

**BY ORDER OF THE  
SECRETARY OF THE AIR FORCE**

**AIR FORCE MANUAL 41-209**

**4 JANUARY 2019**



**Health Services**

**MEDICAL LOGISTICS SUPPORT**

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OPR: AFMOA/SGM

Certified by: AF/SG3/5  
(Maj Gen Robert Miller)

Supersedes: AFI 41-209, 6 October 2014

Pages: 134

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Medical Logistics provides equipment, materiel, services, and information to the Air Force (AF) medical mission. This publication implements Air Force Policy Directive (AFPD) 41-2, *Medical Support*. It provides guidance for establishing and operating medical logistics support for AF Military Treatment Facilities (MTFs) and other activities. Air Force Manual (AFMAN) 41-209 applies to all AF, AF Reserve and Air National Guard (ANG) activities with an assigned Medical Supply prefix “FM” account as defined by Air Force Instruction (AFI) 23-111, *Management of Government Property in Possession of the Air Force*, Attachment 2. AFMAN 41-209 does not apply to non-Medical Supply-“FM” account supported medical units except where stated otherwise. This AFMAN may be supplemented at any level, but all supplements that directly implement this publication must be routed to Air Force Medical Operations Agency, Director, Medical Logistics (AFMOA/SGM) for coordination prior to certification and approval. Refer questions and suggested improvements to the OPR using AF Form 847, *Recommendation for Change of Publication*; send AF Form 847 to AFMOA/SGM, Policy and Procedures Section, Defense Medical Logistics Center Building, 693 Neiman Street, Fort Detrick, MD 21702-5006 (email: [usaf.detrick.afmoa.mbx.sgalo-mtf-ops-support@mail.mil](mailto:usaf.detrick.afmoa.mbx.sgalo-mtf-ops-support@mail.mil)).

Tier waiver authorities are defined in AFI 33-360, *Publications and Forms Management*. The authorities to waive wing and unit level requirements in this publication are identified with a Tier number (T-0, T-1, T-2, T-3) following the compliance statement. See AFI 33-360, *Publications and Forms Management*, Table 1.1 for a description of the authorities associated with the Tier numbers. Submit requests for waivers through the chain of command to the appropriate Tier waiver approval authority, or alternately, to the Publication OPR for the non-tiered compliance

items. Ensure that all records created as a result of processes prescribed in this publication are maintained IAW Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (AFRDS) located in the Air Force Records Information System (AFRIMS) accessible through the AF Portal. **Note:** For medical wings, references to Medical Logistics Flight Commander is equivalent and interchanged with Director, Medical Logistics, and Medical Support Squadron Commander is equivalent and interchanged with Logistics Readiness Squadron (LRS) Commander. Where applicable, references to the AF Medical Logistics Guide (MLG) are provided. The AF Medical Logistics Guide includes further guidance, as well as recommended step-by-step procedures, to accompany the policy in this manual and is available at the Air Force Medical Logistics (AFML) website, <https://medlog.us.af.mil/apps/medlog/#catdoctag/MTFSupport/Policy%2520%2526%2520Procedures>. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force.

### ***SUMMARY OF CHANGES***

This document is new. Major changes in transition from AFI 41-209 include streamlining to prioritize mission and inspection compliance requirements. Chapter 2 was revised to provide clarification on Quality Control review procedures and required document and file retention for Financial Improvement & Accountability Readiness (FIAR) compliance. Chapter 3 was revised to increase required inventory intervals for equipment and War Reserve Materiel (WRM) assets from one to two years. Chapter 5 was substantially revised to comply with Drug Enforcement Administration (DEA) regulations. Documentation requirements were added or revised to comply with Department of Defense (DoD) 7000.14-R, *Financial Management Regulation*, Vol. 1, Chapter 9.

<b>Chapter 1— GENERAL OVERVIEW</b>	<b>10</b>
1.1. Overview. ....	10
1.2. Roles and Responsibilities. ....	10
Table 1.1. Defense Medical Logistics Standard Support Segregation of Duties Matrix. ....	14
1.3. Linen Supply. ....	16
1.4. Support to Detached Units. ....	16
1.5. Customer Service Program. ....	16
1.6. Reports of Survey. ....	17
1.7. Funds. ....	17
1.8. Continuity of Operations. ....	17
1.9. Personal Retention Items. ....	18

<b>Chapter 2— DATA RECORDS, DOCUMENTATION, AND QUALITY CONTROL</b>	<b>19</b>
2.1. Purpose. ....	19
2.2. Medical materiel records or property accounting documents. ....	19
2.3. Property documents processing. ....	19
2.4. Quality Control (QC). ....	20
2.5. Filing Source Documentation. ....	21
<b>Chapter 3— INVENTORY MANAGEMENT</b>	<b>22</b>
3.1. Purpose. ....	22
3.2. Responsibilities. ....	22
Section 3A— Funds	22
3.3. Air Force Working Capital Fund/Medical Dental Division Accounts. ....	22
3.4. Operations and Maintenance Funds.....	22
Section 3B— Issues and Orders That Are Due-Out to Customers	23
3.5. Control of Issues from the Air Force Working Capital Fund/Medical-Dental Division. ....	23
3.6. General Inventory Issue Instructions, Supplies and Equipment. ....	23
3.7. Back Order Procedures. ....	24
3.8. Authorization to Receive Controlled Items and Medical Equipment. ....	24
3.9. Outpatient Medical Materiel Support. ....	25
3.10. Medical Supplies and Equipment for First Responders.....	25
Section 3C— Receipts Resulting from Requisitions	25
3.11. General.....	25
3.12. Receiving Hazardous Materials (HAZMAT). ....	26
3.13. Reporting and Documenting Discrepancies in Shipment. ....	26
Section 3D— Gains and Losses of Inventory	27
3.14. General.....	27
3.15. Customer Turn-Ins to the Air Force Working Capital Fund/Medical Dental Division.....	28
3.16. Destructions. ....	28

3.17.	Commercial Credit Returns. ....	30
3.18.	Inventorying Medical Operating Supplies. ....	31
3.19.	Gifts and Donations. ....	33
3.20.	Materiel Withdrawn from the Defense Logistics Agency Disposition Services. ...	33
3.21.	Transfers to Defense Logistics Agency Disposition Services. ....	33
Section 3E— Storage		34
3.22.	General. ....	34
3.23.	Controlled Medical Items. ....	34
3.24.	Deteriorative Items. ....	34
3.25.	Hazardous Material. ....	34
3.26.	Access. ....	34
Section 3F— Shipping		34
3.27.	Shipment Funding. ....	34
3.28.	Shipping Controlled Medical Items, Hazardous Materiel, and Temperature-Sensitive Items. ....	35
Section 3G— Excess		35
3.29.	General.....	35
3.30.	Base Realignment and Closure (BRAC) Excess. ....	36
<b>Chapter 4— PROCUREMENT</b>		<b>37</b>
4.1.	General.....	37
Section 4A— Purchasing		37
4.2.	Responsibilities. ....	37
4.3.	Items not Authorized for Military Treatment Facility Procurement.....	37
4.4.	Air Force Green Procurement Program. ....	37
4.5.	New Item Requests (NIR).....	38
4.6.	Funds. ....	38
4.7.	Follow-Up. ....	38
4.8.	Emergency Medical Purchases. ....	38
4.9.	Prime Vendor. ....	39

4.10.	Government-Wide Purchase Card. ....	39
4.11.	Transactions Involving Exchange for Replacement Purposes. ....	39
4.12.	Centrally Procured Vaccines. ....	39
4.13.	Medical Gases. ....	40
4.14.	Orthopedic Shoes, Adjustments, and Repairs. ....	40
4.15.	Food and Drug Administration Validation of Third Party Single Use Medical Devices (SUDs) Reprocessing. ....	40
4.16.	National Contract List (NCL) and DMLSS Strategic Sourcing Module Reviews.	41
4.17.	Non-Medical Materiel.....	41
4.18.	Purchase of Incentive Items for Health-Related Programs. ....	41
4.19.	Price Challenge and Verification Program. ....	41
Section 4B— Service Contracts		41
4.20.	General.....	41
4.21.	Service Contract Management.....	42
<b>Chapter 5— CONTROLLED MEDICAL ITEMS</b>		<b>45</b>
5.1.	Purpose. ....	45
5.2.	General. ....	45
5.3.	Responsibilities.....	45
5.4.	Drug Enforcement Administration Registration.....	45
5.5.	Item Management. ....	46
5.6.	Receiving Controlled Medical Items. ....	46
5.7.	Issue of Controlled Pharmaceutical Items. ....	47
5.8.	Inventory of Controlled Medical Items. ....	47
5.9.	Reporting Loss or Theft of Controlled Substances. ....	48
5.10.	Storage of Controlled Medical Items. ....	49
5.11.	Commercial Credit Returns for Controlled Items. ....	49
5.12.	Controlled Medical Item Management for “Non-FM” Account Logistics Activities. ....	49

<b>Chapter 6— MEDICAL EQUIPMENT MANAGEMENT</b>	<b>51</b>
6.1. Purpose. ....	51
6.2. Accountable Equipment.....	51
6.3. Responsibilities.....	52
6.4. Medical Equipment Management Office Documentation. ....	53
6.5. Review and Approval of Equipment Requirements. ....	54
6.6. In-Use Equipment Accountability. ....	55
6.7. Relationship between the Host Medical Equipment Management Office and Detached Medical Units-Air National Guard-Guard Medical Units (GMUs)/Geographically Separated Units (GSUs).....	55
6.8. Budgeting for Equipment. ....	55
6.9. Funding.....	55
6.10. Requesting Equipment. ....	56
6.11. Procurement of Medical Equipment. ....	56
6.12. Validating Equipment Due-ins and Due-outs. ....	56
6.13. Processing Medical Equipment Receipts.....	56
6.14. Issuing Equipment. ....	57
6.15. Management of Computer and Communications Systems. ....	57
6.16. Non-Medical Equipment.....	57
6.17. Equipment Rental or Lease. ....	57
6.18. Equipment Loans as a Component of a Consumable Item Price.....	58
6.19. Gifts and Donations. ....	59
6.20. End User Evaluations and Tests. ....	59
6.21. Inventorying In-Use Medical Equipment. ....	59
6.22. Equipment Unable to Locate (UL) for Maintenance. ....	61
6.23. Marking Equipment and Durable Supplies.....	62
6.24. Loan of Property. ....	62
6.25. Transfers of In-Use Equipment.....	62
6.26. Disposition and Disposal. ....	63

6.27.	Public Access Defibrillator Program (PAD). .....	63
6.28.	Accountability and Financial Reporting of Investment Equipment.....	64
6.29.	Acquisition of Refurbished Equipment and Repair Parts. ....	65
6.30.	Manufacturer Procured Training. ....	65
<b>Chapter 7— QUALITY ASSURANCE</b>		<b>66</b>
7.1.	Purpose. ....	66
7.2.	Responsibilities.....	66
7.3.	Medical Materiel Complaints. ....	67
<b>Chapter 8— CONTINGENCY MEDICAL MATERIEL AND PATIENT MOVEMENT ITEM MANAGEMENT</b>		<b>69</b>
8.1.	Purpose. ....	69
Section 8A— General Management		69
8.2.	General.....	69
8.3.	Responsibilities.....	69
8.4.	Selecting Contingency Medical Materiel. ....	73
8.5.	Assemblage Identification Codes. ....	73
8.6.	Deferred Procurement (DP) Programs. ....	74
8.7.	Shelf Life Extension Program and Expiration Dated Items. ....	75
8.8.	Chemical, Biological, Radiological, Nuclear (CBRN) Defense Equipment Shelf Life. ....	75
8.9.	Military Treatment Facility Responsibilities for Surgeon General Managed Assets.....	76
8.10.	Quality Assurance (QA). ....	76
8.11.	Applying Peacetime Operating Stock (POS). ....	76
8.12.	Continuity Files. ....	76
8.13.	Use of Build Control Number (BCN) Field in DMLSS. ....	77
8.14.	Detached Medical Unit War Reserve Materiel Support. ....	77
Section 8B— War Reserve Materiel Management		77
8.15.	Purpose. ....	77
8.16.	Control and Accountability. ....	77

