579 will be used to report the initial assembly or reassembly of all certified components, except loaned components, regardless of whether they are additions to existing systems or components transferred from one unit to another. The completed form will be distributed, with the original to FDA. The scanned yellow State Agency copy will be forwarded to NAVMEDLOGCOM, within 10 days after the installation completion date, preferably with the acceptance package.

(1) When the assembly/installation is accomplished by other than Navy personnel (such as manufacturer/contractor), the owning activity of these components will receive the purchaser's copy of the FDA Form 2579. A legible reproduction of this copy will be forwarded to NAVMEDLOGCOM. Legible scanned copies will be obtained from the manufacturer's representative and will be submitted with the X-ray System Acceptance Inspection Report to NAVMEDLOGCOM.

(2) When Navy personnel accomplish the assembly/installation of a certified radiographic system or component, the assembler/installer will complete the applicable sections of the FDA Form 2579 and distribute the copies.

e. Retention of FDA Form 2579. Copies of FDA Form 2579 will be retained for 5 years.

Article 10-6
Repair Parts and Shop Supplies Management

1. General. The effective management of shop supply is essential for providing repair parts, assemblies, components, and other supplies needed by BIOMED to perform its maintenance support mission. Inventory controls will be maintained on items required for operation of BIOMED. DMLSS sites are required to use DMLSS for repair parts inventory control. Cataloged and non-cataloged repair parts including parts used by the contractors must be properly charged to the owning department via the work order. Ships must ensure that all configuration worthy equipment are Coordinated Shipboard Allowances List (COSAL) supported. Except for commonly used items (items not identifiable to specific brands or types of equipment) most repair parts, especially high cost items, should be requisitioned as required. Concentrated management (i.e., use of government credit card) is required to preclude excessive stockage of repair parts.

a. Supply. Stocks of repair parts and consumables are maintained only to support BIOMED. The primary purpose of these stocks is to minimize delays in the repair of equipment. On-hand stock required to maintain specific equipment shall be kept to a minimum and limited to equipment belonging to the activity and subordinate activities. Repair parts are divided into three categories: bench stock, demand-supported stock, and non-stocked repair parts. Bench stock (pre-expended) consists of consumables and general-purpose hardware (such as screws, nuts, bolts, and fuses) maintained at realistic stock levels to sustain daily routine maintenance functions. Parts categorized as bench stock are usually of nominal value, used at unpredictable rates, and are not specific to any one type or model of equipment. Bench stocked parts are not normally inventoried. However, stock levels must be monitored for reordering purposes.

2. Operator Maintenance Parts and Consumables. Parts that may be required for operator maintenance or consumable items required for the operation of specific (specialty) equipment will be procured and stocked by the clinic, customer, or service that has custodial responsibility for the equipment. Examples are: patient leads or cables, electrodes, reagents, etc.

Article 10-7
Support of Operating Forces And Activities Not Assigned BMET Personnel

1. General. This article provides guidelines for the Operating Forces and shore activities not assigned BMET personnel. Commands of the Operating Forces must comply with all requirements of the CNO 3-M system. General guidelines for repair and maintenance of medical and dental equipment outlined in this manual apply to shore activities not assigned BMET personnel.

2. Technical Assistance

a. Requests for Assistance. Commanding Officers of activities or elements of the Operating Forces not assigned BMET personnel may request the technical assistance of a BMET to implement 3-M as set forth in NAVSEAINST 4790.8 series. Requests for technical assistance should be directed to the nearest military treatment activity, stating the nature of the assistance required and the type of equipment involved. Requests for assistance beyond the scope of the activity should be referred to the original equipment manufacturer (OEM) or NAVMEDLOGCOM via telephone, facsimile, or message, as appropriate.

b. Funding. Funding for the TAD and associated repair costs incurred are chargeable to the requesting activity.

3. Records

a. **Responsibility.** Medical Department personnel of the Operating Forces and activities not having an assigned BMET are responsible for maintenance of their equipment within the recordkeeping guidelines of the 3-M system, if applicable, on all medical and dental equipment

as specified in this manual. This equipment should be reconciled with the Authorized Medical Allowance List (AMAL) and entered in the ship's Weapon System File (WSF). Entries on the Medical/Dental Equipment Maintenance Record (NAVMED 6700/3) will be the responsibility of personnel performing the inspection and/or repair (e.g., BMET, activity work forces, or medical department personnel). Entries to Organizational Maintenance Management System–Next Generation (OMMS-NG) will be the responsibility of the shipboard BMET or the Work Center Supervisor. Medical Department personnel will document all maintenance performed by civilian contractors.

b. Requirements. The BMET when performing preventive maintenance on shipboard medical and/or dental equipment, will follow maintenance requirements as listed on Maintenance Index Cards (MIP), Maintenance Requirements Cards (MRC), and other forms covered by the Navy shipboard Planned Maintenance System (PMS) in accordance with NAVSEAINST 4790.8 series, Ships' 3-M Manual.

4. Equipment Guide List (EGL). To maintain an accurate configuration, on-hand equipment listed in the EGL should be reconciled with the latest AMAL. If any discrepancies are found, notify the respective Force Medical Representative for guidance. Ensure that all of the equipment listed in the reconciled EGL have the corresponding Repairable Identification Code (RIC). RIC is synonymous with the Allowance Parts List (APL) identifier. AMAL equipment found on board not included in the EGL must be added to the list. Submit inclusion request via the 3-M shop.

5. 3-M System. Using the BMET's past experience, the MIPs and MRCs requirements can be identified using the EGL. The ship's 3-M shop can also be an excellent resource to assist in completing this task. List of Effective Pages (LOEP) and the EGL should be reconciled to identify the necessary MIPs and MRCs needed to be maintained in the LOEP.

6. Category B Feedback Report (OPNAV 4790/7B). The FBR is used to report technical discrepancies inhibiting PMS performance on board ships. This process may also be used to update the LOEP. Shipboard Medical Department 3-M Coordinators will ensure that FBRs are processed in accordance with NAVSEAINST 4790.8 series. Medical system TFBRs are sent to NAVSEALOGCEN Detachment, Norfolk, VA for technical review, and if necessary will be forwarded to NAVMEDLOGCOM for action.

7. Reports. NAVMEDLOGCOM, with concurrence from the Force Medical Representatives, may periodically request submission of specific reports/data to assist in process improvement decisions. Activities are also encouraged to submit other information relative to the Medical and Dental Equipment Maintenance and Repair Program to NAVMEDLOGCOM (e.g., unusual or repetitive equipment problems, recommended risk level changes, difficulties encountered in acquiring preventive maintenance service, recommended additions or deletions to on board spare parts listings or inventories, etc).

8. Repair Parts. Medical elements of the Operating Forces are responsible for maintaining an inventory of high mortality repair parts to comply with NAVSEAINST 4790.8 series for all medical and dental equipment carried on board unless supported by Coordinated Shipboard Allowance List (COSAL) APLs. Repair parts required for maintenance support will be provided by the activity having custodial responsibility for the equipment.

9. Equipment Transfers. The service manual, authorized parts listing, service documentation, and on board repair parts will accompany the parent item when transferred to another activity.

BIOMEDICAL EQUIPMENT MAINTENANCE DIVISION INSPECTION CHECKLIST

Tracer – Patient vs. System

Do Patient Care Providers Know:

If their medical equipment's preventive maintenance is current? How?

Who to contact in case of medical equipment failure? Who?

Who to contact in case they need user training on a piece of brand new medical equipment?

Medical Device:

Does it have PM stickers (If used at your command)?

Is the equipment clean and appear to be well maintained?

BIOMED:

Are maintenance plans developed for each equipment type?

Is preventive maintenance being performed in accordance with the established maintenance plan and interval?

Are the audible alarms being tested?

Are maintenance histories properly recorded?

Are outputs properly recorded?

Is the BMET who worked on the equipment had the proper training or used a PM checklist to perform the maintenance?

Is T&E equipment approved for use via BIOMED?

Are the staffs educated on the use of new medical equipment being introduced at the site for the first time?

Are patients health information removed from medical equipment memory before disposal? i.e., EKG machines.

Medical Equipment Management Plan (MEMP)

Does the site have a Command Environment of Care Plan?

Does BIOMED have an MEMP?

Is the objective, scope, performance, and effectiveness of the MEMP reviewed annually?

Does the MEMP cover the following:

How to manage medical equipment risk, emergency maintenance response, corrective and preventive maintenance, testing, and inspection?

Emergency management plan for resource sharing?

Inclusion of contractors and vendors in the plan?

Guidelines in using patient-owned medical equipment inside the facility?

Does BIOMED have the following references:

NAVMED P-5132?

Joint Commission Comprehensive Accreditation Manual for Hospitals?

College of American Pathologist manual?

NFPA-99 Healthcare Facilities manual?

American Association of Blood Banks Accreditation Requirements Manual

Document Control and Reporting:

Is the failure reason "User Error" being documented?

Is the site reporting medical device hazards?

Is the site tracking and documenting responses to medical device alert and recall reports?

Is there documentation of acceptance testing?

Is the X-ray acceptance package documentation on file?

Can the site provide documentation of completed staff training on new medical devices?

Are the test equipment calibration certificates on file?

Are the BMETs Training Certificates on file?