8.17.	Computing War Reserve Materiel Requirements and Levels. ....	79
8.18.	Controlled Cryptographic Items. ....	80
8.19.	War Reserve Material Information Management Information/Information Technology. ....	80
8.20.	Low Unit of Measure (LUM). ....	81
8.21.	Non-medical War Reserve Materiel Items. ....	81
8.22.	Loaner, Repair and Return Centers. ....	81
8.23.	Funding. ....	81
8.24.	Reporting War Reserve Materiel Asset Availability. ....	82
8.25.	Use of Medical War Reserve Materiel. ....	82
8.26.	Shipping War Reserve Materiel. ....	83
8.27.	Loan of War Reserve Materiel.....	84
8.28.	Joint Use Equipment.....	84
Section 8C— Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Asset Management		85
8.29.	Purpose. ....	85
8.30.	Accountability.....	85
8.31.	Levels, Requirements, Inventory, and Storage. ....	85
8.32.	Funding. ....	87
8.33.	Use of Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza Assets. ....	87
Section 8D— Patient Movement Item Program		88
8.34.	Purpose. ....	88
8.35.	The Patient Movement Item Program Management Office, AMC/SG, will: .....	88
8.36.	Medical Logisticians Supporting the Patient Movement Item Program will:.....	88
8.37.	Tracking and Accountability of Patient Movement Item Assets. ....	89
8.38.	Use of Patient Movement Item Assets. ....	90
8.39.	Asset Accountability for Long-Term Deployments. ....	91
8.40.	Consumable Patient Movement Item Items. ....	91
8.41.	Patient Movement Item Maintenance and Repair.....	91

<b>Attachment 1— GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION</b>	<b>93</b>
<b>Attachment 2— MEDICAL LOGISTICS QUALITY CONTROL/SOURCE DOCUMENT CROSS REFERENCE</b>	<b>110</b>
<b>Attachment 3— DENTAL ANESTHETIC &amp; OTHER APPROVED DRUG LISTS</b>	<b>123</b>
<b>Attachment 4— EMERGENCY MEDICAL RESPONDER, EMERGENCY MEDICAL TECHNICIAN SUPPLY/EQUIPMENT LISTS</b>	<b>128</b>

## Chapter 1

### GENERAL OVERVIEW

**1.1. Overview.** This manual establishes general policy and procedures for AF medical logistics functions including: documentation, codes, and records, records, inventory management, procurement, controlled medical item management, equipment management, quality assurance, and contingency medical materiel and patient movement item management in support of the AF medical mission. Required retention for documentation related to financial transactions was revised throughout this manual. Reference to Medical Logistics Guide, Attachment 3 was added to address quality control of documents supporting Defense Medical Logistics Standard Support (DMLSS) transactions codes.

#### **1.2. Roles and Responsibilities.**

##### 1.2.1. General.

1.2.1.1. All personnel are responsible for safeguarding AF property and may be held pecuniary liable for negligent loss or destruction of such property, see AFI 23-111, *Management of Government Property in Possession of the Air Force*. Management of property issued to Air National Guard personnel will also comply with 32 Code of Federal Regulations (CFR), Sections 702, 703, 708, and 710. (T-0).

1.2.1.2. Unless stated otherwise, duties outlined in this manual are the responsibility of the Medical Logistics Flight Commander (MLFC).

1.2.1.3. Department of Defense Instruction (DoDI) 5101.15, *DoD Medical Materiel Executive Agent, MMEA, Implementation Guidance*, assigns responsibilities and establishes procedures for the Department of Defense (DoD) Medical Materiel Executive Agent as the single point of contact for orchestrating effective and efficient supply chain support for the DoD.

##### 1.2.2. Air Force Medical Operations Agency, Medical Logistics Directorate (AFMOA/SGM) will:

1.2.2.1. Establish policy and procedures for managing medical materiel for peacetime and wartime support to the Air Force Medical Service (AFMS).

1.2.2.2. Manage the Air Force Working Capital Fund/Medical Dental Division (AFWCF/MDD).

1.2.2.3. Provide liaison between Air Force Medical Logistics activities and the Defense Logistics Agency (DLA), General Services Administration (GSA), and other medical sources of supply including the Veterans Administration.

1.2.2.4. Support development, procurement, stocking, distribution, retrofitting and reconstitution of contingency response assemblages, including War Reserve Materiel, Pandemic Influenza, and Medical Counter-Chemical, Biological, Radiological, and Nuclear (MC-CBRN) assemblages.

1.2.2.5. Maintain and update medical allowance standards for units; in addition provide guidance for determining medical materiel allowances for non-medical activities.

1.2.2.6. Request Department of Defense Activity Address Code (DoDAAC) for new stock record accounts.

1.2.2.7. Conduct site visits to assist base level medical logistics flights in maintaining an optimum standard of medical logistics support.

1.2.2.8. Approve and source investment equipment requirements for the Air Force Medical Service.

1.2.2.9. Review requests for waiver from DMLSS Segregation of Duty (SOD) function requirement.

1.2.2.9.1. Air Force Medical Operations Agency, Medical Logistics Directorate, MTF Operational Support will ensure that all DMLSS users with the segregation of duty function disabled have an approved waiver letter IAW paragraph 1.2.5.4.5.

1.2.2.9.2. Air Force Medical Operations Agency, Medical Logistics Directorate, MTF Operational Support Branch will certify annually on 1 October the continued need for any approved waivers and that compensating controls are in place and remain effective IAW paragraph 1.2.4.5.4.

1.2.3. The Military Treatment Facility (MTF) Commander or equivalent will:

1.2.3.1. Appoint a Medical Service Corps officer as Accountable Base Medical Supply Officer (ABMSO) IAW AFI 23-111. (T-1). If an officer is not assigned to the medical logistics flight, submit waiver in coordination with Major Command (MAJCOM) Administrator (MAJCOM/SGS), to the Director, Medical Logistics, AFMOA/SGM. **Note:** Air National Guard Medical Units - A duly appointed assistant United States Property and Fiscal Officer (USPFO) serves as the accountable base medical supply officer for the relevant jurisdiction and the organization in possession of medical materiel.

1.2.3.2. Appoint property custodians to support medical logistics flights in the requisition, management, accountability, and maintenance of supplies and equipment IAW AFI 23-111. (T-3).

1.2.3.2.1. This authority may be delegated to the squadron commander for property custodians within the squadron.

1.2.3.2.2. Before a property custodian is relieved from duty, transferred, separated from service, or absent from the account for a period longer than 45 calendar days, the Military Treatment Facility Commander will appoint a replacement property custodian. (T-3).

1.2.3.2.3. Property custodians may be appointed for more than one using activity.

1.2.3.3. Designate a unit report of survey (ROS) monitor. To maintain impartiality, the military treatment facility report of survey monitor shall not be a member of the medical logistics flight. (T-3).

1.2.3.4. Appoint disinterested officers for report of survey investigations as required IAW DoD 7000.14-R, Vol. 12, Chapter 7, *Financial Liability for Government Property Lost, Damaged, Destroyed or Stolen*. (T-0). Appointment authority may be delegated to the Medical Squadron Commander for report of survey investigations within the squadron.

1.2.3.5. Appoint a Military Treatment Facility Vehicle Control Non-commissioned Officer (VCNCO) IAW AFI 24-302, *Vehicle Management*. (T-3). The Military Treatment Facility Commander may appoint a Vehicle Control Officer (VCO), based on local mission needs and the number of vehicles assigned to the Military Treatment Facility.

1.2.3.6. Approve or designate an authorized clinical representative to approve all requests for medical materiel from non-medical units supported by the Military Treatment Facility. (T-3). Military Treatment Facility Commander approval is not required for AF units designated as a Theater Lead Agent for Medical Materiel (TLAMM) when supporting other DoD requirements.

1.2.4. The Accountable Base Medical Supply Officer will:

1.2.4.1. Maintain and account for all property and financial records on the medical stock record account in the DMLSS system. (T-0).

1.2.4.2. Maintain physical accountability of all Air Force Working Capital Fund/Medical-Dental Division-owned assets (operating and War Reserve Materiel inventory) and in-use equipment. (T-0).

1.2.4.3. Issue medical materiel to using activities as defined in Attachment 1, Definitions, IAW paragraphs 1.2.3.6., 3.6., 4.2.1.2., and 6.4. (T-3). Approval is not required for AF units designated as a Theater Lead Agent for Medical Materiel when supporting other DoD requirements.

1.2.4.4. Procure and maintain all Air Force Working Capital Fund/Medical-Dental Division materiel in DMLSS. (T-0).

1.2.4.5. Ensure appropriate and auditable management controls are in place to minimize occurrences of fraud, negligence, theft, etc. (T-3). This includes, but is not limited to:

1.2.4.5.1. Completing all inventories within required timeframes and adjusting accountable records as necessary. (T-3).

1.2.4.5.2. Maintaining adequate levels of security for stored assets (operating inventory, War Reserve Materiel, and controlled items). (T-3).

1.2.4.5.3. Performing Air Force Working Capital Fund/Medical-Dental Division reconciliation monthly. (T-3).

1.2.4.5.3.1. Reconcile the DMLSS "AFMOA End of Month (EOM) On-Hand Balance Report" with line 11 of the "ARC and Strat Report." Upon completion, the Accountable Base Medical Supply Officer will sign and date the reconciled report. The signed report will be retained for two years from the last day of the fiscal year in which the monthly reconciliation report was performed. (T-0). If "AFMOA EOM On-Hand Balance Report" line 11 of the "ARC and Strat Report" does not reconcile, follow procedures in paragraph 1.2.5.3.3.

1.2.4.5.3.2. Use the reconciled "ARC and Strat Report" to reconcile the "Defense Finance and Accounting Service (DFAS) Medical Materiel Management Report (MMMR)." (T-0).

1.2.4.5.3.3. Report and resolve any discrepancies in balances on the ARC and Strat Report and the MMMR with the responsible Defense Finance and Accounting

Service Field Office. (T-0).

1.2.4.5.4. Complying with procurement processes that minimize opportunity for fraud (i.e., the same individual shall not order, receive, and issue materiel).

1.2.4.5.4.1. The Accountable Base Medical Supply Officer will ensure the Segregation of Duty function in DMLSS System Administration Tool remains enabled at all times unless there is an approved waiver IAW paragraph 1.2.4.5.4.2. (T-0). DMLSS enforces the Segregation of Duty receipt rule to prevent fraud by ensuring that receipt and order of a single transaction is not performed by the same user.

1.2.4.5.4.2. In order to waive the requirement of keeping the DMLSS Segregation of Duty function enabled, the Accountable Base Medical Supply Officer will submit a waiver request to AFMOA/SGM. (T-0). An example of a request to waive the requirement of keeping the DMLSS Segregation of Duty function enabled is provided in the AF Medical Logistics Guide, Attachment 24, Defense Medical Logistics Standard Support Segregation of Duty Waiver Request Template. If the Accountable Base Medical Supply Officer receives an approved waiver for a specified period, the Defense Medical Logistics Standard Support System Administrator will follow the procedures described below:

1.2.4.5.4.2.1. Quarterly, AFMOA/SGMO will provide the Transaction Detail Report to the Military Treatment Facility Commander/Director or Administrator.

1.2.4.5.4.2.2. Upon receiving the quarterly Transaction Detail Report, the Military Treatment Facility Administrator, Commander, or AFCENT/SG staff officer responsible for Medical Logistics will review the quarterly report. (T-0). If all transactions are valid, the Military Treatment Facility Commander/Director or Administrator, or AFCENT/SG staff officer responsible for Medical Logistics will approve the report by signing a cover memorandum certifying that all DMLSS transactions in the report are valid. (T-0). The Military Treatment Facility Commander/Director or Administrator or AFCENT/SG staff officer responsible for Medical Logistics will forward the signed cover memorandum and quarterly Transaction Detail Report to AF/SG1/8/YR at the following email address: [dha.ncr.policy-mgt.mbx.afsg-fiar-audit-response@mail.mil](mailto:dha.ncr.policy-mgt.mbx.afsg-fiar-audit-response@mail.mil). (T-0). AF/SG1/8YR will retain the certified monthly Transaction Detail Report for audit readiness support documentation purposes.

1.2.4.5.4.2.3. If there are any invalid or questionable transactions in the quarterly transaction detail report, the Military Treatment Facility Commander/Director or Administrator or AFCENT/SG staff officer responsible for Medical Logistics will direct the DMLSS Systems Administrator (SA) to immediately enable the SOD function in DMLSS. (T-0). Additionally, the Military Treatment Facility Commander/Director or Administrator, or AFCENT/SG staff officer will notify AFMOA/SGMO by email at [usaf.detrick.afmoa.mbx.sgalo-mtf-ops-support@mail.mil](mailto:usaf.detrick.afmoa.mbx.sgalo-mtf-ops-support@mail.mil) that there are invalid or questionable transactions in the quarterly report that require

further review. (T-0). The Military Treatment Facility Commander/Director or Administrator or AFCENT/SG staff officer responsible for Medical Logistics will ensure the DMLSS SA keeps the Segregation of Duties function enabled until all invalid or questionable transactions are validated. (T-0).

**Table 1.1. Defense Medical Logistics Standard Support Segregation of Duties Matrix.**

Conflicting Duties		Description of Risk
Task 1	Task 2	
Order	Receive	Approve the purchase of unauthorized items and the misuse of inventory.

- 1.2.4.5.5. Maintaining auditable financial records to include but not limited to: properly annotated receiving reports, invoices, and inventories. (T-0). See Attachment 2, Medical Logistics Quality Control/Source Document Cross Reference, for required supporting documents and retention times by transaction type. Transaction receipts serve as audit evidential matter and will be organized and readily retrievable.
- 1.2.4.5.6. Validating and adjusting business processes as necessary based on recommendations from AFMOA/SGM and other management assistance visits. (T-3).
- 1.2.4.6. Provide skill level training for Medical Logistics personnel not assigned to a stock record account such as Air Reserve Component personnel IAW AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*.
- 1.2.4.7. Appoint a military member or federal employee (GS-04 or above), as the military treatment facility Linen Supply Officer. (T-3).
- 1.2.4.8. In the Air National Guard, the assistant United States Property and Fiscal Officer will only fulfill those responsibilities described in this AFMAN related directly to the management and accountability of medical materiel and medical assemblages that have been issued to the jurisdiction to which they are assigned. (T-3). **Note:** Neither the United States Property and Fiscal Officers nor assistant United States Property and Fiscal Officers are the Accountable Base Medical Supply Officer for Air Force Working Capital Fund/Medical-Dental Division (medical War Reserve Materiel) assigned to Air National Guard units.
- 1.2.4.9. Appoint in writing a military member (recommended rank SSgt or above), or federal employee (GS-05 or above), as Defense Medical Logistics Standard Support System Administrator. Member must be assigned as system administrator in Defense Medical Logistics Standard Support System IAW AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*. (T-0).
- 1.2.4.10. Prior to a permanent change of station, separation, or retirement, the Accountable Base Medical Supply Officer will transfer the stock record account. (T-0). When the Accountable Base Medical Supply Officer is absent for an extended period of time, the Military Treatment Facility Commander, IAW AFI 23-111, paragraph 2.2.4, will determine when to appoint a new base medical supply officer.

1.2.4.10.1. When transferring accountability:

- 1.2.4.10.2. The incoming and outgoing Accountable Base Medical Supply Officers will sign a certificate of transfer. (T-0). The format of the certificate of transfer is found in the Medical Logistics Guide, paragraph 1.3.
- 1.2.4.10.3. The incoming Accountable Base Medical Supply Officer will retain the original certificate until accountability is transferred to a successor.
- 1.2.4.10.4. A copy of the transfer certificate will be provided to the outgoing Accountable Base Medical Supply Officer upon relief of accountability. (T-0).
- 1.2.4.10.5. The Medical Logistics Flight Commander will notify AFMOA/SGM when officially notified by the MAJCOM that an account will be deactivated. (T-3).
- 1.2.4.10.6. When an account is to be deactivated, the Medical Logistics Flight Commander will schedule an inventory of medical property items, including an assessment of asset condition, within six months of approval of closure IAW Title 32 Code of Federal Regulations, Part 174, *Revitalizing Base Closure Communities and Addressing Impacts of Realignment*, Subpart E, Personal Property, paragraph 174.13. (T-0).
- 1.2.4.10.7. Medical Logistics receives checks for credit return items, rebates, etc. Medical Logistics will endorse the check, use DD Form 1131, *Cash Collection Voucher*, and send the endorsed check and DD Form 1131 to Defense Finance and Accounting Service. DD Form 1131 provides accounting information to be processed for deposit. See Medical Logistics Guide Section 1.2.5.
- 1.2.4.10.8. Clinical Engineering Programs. Medical Logistics will manage Clinical Engineering programs IAW AFI 41-201, *Managing Clinical Engineering Programs*.
- 1.2.5. Property custodians will:
- 1.2.5.1. Be responsible for all medical equipment management office (MEMO)-controlled organizational equipment charged to the using activity's account. (T-0).
- 1.2.5.2. Assist medical logistics in determining appropriate items and quantities stocked, as well as resupply frequency. (T-0).
- 1.2.5.3. Prepare requests for equipment, supplies, and services. (T-3).
- 1.2.5.4. Designate representatives to request supplies. (T-3).
- 1.2.5.5. Notify medical logistics whenever contacted by vendors for procurement or maintenance issues. (T-3).
- 1.2.6. The Vehicle Control Officer and Vehicle Control Non-commissioned Officer will manage the Military Treatment Facility vehicle program IAW AFI 24-301, *Vehicle Operations*, and AFI 24-302.
- 1.2.7. The assigned Defense Medical Logistics Standard Support System Administrator will:
- 1.2.7.1. Use DD Form 2875, *System Authorization Access Request (SAAR)* to approve new user requests IAW AFMAN 17-1301, *Computer Security (COMPUSEC)*. (T-0).
- 1.2.7.2. Retain approved DD Form 2875 for current users or have access through the Medical Systems Flight-Information Assurance Officer to approved DD Form 2875 for all

current users and for prior Defense Medical Logistics Standard Support users at least one year after access is rescinded or user leaves position IAW Air Force Records Information System T33-25, Rule 08.00. (T-0).

1.2.7.3. Grant Defense Medical Logistics Standard Support access upon approval of the DD Form 2875 by the Information Assurance Officer. (T-0).

1.2.7.4. Review user access and roles twice each year, during October and during April.

1.2.8. The Military Treatment Facility Pharmacy and Therapeutics Function (PTF) will approve all issues of pharmaceuticals by Medical Logistics to non-Military Treatment Facility units IAW paragraph 3.6.1. (T-1).

**1.3. Linen Supply.** The Military Treatment Facility Linen Supply Officer will ensure the linen and laundry programs are managed IAW AFI 44-108, *Infection Prevention and Control Program*.

**1.4. Support to Detached Units.** (Medical Logistics Guide, paragraph 1.4.)

1.4.1. AFI 25-201, *Support Agreements Procedures*, provides procedures for developing memorandum of agreements for supporting detached units.

1.4.2. Medical Logistics will not procure non-medical materiel, services, and rentals for detached units. (T-3).

1.4.3. Independent Duty Medical Technicians (IDMTs) and personnel who support squadron medical elements and remote sites will obtain required medical materiel from their assigned host Medical Logistics activity. (T-1). They will use the same storage, issue, accounting, and inventory procedures and precautions required for drugs and equipment as a Military Treatment Facility activity (see AFI 44-103, *The Air Force Independent Duty Medical Technician Program*).

1.4.4. Aeromedical Evacuation Squadrons (AES) will receive required medical materiel from their assigned host Medical Logistics activity. (T-1). They will use the same storage, issue, accounting, and inventory procedures and precautions required for drugs and equipment as a Military Treatment Facility activity (see AFI 10-2909, *Aeromedical Evacuation Equipment Standards*, and AFI 11-2AEV3, *Volume 3, Aeromedical Evacuation (AE) Operations Procedures*).

1.4.5. Air Mobility Command/Surgeon General (AMC/SG) medical logistics support to supported Aeromedical Evacuation-Critical Care Air Transport Team (AE/CCATT) operational units is included in the Aeromedical Evacuation Operational Kit concept of operations.

**1.5. Customer Service Program.** (Medical Logistics Guide, paragraph 1.5.) Medical Logistics will:

1.5.1. Provide initial training for property custodians and designated representatives who will request and receive materiel (see paragraph 3.8.) (T-3). Follow-on training is required at least annually.

1.5.2. Provide orientation for newly assigned Military Treatment Facility personnel. Options include: formal orientation, written hand-outs, tri-folds, or Military Treatment Facility intranet page access. Mandatory topics will include:

- 1.5.2.1. Electrical safety training. (T-0).
- 1.5.2.2. Personnel responsibilities and liabilities for the proper care of AF property. (T-3).
- 1.5.2.3. The implications of unauthorized obligations, see AFI 65-608, *Antideficiency Act Violations*.

## **1.6. Reports of Survey.**

1.6.1. Reports of Survey will be initiated if any of the following conditions apply:

- 1.6.1.1. There is evidence of abuse, gross negligence, willful misconduct, or deliberate unauthorized use, fraud, theft, in the use of government property. (T-0).
- 1.6.1.2. Adjustments for operating, War Reserve Materiel, Medical Counter-Chemical, Biological, Radiological and Nuclear, Pandemic Influenza, and Patient Movement Item (PMI) supplies with unit costs exceeding \$16,000 or total inventory adjustments exceeding \$50,000. (T-0)
- 1.6.1.3. All validated losses of accountable equipment, including in-use and War Reserve Materiel assets, with an acquisition cost greater than \$2,500 DoD 7000.14-R, Volume 12, Chapter 7. (T-0).
- 1.6.1.4. All validated losses of controlled items. (T-0).
- 1.6.1.5. As directed by the Military Treatment Facility Commander, applicable Medical Squadron Commander, designated Inventory Adjustment Approval Authority (IAAA), or Medical Logistics Flight Commander. (T-0).

1.6.2. For all validated losses, Medical Logistics will:

- 1.6.2.1. Forward information required to complete blocks 1-8 of DD Form 200, *Financial Liability Investigation of Property Loss*, to Military Treatment Facility Report of Survey Monitor within ten duty days of loss validation. (T-0). This action constitutes discovery of the loss.
- 1.6.2.2. Adjust accountable property records no later than 50 calendar days of discovery of the loss. (T-1).
- 1.6.2.3. Maintain file copies of information provided to the Military Treatment Facility Report of Survey Monitor as source documents for inventory adjustments processed as a result of Report of Survey actions. (T-0).

**1.7. Funds.** For the purposes of this AFMAN, Operations and Maintenance (O&M) and Other Procurement (OP) funds are Defense Health Program (DHP) appropriations, unless stated otherwise.

**1.8. Continuity of Operations.** The Medical Logistics Flight Commander will ensure Medical Logistics manual procedures are included in the Military Treatment Facility Medical Contingency Response Plan and exercised annually IAW AFI 10-208, *Air Force Continuity of Operations (COOP) Program* and AFI 41-106, *Medical Readiness Program Management*. (T-3). See Medical Logistics Guide, paragraph 1.11 for recommended procedures and examples. Medical Logistics will contact AFMOA/SGMO in the event of any network or systems outage affecting normal Defense Medical Logistics Standard Support operations for more than 24 hours. (T-3).