Does the site maintain hardcopy of all Service Contracts and have properly inputted the data into DMLSS?

Management Control Reports

Run the Unable to Locate (UTL) Notification Report.

Are UTL reports sent to the responsible departments for action and copies sent to EM and Safety Committee?

Is the UTL report submission mentioned in the Safety Committee meeting minutes?

Run the Equipment Without Maintenance Activity Report.

Any equipment retrieved?

Run the Equipment Without Maintenance Plan Report.

Any equipment retrieved?

Run the Maintenance Interval Without Date Due Report.

Any equipment retrieved?

Run the Suspended Scheduled Work Order Report.

Any equipment retrieved?

Management Reviews

Are User Errors documented and reported to the Safety Committee?

Are all UTL equipment reported to the Safety Committee and included in the meeting minutes?

Are EM and responsible department's documentation of actions taken to locate the UTL equipment on file?

Is there BIOMED representation in the Equipment Program Review Committee?

Is there BIOMED representation in the Environmental of Care?

Is there BIOMED representation in the Radio Frequency Management Committee?

Is there BIOMED representation in the Risk Management Committee?

Are equipment requisitions routed through BIOMED for technical review?

Are all maintenance significant medical equipment assigned to a maintenance activity?

Are all maintenance significant medical equipment associated to a maintenance plan and procedures?

Are BMETs properly trained to perform maintenance on equipment assigned to them?

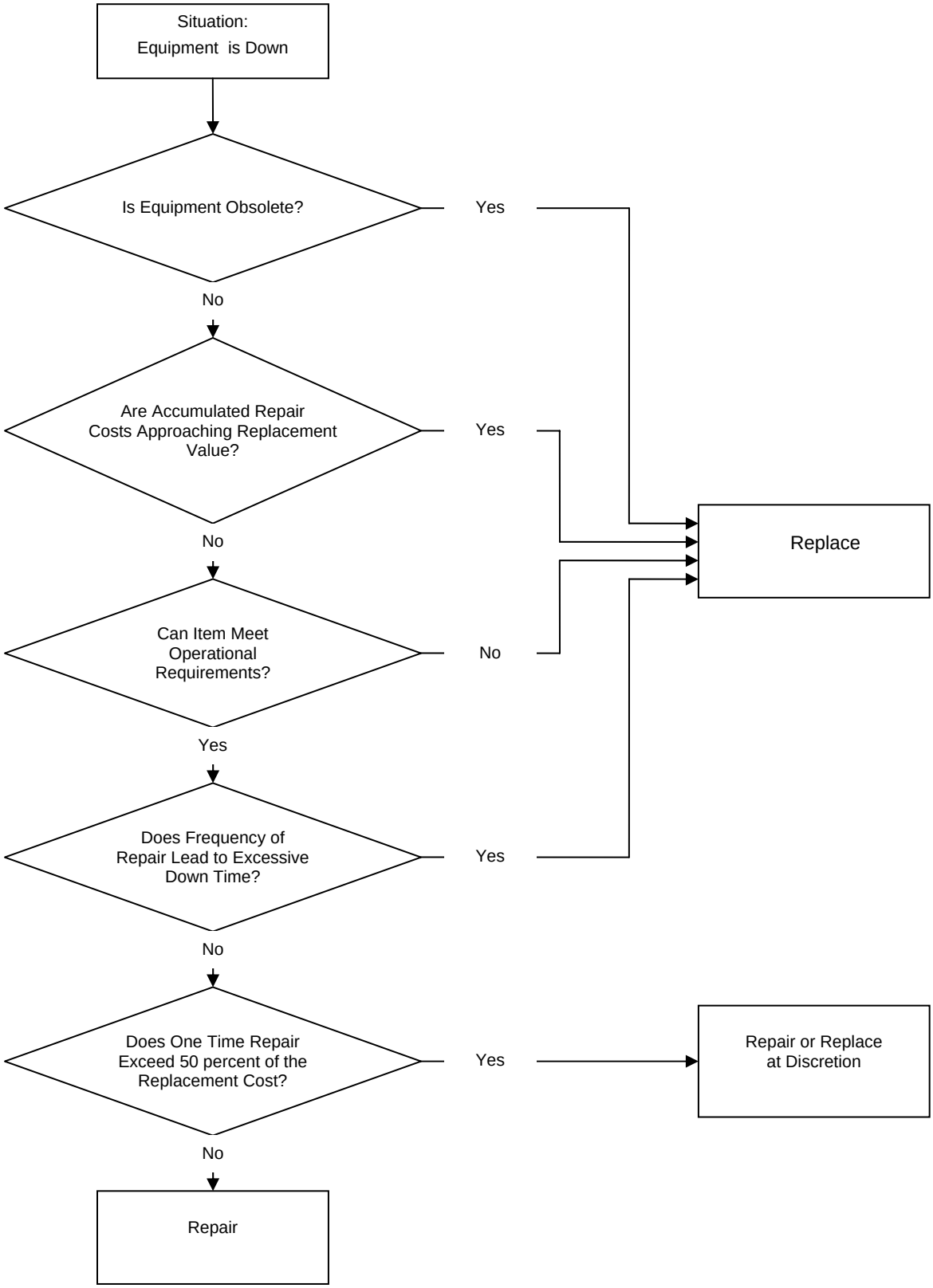
Are the alerts and recalls QA actions documented?

Are there carry-over work orders from previous month?

Is the command in a Prime Maintainer Program (PMP)?

Was the PMP contract competed?

DECISION CHART FOR EQUIPMENT REPAIR AND REPLACEMENT



SECTION 11. DISASTER MANAGEMENT AND AEROMEDICAL EQUIPMENT

Article	Subject	Page
11-1	General	11-1
11-2	Procedures	11-1
11-3	Installation Protection Program (IPP)	11-2
11-4	Support of Contingency Medical Material Requirements	11-3

References: Joint Publication (JP) 4-02, Health Services Support of 31 Oct 2006
DOD Directive 6200.3, Emergency Health Powers on Military Installations

Article 11-1
General

1. Purpose. This article describes the management of material maintained by individual facilities for disasters, terrorist action, and major conflicts.

2. Scope. Activities that could expect to receive or transfer patients using the patient aeromedical evacuation system as a result of disasters (either natural or man-made).

3. Policy. In accordance with JP 4-02, Health Services Support, patient movement mission is designed to minimize the effects of wounds, injuries, and disease on unit effectiveness by the rapid evacuation of injured personnel.

Article 11-2
Procedures

1. JP 4-02. Established Patient Movement Items (PMI) management procedures during evacuation. Excess property accumulates at receiving points when a large number of casualties are relocated. This results in property shortage at originating facilities. Conscious redistribution efforts must be made to alleviate accumulation and shortage of property.

2. Medical Evacuation Officer of Participating Activities shall:

a. Turn in PMI medical equipment to the Materiel Management Department for return to the originating activity.

b. Ensure that PMI medical equipment is not used to satisfy other requirements of the receiving activity.

c. Ensure that PMI medical equipment received with a patient from an Allied Nation is returned to the originating nation.

d. If you receive patient movement items at your activity, the items should be cleaned by the clinical staff and turned into your Material Management Department. The Material Management Department should then contact the nearest PMI Center to arrange shipment. The PMI centers will then repair PMI as necessary, update asset visibility, and process for shipment to support theater requirements or return to the owning Medical Equipment Management Office activity.

3. Material Management Officer of Participating Activities

a. Immediately upon receipt of PMI, the Material Manager shall initiate action to return the material to the PMI system. It is the activity's responsibility to pay for shipping to return the material to the closest PMI Center, unless the

PMI Center specifically requests shipment to another Center. This program depends on a minimum lag time between the arrival of the material at an activity and its return to the system for reprocessing. Failure of the Material Manager to expedite the return of this material will have a significant impact on the ability to evacuate patients from the theater in a timely manner.

b. PMI Centers:

Andrews AFB PMI Center, FM 4425
3422 Tennessee Ave.
Andrews AFB, MD 20762
(240) 857-7956; DSN 857-7956
Fax: (240) 857-7329

Scott AFB PMI Center, FM 4407
375th MDSS/SGSL/PMI
1506 South Drive/Bldg 3275
Scott AFB, IL 62225-5300
(618) 256-1173; DSN 576-1173
Fax: (618) 256-1616

Travis AFB PMI Center, FM 4427 50 Kit Hub
60th Medical Support Squadron/SGSL PMI
101 Bodin Circle, Bldg 796
Travis AFB, CA 94535-1800
(707) 423-7976; DSN 799-7976
Fax: (707) 423-3638

Ramstein AB, Germany, PMI Center, FM 5612
435th Medical Group/SGSL PMI Center
Unit 3215
APO AE 09094-3215
011-49-6371-46-2437; DSN (314) 479-2437
email: pmicenter.eur@ramstein.af.mil

Yokota AB, Japan, FM 5202
374th Medical Support Squadron/SGSL PMI Center
Yokota AB, JA
Building 4145, Unit 5225
APO AP 96328-5225
011-81-3117-55-5216; DSN (315) 225-5216
Fax: 011-81-3117-55-8679

Article 11-3
Installation Protection Program (IPP)