AFMOA/SGAMO will advise Medical Logistics based on the situation and expected outage duration.

**1.9. Personal Retention Items.** Medical Logistics will maintain a record of personal retention items on AF Form 538, *Personal Clothing and Equipment Record*. (T-3). This includes accounting for a tool kit for each Biomedical Equipment Technician (BMET) assigned. Provide a copy to each individual. (T-3).

## Chapter 2

### DATA RECORDS, DOCUMENTATION, AND QUALITY CONTROL

**2.1. Purpose.** This chapter provides guidance on the establishment and maintenance of accountable, auditable records; and identifies reports and documents required for the management of a base level Medical Logistics activity.

**2.2. Medical materiel records or property accounting documents.** (Medical Logistics Guide, paragraph 2.3.) A medical materiel record is an authorized property accounting document detailing a property action such as a requisition, receipt, shipment, issue, transfer, or adjustment. The accountable base medical supply officer will:

2.2.1. Account for materiel documented on the stock record account, including in-transit materiel. (T-0).

2.2.2. Use document numbers to identify property accounting documents; maintain supporting document files to verify property transactions; and establish necessary internal controls and clear audit trails. (T-0).

2.2.2.1. Medical Logistics will maintain a separate property accounting record for each item on record. (T-0).

2.2.2.2. Medical logistics will maintain and dispose of medical materiel records IAW AFMAN 33-363, *Management of Records*, Air Force Records Information Management System/Air Force Records Disposition Schedules, and Attachment 2. (T-0). If there are differences in required retention between Air Force Records Disposition Schedule and Attachment 2, the longer required retention applies.

**2.3. Property documents processing.** (Medical Logistics Guide, paragraph 2.4.).

2.3.1. Each record must contain sufficient information to enable inspectors and auditors to trace the listed property and verify the validity of the transaction.

2.3.2. Medical logistics will file backup or explanatory material, such as a packing list, invoice, etc., with the original property accounting documents. These documents will be retained as long as the original property documents. (T-0).

2.3.3. Electronic maintenance of source documentation is authorized.

2.3.4. Medical logistics will maintain source documents inspection and audit purposes. (T-0). Medical Logistics will file each record with sufficient documentation to enable inspectors or auditors to trace the listed property and verify the validity of the transaction. (T-3).

2.3.5. Medical logistics will assign document numbers to materiel documents according to specific transactions being processed (for example issues, requisitions, destructions). (T-3). The purpose of a document number is to identify the document, and aid in filing and retrieval for audit and inspection purposes.

2.3.6. Medical logistics will manually assign document numbers for the purchase of services and rentals using a single AF Form 36, *Supply Document Register (Manual)*, or equivalent form. (T-0).

2.3.7. If a document cannot be located, medical logistics will request a duplicate copy from the initiating activity or prepare an equivalent duplicate. (T-0). Prepared duplicate or replacement documents will be reassigned the original document numbers. (T-0).

2.3.8. Medical Logistics will update, delete, or add record dispositions in the Air Force Records Disposition Schedule IAW AFI 33-364, *Records Disposition-Procedures and Responsibilities*, Chapter 11, and DoD 7000.14-R, *Financial Management Regulation*, Vol. 1, Chap. 9. (T-0).

#### **2.4. Quality Control (QC).** (Medical Logistics Guide, paragraph 2.5.)

2.4.1. Quality Control ensures the validity and completeness of source documents including packing lists prior to filing in the permanent file and checks each Defense Medical Logistics Standard Support transaction to ensure that it processed correctly. Quality control is accomplished by comparing specific Defense Medical Logistics Standard Support transactions to supporting documents. Medical logistics will quality control, at a minimum in the following instances:

2.4.1.1. On transactions resulting in receipts, physical gains and losses, or affecting fund balances. (T-0).

2.4.1.2. On funds target loads, including operations and maintenance, Air Force Working Capital Fund/Medical-Dental Division-log fund, and War Reserve Materiel funds authority documents. (T-3).

2.4.1.3. Quality control is not required on internal transfers of assets such as Medical Equipment Management Office transfers between Military Treatment Facility using activities or movement of managed items between assemblages.

#### 2.4.2. Quality Control Process.

2.4.2.1. Compare supporting documents to the Inventory Management (IM) "Source Document Control Report" or Equipment Management "Daily Document Transaction Register" prior to filing in the permanent document file. See Attachment 2 for a consolidated table of Inventory Management, Assemblage Management, and Equipment Management transaction codes cross-referenced to the appropriate quality control document, required supporting document(s) and transaction type.

2.4.2.2. Medical Logistics will ensure the existence and completeness of required source documents. (T-3). Medical Logistics will hold invalid documents in suspense pending completion, validation, or correction. (T-3).

2.4.2.3. Compare all source documents with each other and then with the Source Document Control Report or Equipment Management Transaction Register.

2.4.2.3.1. If all source documents match the Defense Medical Logistics Standard Support transaction, stamp each as "QC'ed" and annotate by initialing and dating when Quality Control was completed.

2.4.2.3.2. If an error is found, annotate the corrective action required on the original source document and return to the individual who processed the transaction to make the necessary changes in Defense Medical Logistics Standard Support.

2.4.3. The source document control report and equipment management transaction register can be discarded once all Quality Control actions are complete.

2.4.4. Preparing Supporting Documents for File. Before placing a supporting source document in the permanent file, Medical Logistics will check for validity and completeness. (T-0). Medical Logistics will ensure all supporting source documents are available IAW paragraph 2.5 and check that each source document is fully annotated IAW Attachment 2 and paragraph 3.11.1. (T-0).

**2.5. Filing Source Documentation.** Medical Logistics will file numbered documents and supporting documents in a manner that will ensure timely retrieval for research or audit purposes. (T-0).

## Chapter 3

### INVENTORY MANAGEMENT

**3.1. Purpose.** This chapter provides guidance on management and accountability for Air Force Working Capital Fund/Medical-Dental Division owned inventories.

**3.2. Responsibilities.** The Medical Logistics Flight Commander will ensure inventory is appropriately stratified into one of the following inventory stratification categories:

3.2.1. Operating. (T-1). On hand inventory that is serviceable.

3.2.2. Special projects. (T-1). On hand inventory that is serviceable and designated for special projects.

3.2.3. Reparable and suspended. (T-1). On hand inventory that is reparable but has been suspended for repair.

3.2.4. Excess. (T-1). On hand inventory that is in excess to the needs of the unit.

3.2.5. War Reserve Materiel. (T-1). On hand inventory that is serviceable and designated as war reserve materiel inventory.

#### *Section 3A—Funds*

**3.3. Air Force Working Capital Fund/Medical Dental Division Accounts.** (Medical Logistics Guide, paragraph 3.3.)

3.3.1. The Air Force Working Capital Fund/Medical Dental Division is a revolving fund that is designed to operate on a breakeven basis. If a customer has Operations and Maintenance funds available and purchases materiel from the Air Force Working Capital Fund/Medical Dental Division, those funds will be used to replenish the Air Force Working Capital Fund/Medical Dental Division. (T-0).

3.3.2. Losses to the fund are recovered through application of a surcharge. The surcharge is automatically applied to all orders processed in Defense Medical Logistics Standard Support.

3.3.3. The Air Force Working Capital Fund/Medical Dental Division is authorized contract authority to incur expenses when replenishing inventory; however, an obligation ceiling is present that cannot be exceeded. The Air Force Working Capital Fund/Medical Dental Division has a “Log Fund” target in Defense Medical Logistics Standard Support to control obligations. Medical Logistics accounts will have a Log Fund authorization document from AFMOA/SGM supporting all Log Fund targets. (T-0).

3.3.4. The Defense Medical Logistics Standard Support system automatically begins the end of day, end of month, and end of fiscal year processing cycle on 30 September. This automated processing cycle cannot be adjusted or modified. Medical Logistics activities will not use manual end-of-period processing for 30 September. (T-1).

**3.4. Operations and Maintenance Funds.**

3.4.1. Quarterly, the Resource Management Office (RMO) and Medical Logistics will reconcile financial targets, obligations, and expenses between Defense Medical Logistics Standard Support and the Defense Finance and Accounting Service financial system. (T-0).

3.4.2. For loading medical Operations and Maintenance fund targets in Defense Medical Logistics Standard Support, the Resource Management Office will load targets for all project centers and will provide change target load forms or equivalent locally-approved documentation to Medical Logistics IAW AFMAN 41-120, *Medical Resource Management Operations*. (T-3).

3.4.2.1. Medical Logistics will Quality Control load sheets against the Defense Medical Logistics Standard Support transactions to ensure the target funds load(s) are accurate. (T-1). The load sheets will be annotated with the following: stamped "QC'd", and the date and initials of the individual completing the Quality Control. (T-3).

3.4.2.2. Medical Logistics will file and retain the "QC'd" document in their permanent file for audit availability IAW paragraph 2.3.4. (T-3).

3.4.3. Medical Logistics will establish project centers and expense centers in Defense Medical Logistics Standard Support. (T-3).

### ***Section 3B—Issues and Orders That Are Due-Out to Customers***

#### **3.5. Control of Issues from the Air Force Working Capital Fund/Medical-Dental Division.** Medical Logistics will:

3.5.1. Ensure all issues of Air Force Working Capital Fund/Medical Dental Division materiel are processed on a reimbursable basis, with the exceptions outlined in DoD 7000.14-R, Volume 4, Chapter 4, paragraph 040404. (T-0).

3.5.2. Use Military Treatment Facility Operations and Maintenance funds to issue expendable medical supplies to Department of Defense Dependent Schools (DoDDS) using the XX5932, Special Activity cost center IAW DoD 1342.6-M, *Administrative and Logistics Responsibilities for DoDDS*. (T-0).

3.5.3. The Resource Management Office will provide direction when establishing or revising a Project Center or Expense Center in Defense Medical Logistics Standard Support. AF activities designated as Theater Lead Agent for Medical Materiel will coordinate establishment or revision of a Project Center or Expense Center in support of other DoD requirements with Defense Finance and Accounting Service. (T-3).

#### **3.6. General Inventory Issue Instructions, Supplies and Equipment.**

3.6.1. Medical logistics will only issue pharmaceutical drug items to the military treatment facility pharmacy or to military treatment facility accounts with an approved pharmacy and therapeutics function-authorized drug list. The following are exceptions:

3.6.1.1. Requests from non-military treatment facility medical units with a written drug list approved by the host pharmacy and therapeutics function in accordance with AFI 44-102, *Medical Care Management*.

3.6.1.1.1. This includes requests from supported Army Veterinary Clinics for human use drugs; issues of non-human use drugs do not require pharmacy and therapeutics Function approval.

3.6.1.1.2. Subsequent orders of approved drug items may be added to non-military treatment facility medical unit's catalog and issued on a recurring basis.

- 3.6.1.1.3. Medical logistics will only issue drug items in full units of issue. (T-3). The local pharmacy may issue controlled drugs in quantities less than full issue using Air Force Form 579, *Controlled Substances Register*.
- 3.6.1.2. Pharmaceutical drug items by National Stock Number (NSN) listed on a current AF/SG3X-approved allowance standard, ANG/SG-approved allowance standard, or State ANG/SG-approved Annex. Additionally, the supported unit will be registered with the Drug Enforcement Administration (DEA) to order and receive controlled drug items, if the supported unit is located in the 50 United States (US) states or Territories.
- 3.6.1.3. Bulk Force Health Protection Prescription Products (FHPPP) issued to troop commanders IAW paragraph 8.25.4.2. (T-3).
- 3.6.1.4. Requests for issue of controlled items from a Theater Lead Agent for Medical Materiel to AF or other Service units with the written approval from the requesting unit Commander from the supported unit.
- 3.6.1.5. Requests from non-Military Treatment Facility units IAW paragraph 3.10.
- 3.6.1.6. Pharmaceutical drug items requested by Military Treatment Facility clinics or specific functions listed in Attachment 3, Dental Anesthetic and Other Approved Drug Lists.
- 3.6.2. Equipment items will not be issued unless properly authorized IAW paragraph 6.5.
- 3.6.3. Medical logistics will provide support to detached units in accordance with local support agreements. (T-3). Detached units may be authorized by the military treatment facility commander to purchase emergency medical requirements through contracts or Government Purchase Card.
- 3.6.4. Medical logistics, in accordance with AFTO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*, is responsible for receipt, inspection, issue and disposition of medical kits.
- 3.6.5. Warehouse refusals, items that are delivered with no corresponding due in order, will be immediately researched and reconciled. (T-3). Research and reconciliation may include checking with the acquisition section to determine if there is an existing due in order and with the vendor to determine whether the invoice is based on a valid order document number.
- 3.7. Back Order Procedures.**
- 3.7.1. Medical Logistics will coordinate with custodians and notify them of the status of backorders; and provide assistance in finding substitute items or cancelling items no longer needed. (T-3).
- 3.7.2. A property custodian can request cancellation without charge for any due-out that has not been awarded. If an order has been awarded, Medical Logistics will obtain a confirmation of cancellation from the medical source of supply before cancelling the customer due-out. (T-3).
- 3.8. Authorization to Receive Controlled Items and Medical Equipment.** Medical Logistics will obtain signature receipt from property custodians or authorized representatives for the following types of issues: controlled items (notes code Q and R) and equipment. (T-0). Property custodians will appoint in writing (and include printed name and signatures) individuals authorized

to receive controlled items and equipment. The appointment letter will be sent to the medical logistics unit, who will maintain it for at least two years. (T-3).

**3.9. Outpatient Medical Materiel Support.** Patients will receive in-home medical material support from the clinical area which provided treatment; such as inpatient ward, outpatient clinic, same day surgery, etc.

**3.10. Medical Supplies and Equipment for First Responders.**

3.10.1. The military treatment facility will utilize operations and maintenance funds (Service Customer/Expense Center “XX5890”) for procurement of expendable supplies and equipment for Civil Engineering first responders. Civil Engineering will utilize their operations and maintenance funds for any supplies and equipment not listed on the approved supply and equipment list. See Attachment 4, Emergency Medical Responder/Technician Supply and Equipment Lists. (T-3). Emergency Medical Response and Emergency Medical Technician supply and equipment lists are also located on the Medical Service Knowledge Exchange at <https://kx2.afms.mil/kj/kx9/USAFEMS/Pages/> and can also be found at Medical Logistics Guide, Attachment 26.

3.10.2. Items procured with Defense Health Program Funds, operations and maintenance, will only be used for on-base response to medical emergencies. These funds will not be used for training or exercise, to include medical counter-chemical, biological, radiological and nuclear training or exercise.

3.10.3. Civil Engineering will fund durable supplies such as electronic thermometers, equipment other than items identified on the supply and equipment list, vehicles, and manpower with Civil Engineering Operations and Maintenance funds, not Defense Health Program Operations and Maintenance funds. (T-1).

3.10.4. Items procured with Defense Health Program funds will not be utilized for training or exercises including Medical Counter-Chemical, Biological, Radiological and Nuclear training or exercises. (T-1).

***Section 3C—Receipts Resulting from Requisitions***

**3.11. General.**

3.11.1. Medical Logistics will inspect 100 percent of all orders including Prime Vendor (PV) orders to include verifying the quantity received, item identity (part number, nomenclature, etc.), and condition. A copy of the receiving document will be annotated as follows:

3.11.1.1. Actual quantity received (circle the contracted quantity if correct, or line out and write in the adjusted quantity received), signature, and date. (T-0).

3.11.1.2. List all discrepancies, shortages, overages, or condition (if defective). (T-0).

3.11.1.3. If multiple Contract Line Item Numbers (CLINs) are included, indicate receipt of the specific Contract Line Item Numbers that apply by circling the contracted quantity, or lining it out and writing in the adjusted quantity received. (T-0).

3.11.1.4. Authorized Medical Logistics personnel will approve receiving reports verifying that the correct items were received. (T-0).

3.11.2. All receipts must be processed within five business days IAW DoD Manual 4140.01, Volume 5, *DoD Supply Chain Materiel Management Procedures: Delivery of Materiel*. (T-0).

**3.12. Receiving Hazardous Materials (HAZMAT).** Medical Logistics will:

3.12.1. Function as a Hazardous Materials Tracking Activity (HTA) IAW AFI 32-7086, *Hazardous Material Management*. Medical logistics will utilize Air Force Hazardous Material tracking system, Enterprise Environmental Safety and Occupational Health-Management Information System (EESOH-MIS) to track, receive, handle, store, inspect, and distribute hazardous material.

3.12.2. Ensure the receipt matches the Hazardous Material against the correct Safety Data Sheet (SDS) using Enterprise Environmental Safety and Occupational Health-Management Information System IAW AFI 32-7086, and has proper labelling when breaking down units of purchase to units of issue.

3.12.3. Accept all government shipments including damaged shipments. (T-0). Do not refuse a shipment due to potential hazard to the public IAW Defense Travel Regulation 4500.9-R-Part II, *Defense Transportation Regulation, Cargo Movement*, Chapter 209, Loss and Damage Prevention and Astray Freight Procedures.

3.12.4. Contact the medical Radiation Safety Officer (RSO) or Installation Radiation Safety Officer (IRSO) prior to receiving a radioactive material package, and prior to initiating disposition of radioactive material. (T-0).

**3.13. Reporting and Documenting Discrepancies in Shipment.** See Medical Logistics Guide, paragraphs 3.22 and 3.23. Medical Logistics will:

3.13.1. Establish controls to ensure discrepancies are reported accurately and promptly. (T-0).

3.13.2. Report discrepancies attributable to the shipper (for example, manufacturer, vendor, or contractor) and coordinate with the contracting officer when necessary. (T-0).

3.13.3. Discrepant shipments fall into two major categories: consequential and inconsequential.

3.13.3.1. Inconsequential discrepancies are those below the reporting threshold for Defense Logistics Agency and General Services Administration shipments, and do not require submission of a SF 364, Report of Discrepancy (ROD).

3.13.3.2. The threshold for consequential discrepancies is currently \$100 for General Services Administration and \$250 for Defense Logistics Agency.

3.13.3.3. Medical Logistics will report all Prime Vendor discrepancies regardless of dollar value IAW paragraph 3.14.4. (T-0).

3.13.4. For consequential discrepancies other than Prime Vendor, the receiving activity will submit an SF 364 to report and document the discrepancy IAW DLM 4000.25, Volume 2, *Supply Standards and Procedures*, Chapter 17, Supply Discrepancy Reporting. (T-0). SF 364 will also be used for the following discrepancies regardless of dollar value:

- 3.13.4.1. Shipments from vendors with shortages or overages. If the contract has an excess quantity clause, overages of \$250 or less may be received according to the contract terms. This clause does not include duplicate shipments. (T-0).
- 3.13.4.2. Shipments containing classified or controlled items. (T-0).
- 3.13.4.3. Duplicate shipments or shipments of erroneous materiel or unacceptable substitutes. (T-0).
- 3.13.4.4. Materiel valued in excess of \$100 received against a confirmed cancelled requisition. (T-0).
- 3.13.4.5. Shipped materiel not received or received in a damaged condition. (T-0).
- 3.13.4.6. Materiel, regardless of value, invoiced or shipped to the wrong activity. (T-0).
- 3.13.4.7. Incorrect items received. (T-0).
- 3.13.4.8. Repetitive discrepancies, regardless of the dollar value, or when conditions not listed materially affect item serviceability, usability, or identification. (T-0).
- 3.13.4.9. Shortages and wrong item discrepancies discovered while opening a sealed vendor pack, regardless the dollar value or shipper, to include packaging discrepancies that lead to life endangerment or impairment of combat or deployment operations. (T-0).
- 3.13.4.10. Supply documentation is missing, incomplete, or improperly prepared. (T-0).
- 3.13.5. Lost Shipments. Submit a lost shipment report when a shipment has not been received within contract and supplier timeframes. Complete follow-up and tracer actions prior to submission. (T-0).
- 3.13.6. For discrepancies involving Prime Vendor shipments, Medical Logistics will:
  - 3.13.6.1. Document all confirmed lines not received, partial lines, and any credit and rebills using the “Prime Vendor Discrepancy Report” spreadsheet within two business days of receipt. Use only one discrepancy report spreadsheet per call number. (T-0).
  - 3.13.6.2. Forward a copy of the discrepancy report to Defense Logistics Agency Troop Support ([pvdiscrpancy@dla.mil](mailto:pvdiscrpancy@dla.mil)), the Prime Vendor customer service Point of Contact (POC), and AFMOA/SGM. (T-0).
  - 3.13.6.3. File a copy of the completed discrepancy report in the Military Treatment Facility call file. (T-1).
- 3.13.7. Maintain all discrepancy documentation for two years IAW Air Force Records Disposition Schedule Table 23-08, Rule 01.00. (T-1).

### ***Section 3D—Gains and Losses of Inventory***

#### **3.14. General.**

- 3.14.1. Medical Logistics will document loss or damage caused by fire, theft, natural disasters, or other causes not associated with normal supply activities by Report of Survey IAW paragraph 1.8. (T-0).

3.14.2. Medical Logistics will stock only serviceable materiel in using activities IAW the Food and Drug Administration (FDA) Modernization Act of 1997. Unneeded, unserviceable, and suspended items will be turned in to Medical Logistics and will become the property of the Air Force Working Capital Fund/Medical-Dental Division. (T-0).

### **3.15. Customer Turn-Ins to the Air Force Working Capital Fund/Medical Dental Division.**

3.15.1. The customer will produce a DD Form 1348-6, *DoD Single Line Item Requisition System Document (Manual Long Form)* (or equivalent) identifying the items being turned in for possible credit. (T-0). Spreadsheets can be used to list multiple line items.

3.15.2. Customer turn-ins will be limited to full units of issue. (T-1).

3.15.3. Credit determination.

3.15.3.1. Credit may be granted for:

3.15.3.1.1. Serviceable supplies (including Medical Counter-Chemical, Biological, Radiological and Nuclear assets) that can be resold to other activities.

3.15.3.1.2. Specified unserviceable and reparable items for which a known credit is to be received e.g., items suspended by Department of Defense Medical Materiel Quality Control (DoD MMQC) message where the return credit is specifically cited in the message.

3.15.3.2. Credit will not be allowed for:

3.15.3.2.1. Serviceable turn-ins with no Military Treatment Facility requirements. (T-0).

3.15.3.2.2. Materiel to be destroyed, or turned in to Defense Logistics Agency Disposition Services or commercial credit returns vendor. (T-0).

3.15.3.2.3. Materiel suspended from issue and use, with the exception of items suspended by DoD Medical Materiel Quality Control message where the return credit is specifically cited in the message. (T-0).

3.15.3.2.4. All equipment items. (T-0).

3.15.3.2.5. Expired drugs. (T-0).

3.15.3.2.6. Centrally managed items. (T-0).

3.15.3.2.7. Customer returns re-stratified into War Reserve Materiel projects. (T-0).

### **3.16. Destructions.**

3.16.1. Destroy medical materiel in the following categories:

3.16.1.1. Expiration dated items when the expiration date has passed and cannot be extended under the Food and Drug Administration Shelf Life Extension Program (SLEP). (T-0).