1. Background. The Installation Protection Program (IPP) is managed by the Joint Project Manager Guardian (JPMG) for the DOD Joint Program Executive Office for Chemical and Biological Defense (JPEO-CBD). Commander, Naval Installations Command (CNIC), executes the Navy portion. JPMG has issued a Family of Systems (FOS) document, which identifies the equipment to be distributed to Naval Installations. Information about this program should be obtained from the Naval Medicine Office of Homeland Security (NMOHLS) Directorate at BUMED. The JPMG IPP mission is to:

a. Protect DOD personnel, contractors, and other persons working or living on U.S. military installations and facilities.

b. Provide an effective Chemical, Biological, Radiological/Nuclear Explosives (CBRNE) protection, detection, identification. and warning systems for installation protection.

c. Provide a capability that will allow for rapid restoration of critical missions.

d. Provide the following IPP material for enhancement of:

(1) CBRNE detection.

(2) Threat agent identification.

(3) Warning systems.

(4) Individual and collective protection.

(5) Decontamination.

(6) Medical Protection, surveillance, and response.

(7) Emergency first responder equipment.

2. Responsibilities

a. After receipt of JPMG initial IPP material, each receiving activity will ensure that all the material are properly stored, maintained, and rotated. JPMG will provide the sustainment support for the first year. The receiving activity is expected to bear the cost of sustaining the material thereafter.

b. Receiving activities must ensure that selection of replacement material is limited to the material listed in the FOS issued by NMOHLS.

c. Material Management Department (MMD)/Biomedical Equipment Maintenance Division (BIOMED) will ensure that the IPP material are gained in DMLSS Assemblage Management (AM) module and that the CBRN equipment's maintenance history information is updated in DMLSS/MA upon completion of the acceptance testing.

d. BIOMED will ensure that the maintenance plans and procedures in DMLSS are updated specific to the equipment's make and model, based on manufacturer's specification or guidance provided from NAVMEDLOGCOM. Ensure that the equipment is turned-in to BIOMED and that clean and maintenance is performed after each use. Refer to Section 10 for additional maintenance guidance.

3. Storage and Maintenance. Activities MMD must ensure:

a. That all IPP material have proper and accessible storage for future use and ease of rotation.

b. That scheduled maintenance (SM) is performed on all maintenance significant CBRNE equipment.

c. To periodically perform visual material inspection and inventory.

d. To periodically review the current guidance to ensure their activity can support the expected capability.

Article 11-4
Support of Contingency Medical Material Requirements

1. Background. The DOD and the DHHS in consultation with the Department of Homeland Security have established a framework to coordinate mutual support in the event of a shortfall in critical medical material needed to prepare for, respond to, or recover from the medical consequences of domestic chemical, biological, radiological, nuclear, and high-yield explosives (CBRNE) events. This support also considers natural disasters, industrial accidents, public health emergencies/pandemics and/or other emergency events.

2. Strategic National Stockpile (SNS). The SNS http://www.bt.cdc.gov/stockpile/ maintained by the Centers for Disease Control and Prevention (CDC) has quantities of medicine, medical supplies, and equipment to protect the American public if there is a public health emergency severe enough to cause local supplies to run out. Once Federal and local authorities agree that the SNS is needed, these supplies will be delivered to any State in the U.S. within 12 hours. Each State has plans to receive and distribute SNS material to local communities as quickly as possible.

3. DOD Pathway to the SNS. DOD Directive 6200.3 provides CONUS facilities the pathway to the SNS material working with the local health departments.

SECTION 12. IDENTIFICATION, REUTILIZATION, AND DISPOSITION OF EXCESS PROPERTY

Article	Subject	Page
12-1	General	12-1
12-2	Procedures	12-1

Reference: DOD Manual 4160.21-M, Defense Materiel Disposition Manual

Article 12-1
General

1. Purpose. Redistribution of excess property that is not eligible for return to the supply system provides the gaining facility an opportunity to obtain equipment and materiel at little or no cost. Additionally, force reductions and base closure have provided a ready source of excess medical/ dental materiel and equipment.

2. Scope. The procedures outlined in this section apply to all activities under BUMED. DOD Manual 4160.21-M prescribes policies and procedures, which must be followed by DOD installations worldwide for reutilization and marketing of excess and other types of property. The Manual's policies and procedures take precedence over conflicting Defense Agency and Military Service instructions or regulations.

Article 12-2
Procedures

1. NAVMEDLOGCOM manages and executes BUMED's Excess Medical and Dental Materiel Redistribution Program. Responsibility includes:

a. Screening and directing the redistribution or disposition of excess medical/dental equipment and materiel.

b. Coordinating with international programs offices, humanitarian programs, other Services, DOD, and governmental organizations.