3.16.1.2. Suspended stock. (T-0).

3.16.1.3. Excess serviceable biologicals, drugs, and reagents with a line item value of less than \$3,000. (T-0).

- 3.16.1.4. Items required to be frozen that have thawed and cannot be used within the manufacturer's recommended time limit, or when the indicator in a shipping package shows the materiel thawed and refroze during shipment. (T-0).
- 3.16.1.5. Drugs requiring refrigeration that have been out of refrigeration beyond the manufacturer's specifications. (T-0).
- 3.16.1.6. Excess or unserviceable property dangerous to public health and safety. (T-0).
- 3.16.1.7. Materiel directed to be destroyed by higher headquarters, the manufacturer, or DoD Medical Materiel Quality Control message. (T-0).
- 3.16.2. Do not destroy:
- 3.16.2.1. Pharmaceutical items undergoing Food and Drug Administration Shelf Life Extension Program testing, see paragraph 8.7. (T-0).
- 3.16.2.2. Materiel suspended due to a materiel complaint. (T-0).
- 3.16.3. The Military Treatment Facility has three options to dispose of destructions: commercial credit returns companies, base-wide hazardous materiel removal contract, or in-house.
- 3.16.4. Return of materiel using commercial credit return vendors will be IAW paragraph 3.18.
- 3.16.5. Disposition performed in coordination with Base Civil Engineering Environmental Manager using base-wide hazardous materiel disposal and treatment contracts.
- 3.16.5.1. Coordinate disposal of Hazardous Material or pharmaceuticals with the Base Civil Engineering Environmental Manager IAW DoD 4160.21-M, *Defense Materiel Disposition Manual*, Chapter 10; AF Joint Instruction 23-504, *Radioactive Commodities in the DoD Supply System*, Chapter 8; AF JMAN 23-209, *Storage and Handling of Hazardous Materials*, Chapter 11; AFI 40-201, *Radioactive Materials Management*, and AFI 32-7042, *Waste Management*. (T-0).
- 3.16.5.2. Medical Logistics will process destructions in Defense Medical Logistics Standard Support using destruction transactions or credit returns losses. (T-0).
- 3.16.5.3. The Base Civil Engineering Environmental Manager or vendor must provide a signed and dated record of receipt, documenting the transfer of materiel from Medical Logistics. (T-0).
- 3.16.6. Destructions performed in-house.
- 3.16.6.1. The Military Treatment Facility Commander will appoint one or more disinterested destruction officers to be responsible for the destruction of Controlled Item Inventory Code (CIIC) Q and R, DEA Schedule II-V items. (T-3). Destruction officers will be a service member (MSgt or higher) or a federal employee (GS-07/WG equivalent or higher). (T-3). In addition, two disinterested individuals will witness the destruction. These witnesses will also be service members (MSGts) or federal employees (GS-07 or Wage Grade equivalent or higher).
- 3.16.6.2. The Medical Logistics Flight Commander will appoint a service member (SSgt or higher), or federal employee (GS-05 or Wage Grade equivalent or higher), to destroy

other than Controlled Item Inventory Code Q and R items. (T-3). There is no requirement for these individuals to be disinterested.

3.16.6.3. Medical Logistics will consult the Base Civil Engineering Environmental Manager to ensure environmentally safe destruction methods are used. (T-3). The Base Civil Engineering Environmental Manager will sign and date the Destruction Report certifying the method of destruction is environmentally safe. (T-3). Subsequent destructions of the same item do not require Base Civil Engineering Environmental Manager review.

3.16.6.4. Medical Logistics will destroy the materiel in a manner that precludes the use of any portion of the item for any purpose. (T-3). The destruction officer and witnesses will sign and date the Destruction Report certifying the identity and quantity of items destroyed, and the authority, reason, manner, and date of destruction. (T-3).

3.16.7. Medical Logistics will retain documentation of destructions for two years for destruction of non-controlled materiel in accordance with Air Force Records Disposition Schedule Table T 41-04, Rule 14.00 and DoD 7000.14-R, Vol. 1, Chapter 9, and, for controlled materiel, IAW 21 Code of Federal Regulations, Section 1304.04., *Maintenance of Records and Inventories*. (T-0).

**3.17. Commercial Credit Returns.** See paragraph 5.11. for additional guidance on commercial credit returns for controlled items. See Medical Logistics Guide, paragraph 3.30.

3.17.1. All Medical Logistics accounts will utilize the appropriate vendor participating in Defense Logistics Agency-Troop Support's (DLA-TS's) multiple-award Pharmaceutical Reverse Distribution Contract unless prohibited under State-recognized programs under the Resource Conservation and Recovery Act or, for overseas enduring bases, the Overseas Environmental Baseline Guidance Document (OEBGD) or country-specific Final Governing Standards (FGS) . Medical Logistics will consult with the Base Civil Engineering Environmental Manager to confirm specific State or FGS requirements. (T-0).

3.17.2. Peacetime credits expire 120 calendar days after they are posted to the Prime Vendor credit account; credits in War Reserve Materiel accounts expire 180 calendar days after they are posted. Medical Logistics will review credit account balances to preclude expiration of credits. (T-1).

3.17.3. All returns for credit will be made from the Air Force Working Capital Fund/Medical Dental Division. Medical Logistics will process the returns for credit in Defense Medical Logistics Standard Support. (T-0).

3.17.4. Medical Logistics will establish two separate credit accounts with their pharmaceutical Prime Vendor to manage and utilize credits, one for operating materiel credits and a second for War Reserve Materiel credits. (T-1).

3.17.5. Medical Logistics accounts will process War Reserve Materiel returns through centrally managed Prime Vendor accounts, and will only execute War Reserve Materiel credit orders when authorized by AFMOA/SGM. This does not apply to accounts supported by Dakota Drug. (T-1).

3.17.6. Customer turn-ins for commercial credit returns will be processed as non-reimbursable. (T-0).

3.17.7. Medical Logistics will transfer materiel to the commercial credit returns vendor as follows:

3.17.7.1. Not earlier than 10 duty days prior to processing the materiel to the vendor, Medical Logistics will process destructions or credit returns losses for all items turned in to the credit returns vendor. (T-3).

3.17.7.2. The contractor will provide an inventory report, detailing catalog data (e.g., product names, National Drug Codes (NDCs)/catalog numbers) and quantities. (T-0).

3.17.7.3. The contractor will sign for the materiel received. (T-0). They should also annotate their printed/stamped names for identification. A business card or other means of certifying their identification is acceptable.

3.17.7.4. Medical Logistics will Quality Control the vendor-signed Defense Medical Logistics Standard Support Destruction Reports and DoD Forms 1348-1A and file the documents. (T-0).

3.17.8. At this point, the audit trail for returned items is complete.

3.17.9. Maintain all documentation IAW Air Force Records Information System Table 41-04, Rule 14.00.

**3.18. Inventorying Medical Operating Supplies.** See Medical Logistics Guide, paragraph 3.26. There are two main purposes for completing inventories, adjusting property records and identifying gaps in training or processes that contribute to inventory overages and shortages.

3.18.1. Medical Logistics will inventory operating supplies no less frequently than 12 months from the previous inventory; the actual due date for inventory completion is the final calendar day of the anniversary month. (T-0). An inventory is not considered closed until all actions outlined in paragraph 3.19.7 are complete and documented.

3.18.2. The MDSS/CC may waive the 12-month requirement for up to 90 days when unforeseen or unavoidable conditions prevent completion of an inventory.

3.18.3. The only approved exceptions to the 12-month requirement are controlled items, which are inventoried quarterly.

3.18.4. Stockless operations. Prior to the 12-month anniversary of the previous inventory/stockless validation (or complete inventory), Medical Logistics will run the "Balance in DFAS-AF Standard" Business Objects (BO) report to document that no operating stock is on hand. (T-0). Operating stock includes excess, suspended stock, and assets in special projects (i.e., zero balances in all columns on line 11 of the Business Objects report with the exception of "WRM Balances," "WRM Suspended Balance," and "WRM Repairable.>").

3.18.4.1. Medical Logistics personnel will conduct and document a complete walk-through of all storage areas (including vaults and cages) to ensure no operating inventory is physically on hand. (T-0).

3.18.4.2. The Accountable Base Medical Supply Officer will sign a memo for record certifying no stock is on record or on hand, and document the results of the complete walk-through. (T-3). Medical Logistics will retain the entire package, Business Objects report, and results of the complete walk-through, IAW paragraph 3.19.8. (T-0).

3.18.5. Inventory procedures are as follows:

3.18.5.1. Medical Logistics will freeze operating inventory records in Defense Medical Logistics Standard Support, complete counts and re-counts, research discrepancies, and unfreeze inventory records in Defense Medical Logistics Standard Support IAW procedures outlined in AFMAN 41-216, Chapter 5. (T-0).

3.18.5.2. Pre-counts, i.e., resolving discrepancies prior to initiating the inventory in Defense Medical Logistics Standard Support, are not authorized.

3.18.5.3. Medical Logistics will complete blind counts using Defense Medical Logistics Standard Support IM-produced Inventory Count Lists or Hand-Held Terminals (HHTs) for inventory of operating supplies. (T-0). Medical Logistics will ensure count lists do not contain inventory balance data. (T-0). However, items found that are not on the count list should be added to the list or put on a separate count document.

3.18.5.4. Medical Logistics will research on inventory discrepancies IAW AFI 23-101, *Air Force Materiel Management*. The purpose of research is to identify, analyze, and evaluate the root cause of inventory discrepancies with the aim of eliminating repetitive errors. Research ends when the cause of the discrepancy has been discovered or when, after a thorough review of the transactions, no conclusive findings are determined.

3.18.6. The Accountable Base Medical Supply Officer will document the results of the inventory in a locally developed inventory summary report. (T-3). Inventory records will be unfrozen; and Inventory Adjustment Vouchers (IAVs) processed prior to completing the report. See the Medical Logistics Guide, Figure A3.1., for an example of an inventory summary report.

3.18.6.1. Medical Logistics will include the following in the report: documentation of pre-inventory training and post-count research actions; total units counted; overall inventory accuracy; dollar value of overages; dollar value of shortages; and lessons learned. (T-0).

3.18.6.2. The Medical Logistics Flight Commander will act as the approval authority for the inventory. (T-1). Therefore, the inventory is closed when the Medical Logistics Flight Commander signs the summary report.

3.18.7. Medical Logistics will post inventory actions as follows:

3.18.7.1. The Accountable Base Medical Supply Officer will certify and Inventory Adjustment Approval Authority (IAAA) approve Inventory Adjustment Vouchers. (T-1).

3.18.7.1.1. The Accountable Base Medical Supply Officer will certify the Inventory Adjustment Voucher. (T-1).

3.18.7.1.2. The Military Treatment Facility Commander, Deputy, or Administrator (or equivalent) will approve inventory adjustments as the IAAA and return it to Medical Logistics for filing. (T-1). For accountable materiel managed in support of a non-MTF account, the owning unit commander will act as the IAAA after inventory adjustments are certified by the host ABMSO. (T-1).

3.18.7.1.3. Medical Logistics will initiate Report of Survey actions IAW paragraph 1.8. (T-3).

3.18.8. Upon completion of all required actions, Medical Logistics will file and maintain the following inventory documents:

3.18.8.1. The inventory summary report. (T-0).

3.18.8.2. The DMLSS Inventory Accuracy Analysis Report. (T-0).

3.18.8.3. Annotated copies of all Inventory Count Lists (if the inventory was accomplished manually). (T-0).

3.18.8.4. Copies of documents forwarded to the Military Treatment Facility Report of Survey Monitor for initiation of Report of Survey actions generated as a result of the inventory. These documents will be maintained as the source document for losses processed due to Report of Survey actions. (T-0).

3.18.8.5. Original copies of all certified and approved Inventory Adjustment Vouchers. (T-0).

3.18.9. Medical Logistics will retain all inventory documents for two years IAW Air Force Records Information System Table 23-08, Rules 01.00 (*Exception, Error, and Control ADPE Listings*) and 04.00 (*Special Inventory Requests and Related Records Used for Inventory Adjustment*); Table 23-11, Rule 02.00 (*Organizational Records*); and Table 23-23, Rule 02.00 (*Report of Survey (ROS) Records*); and DoD 7000.14-R, Vol. 1, Chap. 9. (T-0).