2. Fleet and Fleet Marine Force Assets. While NAVMEDLOGCOM has no authority over redistribution of Fleet and Fleet Marine Force assets, redistribution of equipment and materiel from these areas will be undertaken when voluntarily reported.

3. Internal Distribution. Activity Equipment Custodians should identify and report idle equipment and materiel to the Equipment Manager for reutilization. This will prevent unnecessary acquisition of new equipment.

4. Reporting

a. General Policy. All excess materiel with condition A, B, and C and with a minimum line value of $500 will be reported to NAVMEDLOGCOM via Tri-Service Medical Excess Distribution System (TRIMEDS) by using the Defense Medical Logistics Standard Support (DMLSS) system. Excess reporting procedure may be found at: http://www-nmlc.med.navy.mil/ gov_only/ equipment.

b. Excess equipment reported via DMLSS will be available for screening on the TRIMEDS Web site within 24 to 72 hours.

c. NAVMEDLOGCOM will routinely review reports of excess property and screen excess property against known requirements within Navy Medicine.

d. Excess materiel will only be available to Navy Medicine activities for a maximum of 20 days. On the 21st day, the materiel will be made available to all DOD services for an additional 25 days. Disposition instructions for undistributed materiel will be provided to the holding activity via DMLSS or e-mail. The entire cycle from reporting to redistribution or disposal of excess materiel should last no more than 45 days.

e. Excess Property from Outside BUMED's Budget Submitting Office (BSO). Medical and dental departments of the Operating Forces should report excess materiel via their Type Commanders, Force Commanders, or Fleet Commanders in accordance with the respective commander's directive.

5. Equipment Screening and Transfers Between Activities

a. Screening for excess equipment may be conducted via the TRIMEDS Web site at: https://afml.ft-detrick.af.mil/afmlo/procurement/excmenu.cfm. Additional information regarding the materiel may be directly addressed to the holding activity.

b. Request for excess equipment reported in TRIMEDS may be conducted via the DMLSS Inventory Management module. Excess request process may be found in NAVMEDLOGCOM's Web site at: http://www-nmlc.med.navy.mil/ gov_only/equipment.

c. Requesting activities shall provide funding for packing, crating, and transportation.

d. Accountable equipment received from BSO-18 activities will be received under transaction reason "Gained From Another MTF." And equipment received from other Services will be gained using transaction reason "Gained From DRMS."

6. DRMS. Excess materiel held at local DRMS should also be screened prior to procurement of equipment. The DRMS have a DOD-wide reutilization Web site where you can search for an item by nomenclature or NSN. This service is provided at: www.drms.dla.mil. In addition, at this site, you may set up a search to be notified if the materiel enters the DRMS system.

7. Donation of Excess Personal Property

a. DOD controls the disposition of foreign and domestic excess property under Navy control. This is accomplished through the services provided by the DRMS. Navy activities do not have the authority to donate excess personal property; this authority is vested in DOD and exercised by the DRMS. The DOD Humanitarian Assistance Program (HAP) is the conduit for donating excess DOD medical property to foreign countries. HAP coordinates efforts among the donating command, DRMS, and the State Department.

b. Policy. Detailed guidance on the disposal of Navy property, including donations, is provided in the Defense Materiel Disposition Manual, DOD 4160.21-M.

(1) Domestic Excess Property is property located in CONUS. DRMS may make donations to eligible recipients after the property has been screened through the reutilization process and determined to be surplus.

(2) Foreign Excess Property is property located abroad. All donations of such property must conform to U.S. foreign policy; all such donations must be coordinated with DRMS, HAP, and the State Department.

8. Priorities for Redistribution. Property purchased with appropriated funds shall only be provided to activities within the BSO, Navy, or DOD. Property not distributed will be turned-in to DRMS. DRMS or NAVMEDLOGCOM will direct the redistribution to outside agencies.

a. Equipment not redistributed must be removed from the excess list and removed from inventory by using the transaction reason "Turned-in to DRMS" in DMLSS.

b. Regulations regarding donation of government-owned ADP materiel to schools, police, and fire and rescue departments are constantly changing.

c. For further guidance, contact the Excess Program Coordinator at NAVMEDLOGCOM's Equipment Support Directorate (Code 03) at (301) 619-3082 or DSN 343-3082.

9. Patient Privacy. Identifying patient and confidential information must be removed from all equipment before redistribution. Delete patient information following the equipment manufacturer's guidance.

SECTION 13. MISSING, LOST, STOLEN, OR RECOVERED (MLSR) GOVERNMENT PROPERTY PROCEDURES

Article	Subject	Page
13-1	General	13-1
13-2	Procedures	13-1

References: DOD 7000.14-R, Financial Management Regulation, Volume 12, Chapter 7
NAVSUP P-485, Volume I, Supply Afloat
OPNAVINST 5530.14 series, Navy Physical Security
SECNAVINST 7320.10 series, Department of the Navy Personal Property Policies and Procedures
SECNAV M-5210.1, Department of the Navy Records Management Program

Article 13-1
General

1. Background. This section provides a brief discussion on procedures relating to the accounting and financial liability for lost, damaged, destroyed, or recovered property. DOD Financial Management Regulation, Volume 12, Chapter 7, and NAVSUP P-485, Supply Afloat, paragraphs 5125 through 5128, discusses such procedures in detail. The Financial Liability Investigation of Property Loss, DD Form 200, is used to assign responsibility, adjust records, or provide accountability relief to real property, personal property, plant property, inventories held in industrial funds, weapons, and other military equipment in use.

Article 13-2
Procedures

1. Initial Actions. Initiation of DD Form 200. Immediately upon discovery of loss, damage, or destruction of accountable government property, whether or not there is evidence of negligence, willful misconduct, or deliberate unauthorized use, the accountable or responsible officer will initiate a DD Form 200. Also, report lost or missing property to the security office, and Equipment Manager as soon as possible.

2. Responsibilities and Roles

a. OPNAVINST 5530.14 series, assigns responsibility of the Loss Prevention Program to the Activity's Security Officer.

b. DOD Financial Management Regulation, Volume 12, Chapter 7 provides guidance on how to complete the DD Form 200. It outlines roles and responsibilities of individuals involved in the investigation.

c. Investigation. Research conducted during the investigation is extremely critical. Evidence and data presented and recorded with recommendations are evaluated in succeeding reviews.

d. Final Action. The Commanding Officer is designated to take final action on DD Form 200 except when:

(1) The gain or loss is $100,000 or greater. In this event, the Commanding Officer will forward the DD Form 200 and other documentation to Naval Medical Support Command, via the respective Regional Command for approval.

(2) The DD Form 200 lists property for which the Commanding Officer is personally responsible. In this event, the DD Form 200 is sent to the next level in the chain of command for action.

e. Responsibilities of the Commanding Officer. The Commanding Officer reviews the recommendations of the Financial Liability Officer, and makes recommendations to either relieve all concerned or to hold a person or persons financially liable. The Commanding Officer must prepare a statement giving the reason for such action when different from the Financial Liability Officer's recommendations. The Commanding Officer shall contact Naval Criminal Investigative Service, as appropriate, for those losses involving theft or suspected theft.

3. Distribution of DD Form 200 after Final Action. The DD Form 200 is distributed as follows:

a. Original with all attachments is retained at the activity for 5 years. When disciplinary action is taken, retain DD Form 200 for 10 years.

b. Return a copy of approved DD Form 200 to the appropriate Property Officer/Equipment Manager for property record adjustment. For loss of property, the Equipment Manager will perform a loss using transaction reason "Financial Liability Investigation."

c. When financial liability is assessed, a copy of the approved DD Form 200 is sent to the servicing Disbursing Officer of the individual charged.

SECTION 14. OTHER EQUIPMENT ISSUES

Article	Subject	Page
14-1	General	14-1
14-2	Procedures	14-1

References: Federal Acquisition Regulation (FAR), Part 45 Government Property
DFARS, Part 245, Government Property
DOD 4161.2-M, Performance of Contract Property Administration
DOD 5500.7-R, Joint Ethics Regulation (JER)
10 USC 2601, Acceptance of Gifts and Services/General Gift Funds
10 USC 7220, Gifts for Welfare of Enlisted Personnel
31 USC 1353, Acceptance of Travel and Related Expenses from Non-Federal Sources
BUMEDINST 4001.4 series, Acceptance of Gifts
SECNAVINST 4001.2 series, Acceptance of Gifts
OPNAVINST 4001.1 series, Acceptance of Gifts
DFARS 217.700, Exchange of Personal Property
Title 41, CFR 102-39, Public Contracts and Property Management

Article 14-1
General

1. This section addresses equipment management issues that do not easily fit into other sections of this manual.

Article 14-2
Procedures

1. Acquisition, Management, and Disposal of Government-Owned Contract Property

a. Policy. Contractors are typically required to furnish all property necessary to perform Government contracts. Conversely, when contractors are furnished with Government property, agencies providing the property shall ensure this is done in compliance with FAR, Part 45, Government Property, and DFARS, Part 245, Government Property.

b. Implementing Regulations. The Assistant Secretary of Defense (Production and Logistics) has issued DOD 4161.2-M, Manual for the Performance of Contract Property Administration, for use in conjunction with FAR Part 45 and DFARS Part 245. It applies to all Military Departments, and provides uniform policies and procedures for accomplishing contract property administration requirements relating to Government property in the possession of contractors.