### **3.19. Gifts and Donations.**

3.19.1. Authorization for donated equipment is established by written acceptance, see AFI 51-601, attachments 4 and 5.

3.19.2. Medical Logistics will maintain the signed acceptance letter for ten years or the life of the equipment plus two years, whichever is longer, in the equipment document file IAW paragraph 6.4. (T-0).

### **3.20. Materiel Withdrawn from the Defense Logistics Agency Disposition Services.**

3.20.1. Property may be withdrawn from Defense Logistics Agency Disposition Services when authorized by the Medical Logistics Flight Commander or designated representative.

3.20.2. Materiel withdrawn from Defense Logistics Agency Disposition Services is U.S. Government property.

### **3.21. Transfers to Defense Logistics Agency Disposition Services.**

3.21.1. Medical Logistics will turn in materiel that cannot be redistributed and does not meet the criteria for destruction to Defense Logistics Agency Disposition Services. (T-0).

3.21.2. Condemned medical equipment can be cannibalized for usable parts before turn-in to Defense Logistics Agency Disposition Services. Medical Maintenance will pick these parts up on bench stock record as needed. (T-3).

3.21.3. Contact the medical Radiation Safety Officer or Installation Radiation Safety Officer prior to receiving a radioactive material package, and prior to initiating disposition of radioactive material. (T-0).

3.21.4. Medical Logistics will process disposal of Hazardous Material IAW DoD 4160.21-M, AF Joint Instruction 23-504, AF Joint Manual 23-209, AFI 32-7042, and AFI 40-201. (T-0).

### *Section 3E—Storage*

**3.22. General.** See Medical Logistics Guide, Section 3G. The Medical Logistics Flight Commander will ensure adequate storage is available to support all environmental, space, and security requirements as defined by the local mission. (T-3).

**3.23. Controlled Medical Items.** Medical Logistics will store controlled medical items IAW paragraph 5.10.

#### **3.24. Deteriorative Items.**

3.24.1. Medical Logistics will ensure deteriorative items are stored IAW manufacturer specifications. (T-0). For deteriorative item description, see the Medical Logistics Guide, paragraph 3.37.

3.24.2. For refrigerators and freezers used for storage of medical supplies, Medical Logistics will ensure alarm systems are installed. (T-3). Medical Logistics will conduct alarm checks no less than every 90 days. (T-3). Medical Logistics will document alarm check test results either by a locally-generated alarm test record or on a recurring maintenance record in DMLSS. (T-3).

3.24.3. If facility or geographic constraints do not support installation of alarm systems, Medical Logistics will conduct and document daily (including weekends) temperature checks. (T-3).

**3.25. Hazardous Material.** Medical Logistics will maintain hazardous materials IAW special storage and handling requirements in AFI 32-7086, AFI 91-203, *Air Force Consolidated Occupational Safety Instruction*, Air Force Joint Manual 23-209, National Fire Prevention Association (NFPA) 101, *Life and Safety Code*, MILHDBK 1191, *Military Standards*, and AFI 24-203, *Preparation and Movement of Air Force Cargo*. (T-0). Hazardous material will be authorized for use on base and will meet reporting requirements IAW AFI 32-7086.

**3.26. Access.** Medical Logistics will limit unescorted access to all Medical Logistics storage areas to individuals authorized in writing by the Medical Logistics Flight Commander. (T-3).

### *Section 3F—Shipping*

**3.27. Shipment Funding.** (Medical Logistics Guide, paragraph 3.42.)

3.27.1. Medical Logistics will only utilize Transportation Account Codes (TAC) “F7MD” and “F7WR” with the prior approval of AFMOA/SGM. When approved:

3.27.1.1. Use Transportation Account Code “F7MD” to ship Air Force Working Capital Fund/Medical Dental Division excess to other Air Force Working Capital Fund/Medical Dental Division stock record accounts, Defense Logistics Agency Disposition Services, Defense Logistics Agency Troop Support, or other medical sources of supply. (T-1).

3.27.1.2. Use Transportation Account Code “F7WR” to ship Air Force Working Capital Fund/Medical Dental Division War Reserve Materiel from one “FM” account to another. (T-1).

3.27.1.3. To utilize these Transportation Account Codes, the transportation office requires Medical Logistics obtain prior written approval from AFMOA/SGM. Request use of these

Transportation Account Codes by email verifying assets being shipped are Air Force Working Capital Fund/Medical Dental Division owned. For “F7WR” requests, Medical Logistics will provide the following additional information: purpose for shipment, destination of shipment, estimated shipping costs, and actual shipping costs, when available. (T-1).

3.27.2. The receiving activity will fund transportation of Air Force Working Capital Fund/Medical Dental Division excess being shipped to other services or non-Air Force Working Capital Fund/Medical Dental Division activities. (T-1).

3.27.3. Medical Logistics will use local Operations and Maintenance funds to process shipments of property, Medical Equipment Management Office equipment, repair and returns, and other Military Treatment Facility materiel. (T-0). Use appropriate Operations and Maintenance exercise funds to transport Air Force Working Capital Fund/Medical Dental Division materiel being moved for exercises. (T-0).

3.27.4. An assigned Emergency and Special Programs code will be provided by the Resource Management Office and added to the Operations and Maintenance Transportation Account Code or Operations and Maintenance Fund Citation for materiel shipped in support of active contingency operations. (T-2).

### **3.28. Shipping Controlled Medical Items, Hazardous Materiel, and Temperature-Sensitive Items.** (Medical Logistics Guide, paragraph 3.43.)

3.28.1. Medical Logistics will ship all controlled items, Code R, Code Q, and precious metals by traceable means. (T-0).

3.28.2. Medical Logistics will ship Hazardous Material items IAW Defense Travel Regulation 4500.9-R-Part II, Chapters 204 and Chapter 208; AF Joint Instruction 23-504; AF Joint Manual 23-209; AFI 24-210, *Package of Hazardous Material*; AFMAN 24-204, *Preparing Hazardous Materials for Military Air Shipments*; and AFI 40-201. (T-0).

3.28.3. Medical Logistics will handle and prepare medical items requiring freeze or refrigerated environment for shipment IAW Defense Logistics Agency Regulation (DLAR) 4145.21, *Preparation of Medical Temperature-Sensitive Products Requiring Freeze or Refrigerated (Chill) Environments for Shipment*. (T-0).

### **Section 3G—Excess**

#### **3.29. General.**

3.29.1. Report and process local excess material according to AFMAN 41-216, Chapter 5. (T-1).

3.29.2. Prior to declaring materiel excess, Medical Logistics will ensure there are no valid Military Treatment Facility peacetime or contingency requirements for the items, and there are no requirements at AF or DoD Military Treatment Facilities in their local area. (T-3).

3.29.3. Air Force Medical Operations Agency, Medical Logistics Division will offer all reported excess to AF and DoD Military Treatment Facilities. (T-0).

3.29.4. Minimum line item value is \$3,000.

3.29.5. Condition Codes A, B, and C are the only acceptable codes.

3.29.6. Shelf life dated items must have a minimum of 120 days until expiration. (T-0).

3.29.7. Turn in all excess non-medical materiel, serviceable or unserviceable, except War Reserve Materiel Surgeon General (SG) managed equipment, to Defense Logistics Agency Disposition Services IAW DoD 4160.21-M. (T-0).

3.29.8. Air National Guard units will: (T-1).

3.29.8.1. Report excess medical equipment items to the Air National Guard Readiness Center Surgeon's Office (ANG/SGASL) for possible redistribution within the Air National Guard. (T-3).

3.29.8.2. Turn in all other medical materiel, including equipment determined by the Air National Guard to be excess, to the host medical stock record account. (T-0).

**3.30. Base Realignment and Closure (BRAC) Excess.** Air Force Working Capital Fund/Medical Dental Division assets at bases closing as a result of Base Realignment and Closure actions are not subject to Base Realignment and Closure actions. DoD 4165.66-M, *Base Redevelopment and Realignment Manual*, contains additional guidance for procedures.

## Chapter 4

### PROCUREMENT

#### 4.1. General.

4.1.1. The Air Force Medical Service's strategy for procurement is to maximize electronic purchasing to ensure the greatest efficiency of available manpower and support enterprise materiel standardization. Medical Logistics will pursue the lowest cost item utilizing the following sources (highest to lowest priority): National Contract List (NCL) for pharmaceuticals and enterprise standardized items, Defense Logistics Agency medical Prime Vendor contracts, the Defense Logistics Agency Electronic Catalog (ECAT) program, (see Medical Logistics Guide, paragraph 4.10.), Defense Logistics Agency depot stocked items, and General Services Administration. (T-1).

4.1.2. Medical Logistics will only use manual sourcing, such as Government-Wide Purchase Card orders and Defense Logistics Agency indefinite delivery, indefinite quantity contracts (IDIQ), when electronic commerce sources are unavailable to meet a requirement.

#### *Section 4A—Purchasing*

#### 4.2. Responsibilities. The Military Treatment Facility Commander will:

4.2.1. Support clinical and logistical participation in the Office of Assistant Secretary of Defense (Health Affairs) (OASD (HA))-directed DoD materiel standardization efforts IAW DoDI 5101.15, and DoDI 6430.02, *Defense Medical Logistics Program*. (T-0).

4.2.2. Designate Government-Wide Purchase Card holders and approving officials IAW AFI 64-117, *Air Force Government-Wide Purchase Card Program*. This authority may be delegated to the appropriate Medical Squadron Commanders.

4.2.3. Designate individuals or committees to review and approve new item requests for medical and non-medical supplies. (T-3).

#### 4.3. Items not Authorized for Military Treatment Facility Procurement.

4.3.1. Drugs that do not meet the definition of approved drugs in AFI 44-102, *Medical Care Management*. For exceptions, see DoDI 3216.02. \_ AFI 40-402, *Protection of Human Subjects and Adherence To Ethical Standards in Air Force Supported Research*.

4.3.2. Centrally managed items.

#### 4.4. Air Force Green Procurement Program.

4.4.1. New contracts including those for construction shall meet the energy, water efficiency and environmentally preferable requirements of Federal Acquisition Regulation (FAR) Subpart 23.1, *Sustainable Acquisition Policy*.

4.4.2. Green procurement training is mandatory for those at the military treatment facility who make purchases or develop and process product requirements, to include: Government-Wide Purchase Card holders, resource advisors, and Contracting Officer's Representatives (COR). (T-0).

**4.5. New Item Requests (NIR).**

4.5.1. Using activities will submit new item requests to Medical Logistics. (T-3).

4.5.2. Medical Logistics will function as a Hazardous Materials Tracking Activity IAW AFI 32-7086 using the standardized Air Force Hazardous Material tracking system to properly track the ordering, receiving, handling, storing, inspection, and distribution of Military Treatment Facility Hazardous Material.

**4.6. Funds.** Medical Logistics will execute all purchases using Air Force Working Capital Fund/Medical Dental Division funds with the following exceptions:

4.6.1. Other Procurement Funds will be used to procure capital medical equipment with a unit or system cost over \$250K. (T-0).

4.6.2. Centrally procured high cost medical equipment will be procured centrally by AFMOA/SGME. (T-0).

4.6.3. Operations and Maintenance funds will be used to procure all service contracts (personal, non-personal, maintenance, etc.), rentals, and leases and will not be processed in DMLSS. (T-0).

4.6.4. Air Force Working Capital Fund/Medical Dental Division funds will not be used for peacetime non-medical supply procurement. Non-medical supplies for peacetime operations will be purchased using Defense Health Program Operations and Maintenance funds. (T-1).