2. Gratuitous (Free) Vendor Promotional Training

a. Definition. Vendor promotional training means training provided by a vendor to promote its product or services. It ***does not*** include training provided under a Government contract or by a contractor to facilitate use of products or services it furnishes under a Government contract.

b. Policy. Medical Department personnel shall not accept vendor promotional training contrary to applicable regulations, policies, or guidance relating to the procurement of supplies and services for the Government. Consult the Joint Ethics Regulation for general guidance.

3. Acceptance of Gifts on Behalf of the Navy

a. Policy. DON policy allows:

(1) Gifts of personal property under 10 USC 2601.

(2) Gifts for use in providing recreation, amusement, or contentment of enlisted members under 10 USC 7220.

(3) Acceptance of payment from non-Federal sources for travel expenses under 31 USC 1353 in connection with an employee's attendance at a meeting or similar function relating to official duties.

b. Implementing Regulations. BUMEDINST 4001.4 series, amplifies Navy policy on the acceptance of gifts by activities resourced by BUMED.

(1) Persons in the DON shall not solicit requests for gifts unless authorized by the Secretary of the Navy (SECNAV).

(2) Gifts must be used for the purpose intended by the donor.

(3) Gifts with specified conditions other than the designated use of the gift must be declined.

(4) SECNAV directs refusal of any gift that might embarrass the DON by reason of favors expected or unwarranted publicity for the donor. Gifts received from contractors must be closely reviewed before acceptance to ensure that there is no appearance of influencing impartial procurement processes.

(5) The offer of a gift that requires substantial expenditure of funds or administrative efforts should be evaluated to determine whether acceptance is merited.

(6) Acceptance of alcohol and tobacco products is prohibited.

(7) Gifts not related to patient treatment that are given to the command for further distribution as gifts to patients cannot be accepted.

(8) Gifts of property, which are treatment related such as infant formula and diapers, may be accepted. BUMEDINST 4001.4 series, Acceptance of Gifts, provides guidelines for handling, obtaining, and accounting for infant formula.

c. Authority to Accept Gifts. SECNAVINST 4001.2 series delegates the Under Secretary of the Navy to accept gifts of real property and other gifts of value in excess of $50,000. The Chief of Naval Operations is authorized to accept gifts other than real property, of a value of $50,000 or less. OPNAVINST 4001.1 series further delegates the gift acceptance authority to the Vice Chief of Naval Operations and Director, Navy Staff for gifts of personal property (including money) with a value less than $50,000 for the benefit of an institution or organization; for providing recreation to enlisted members; or for acceptance of payment from a non-Federal source for travel and related expenses. Chiefs of bureaus are given gift acceptance authority for gifts with a value of $10,000 or less.

d. Procedures. Medical activities shall forward requests for acceptance of gifts, via the chain-of-command, to the responsible line commander with gift acceptance authority. In cases where the responsible line commander is a Marine Corps activity, or BUMED resourced non-medical activity, the request shall be forwarded to BUMED. Requests shall contain the following information:

(1) A description of the gift, including the estimated value and the source of that estimate.

(2) The donor's identity, point of contact, telephone number, and defense contractor status.

(3) A description of what personnel will be making use of the gift. If the donor is a defense contractor, then a statement indicating

whether any of the personnel who will be using the gift are involved in making procurement decisions affecting the donor, and, if so, whether any possible appearance of impropriety would be outweighed by the benefit derived from the gift.

(4) For gifts of personal property, verification that the donor has been notified that the activity has accepted temporary custody of the gift pending final approval.

4. Exchange (Trade-in) of Non-excess Personal Property

a. Policy. DFARS 217.7001 and 217.7002 state that it is DOD policy to exchange (trade-in), rather than replace, eligible non-excess property to the maximum extent possible when such trade-in promotes economical and efficient program accomplishment. DFARS 217.7000 prescribes the policy and procedures for exchange of non-excess personal property concurrent with an acquisition.

(1) In effecting exchanges, DOD components shall comply with Federal Property Management Regulation (Title 41, CFR 102-39).

(2) This policy permits the exchange (trade-in) of non-excess property, provided that the exchange allowance is applied towards procurement of similar property. This exchange (trade-in) practice should be used to the maximum extent possible.

b. Procedures. When property is exchanged, the activity trading in the property must prepare a written administrative determination which should state the anticipated economic advantage, that exchange allowances shall be applied toward the purchase of similar items, and that, if required, the property has been determined harmless or has been demilitarized. Records should indicate that the items acquired as a result of the trade-in were similar to the items exchanged. When DOD components purchase materiel involving the exchange of personal property, they shall comply with DFARS, Subpart 217.70, Exchange of Personal Property.