4.6.5. Purchases of non-medical supplies for War Reserve Materiel and Medical Counter-Chemical, Biological, Radiological and Nuclear assemblages will be funded with Air Force Working Capital Fund/Medical Dental Division funds. Non-medical supplies in an approved Medical Counter-Chemical, Biological, Radiological and Nuclear allowance standard will be issued to the customer-owned assemblage account with line of AF Operations and Maintenance funds. (T-1).

4.6.6. Furniture purchases will be funded with Air Force Working Capital Fund/Medical Dental Division funds and issued as medical expense equipment. (T-1).

**4.7. Follow-Up.** Medical Logistics will document follow-up for all due-ins over 30 days old. (T-3). Medical Logistics will revalidate requirement with the requesting custodian. (T-3). Medical Logistics will notify custodians of current due-in status. (T-3).**4.8. Emergency Medical Purchases.** See Medical Logistics Guide, paragraph 4.8.

4.8.1. A medical emergency is defined as an unforeseen situation requiring prompt action necessary to save life, limb, or eyesight.

4.8.2. In order to avoid the potential for an emergency purchase, Medical Logistics and property custodians will procure or stock all anticipated medical materiel in advance of surgical, medical, or dental procedures. (T-3).

4.8.3. In order to plan for emergency medical purchases, Medical Logistics and Contracting Squadron (CONS) will:

4.8.3.1. Coordinate and establish procedures to quickly procure necessary medical materiel during emergency situations including identifying Government-Wide Purchase Card cardholders and authorized contracts such as: pharmaceutical and medical Prime

Vendors, local Blanket Purchase Agreements (BPAs), Indefinite Delivery, Indefinite Quantity Contracts, etc. (T-0).

4.8.3.2. Establish procedures to quickly contact Government-Wide Purchase Card Cardholders, ordering officials, Base Government-Wide Purchase Card Coordinator, and on-call CONS contracting officer for required procurement authorizations, first, during or, if needed, after duty hours. (T-3).

4.8.4. In the unlikely situation that contracting support is not available during a medical emergency as defined in 4.8.1., the Military Treatment Facility Commander or attending physician may obtain the materiel item and contact the CONS contracting officer to comply with Federal Acquisition Regulation 1.602-3, *Ratification of Unauthorized Commitments*. (T-0).

**4.9. Prime Vendor.** See Medical Logistics Guide, paragraph 4.9.

4.9.1. Only Medical Logistics personnel are authorized to place orders, including credit account ordering, against a Prime Vendor contract. (T-1).

4.9.2. Trading Partner profile will be approved by the Military Treatment Facility Commander, Deputy Commander, or Administrator and then submitted to AFMOA/SGM. (T-3). AFMOA/SGM will validate the request and forward to Defense Logistics Agency Troop Support for contract implementation.

**4.10. Government-Wide Purchase Card.**

4.10.1. Medical Logistics will use the Government-Wide Purchase Card IAW AFI 64-117.

4.10.2. Medical Logistics will only use Purchase Card Adjustments (PCA) to record transportation costs on Government-Wide Purchase Card buys when items are purchased for multiple users on the same call and the transportation costs cannot be logically divided between the Responsibility Center/Cost Centers (RC/CC). (T-3). Medical Logistics will correct all other differences between the billed and received price by means of a price correction transaction. (T-3).

**4.11. Transactions Involving Exchange for Replacement Purposes.** Medical Logistics will use exchange or trade-in processing of eligible items to the maximum extent possible when such transactions provide an advantage to the government. (T-3). The manufacturer of the property being acquired shall design and construct the item for the same specific purpose as the property being replaced. DoD Manual 4140.01, Volume 3, *DoD Supply Chain Materiel Management Procedures: Materiel Sourcing*, lists items by federal supply groups that are not eligible without prior approval from General Services Administration.

**4.12. Centrally Procured Vaccines.** See Medical Logistics Guide, paragraph 4.14.

4.12.1. Air Force Medical Operations Agency, Medical Logistics Directorate manages the AF Influenza Vaccine program.

4.12.2. The Medical Logistics Flight Commander will appoint a Military Treatment Facility Medical Logistics Point of Contact for vaccine programs. (T-3).

4.12.3. Influenza Vaccine requirements for the Air National Guard are requested through the host Military Treatment Facility.

4.12.4. Anthrax and Smallpox Vaccine. The United States Army Medical Materiel Agency (USAMMA) Distribution Operations Center (DOC) manages and provides oversight of the DoD anthrax and smallpox vaccine program. AFMOA/SGMC approves all AF requirements and provides USAMMA shipping recommendations. See Medical Logistics Guide, paragraph 4.14.2., for Military Treatment Facility Point of Contact registration, ordering, and receiving procedures.

**4.13. Medical Gases.** (Medical Logistics Guide, paragraph 4.16.)

4.13.1. Medical Logistics will store, handle and maintain medical gases IAW AFI 91-203, National Fire Protection Agency 55, *Compressed Gases and Cryogenic Fluids Code*, National Fire Protection Agency 99, *Health Care Facilities Code*, and National Fire Protection Agency 101, *Life Safety Code*. (T-0).

4.13.2. Use Air Force Working Capital Fund/Medical Dental Division funds for both gases and services when required services, such as pickup and delivery, are included in the price of the gas. Use Operations and Maintenance funds when services, such as rental of cylinders, are listed as separate line items and are separately billed. (T-0).

4.13.3. Medical Logistics will not maintain medical gases in operating inventories. (T-3). Medical Logistics will immediately issue the total quantity received to the requesting activity. (T-3).

4.13.4. For medical gases in bulk liquefied form, Medical Logistics will:

4.13.4.1. Ensure contracts specify the appropriate type of gas desired, i.e., medical oxygen United States Pharmacopeia (USP), nitrous oxide United States Pharmacopeia, carbon dioxide United States Pharmacopeia, helium-oxygen, nitrogen United States Pharmacopeia, helium United States Pharmacopeia, nitrogen, etc. (T-3). The supplier is required to provide a Certificate of Purity documenting the concentration for each container.

4.13.4.1.1. Ensure storage sites for medical gases in bulk liquefied form are installed, repaired, and maintained IAW all applicable codes, standards, and regulations. (T-0).

4.13.5. Maintain the supplier's Certificate of Purity for bulk liquid oxygen (LOX) on file for two years from date of receipt. (T-0).

4.13.6. A certificate of analysis is not required prior to accepting delivery of medical gases in cylinder form. The vendor is required to maintain all documentation certifying the purity of the compressed gas being supplied to the organization.

**4.14. Orthopedic Shoes, Adjustments, and Repairs.**

4.14.1. When prescribed by a healthcare provider, Medical Logistics will obtain orthopedic shoes and orthopedic adjustments for authorized personnel. (T-3). (Medical Logistics Guide, paragraph 4.18.)

**4.15. Food and Drug Administration Validation of Third Party Single Use Medical Devices (SUDs) Reprocessing.**

4.15.1. Military treatment facilities are not obligated to use reprocessed single use medical devices, in accordance with OASD (HA) Policy Memorandum 06-013, *Policy on Processing Medical Single-Use Devices*, 07 July 2006: Single use medical devices will not be reprocessed

for internal use or other military treatment facilities. However, military treatment facilities have the option of using Food and Drug Administration approved reprocessed single use medical devices.

4.15.2. If a Military Treatment Facility chooses to procure reprocessed Single Use Medical Devices, Medical Logistics will ensure the third party vendor is Food and Drug Administration-approved and their performance is Food and Drug Administration-validated. (T-0).

#### **4.16. National Contract List (NCL) and DMLSS Strategic Sourcing Module Reviews.**

4.16.1. Medical Logistics will support the Pharmacy quarterly reviews IAW AFI 44-102. (T-1).

4.16.2. Medical Logistics will maintain documentation of changes generated from NCL and strategic sourcing review for a period of two years. (T-3).

4.16.3. For NCL items in manufacturer back-order or national shortage status, Medical Logistics will ensure prompt return to the mandatory source after receiving notification of item availability from the Pharmaceutical Prime Vendor, DLA/TS, or AFMOA/SGM. (T-1).

#### **4.17. Non-Medical Materiel.**

4.17.1. Non-medical supply support will be provided to the host military treatment facility and medical units assigned to the same resource management system responsibility center code as the host Military Treatment Facility. (T-3).

**4.18. Purchase of Incentive Items for Health-Related Programs.** The use of Operations and Maintenance funds to procure low-value incentive items, e.g., stickers, bumper stickers, buttons, badges, coloring books, pens, and literature, is authorized for specific programs outlined in AFI 65-601, Volume 1, *Budget Guidance and Procedures*. See Medical Logistics Guide, paragraph 4.21.

**4.19. Price Challenge and Verification Program.** The Medical Logistics Flight Commander will be the military treatment facility price monitor and will forward (Medical Logistics Guide, paragraph 4.22.):

4.19.1. Defense Logistics Agency-Troop Support challenges to DLA-Troop Support contracts. (T-3).

4.19.2. Challenges for items from other Defense Logistics Agency Centers and General Services Administration to AFMOA/SGM. (T-3).

4.19.3. Challenges for items bought through the Procurement Contracting Officer (PCO) using the Price Verification Program using AF Form 1046, *Zero Overpricing Challenge/Referral*, IAW AFI 23-101, Chapter 8.

### ***Section 4B—Service Contracts***

#### **4.20. General.**

4.20.1. Professional Services determination shall be IAW 29 Code of Federal Regulations, Section 541, *Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Computer and Outside Sales Employees*. (T-0). Contract healthcare provider

licensure, certification, credentialing, and insurance requirements shall comply with AFI 44-119, *Medical Quality Operations*.

4.20.2. Personal Services Contracts. Personal services contracts for healthcare providers and services such as nurses, physicians, and other credentialed providers are authorized by Title 10 United States Code (USC), 1091, Personal Service Contracts, subject to terms and restrictions as stipulated in Defense Federal Acquisition Regulation Supplement (DFARS) 237.104 (b) (ii) and DoDI 6025.5, *Personal Services Contracts for Health Care Providers*.

4.20.2.1. Only DoD contracting offices are authorized to award personal services contracts. (T-0).

4.20.2.2. The Military Treatment Facility Commander will approve requests to enter into personal services contracts for direct health care services. (T-3).

4.20.2.3. The total amount of compensation paid to an individual in any year under a personal services contract shall not exceed the amount of annual compensation excluding allowances for expenses specified in Title 3 United States Code, Section 102, *Compensation of the President*. (T-0).

#### **4.21. Service Contract Management.**

4.21.1. The Medical Logistics Flight Commander administers the Military Treatment Facility Service Contract Management program IAW AFI 63-138, *Acquisition of Services*, and other applicable guidance, and will serve as the Functional Commander. (T-3).

4.21.2. The Medical Logistics Flight Commander will appoint a Service Contract Manager (SCM). (T-3).

4.21.3. Service Contract Manager(s) will be nominated and designated as primary Contracting Officer Representative for all locally executed contracts if the Procurement Contracting Officer determines a Contracting Officer Representative is required. (T-1).

4.21.4. Medical Logistics will coordinate with the requiring activity, Procurement Contracting Officer, and pertinent functional areas to ensure timely submission of a procurable package. (T-3).

4.21.5. Contracting Officer Representatives are nominated IAW Air Force Federal Acquisition Regulation Supplement (AFFARS) Mandatory Procedures (MP) 5301.602-2(d). In addition to the duties delegated to the Contracting Officer Representative in the Contracting Officer Representative designation memorandum, Contracting Officer Representative(s) will:

4.21.5.1. Review contractor performance documentation prepared by Functional Requirement Evaluator Designee (FRED) personnel on a regular basis to ensure performance is compatible with contract and mission objectives. (T-0).

4.21.5.2. Notify the Procurement Contracting Officer immediately upon receipt of a deficiency notice or a valid customer complaint. (T-1).

4.21.5.3. Develop a Functional Requirement Evaluator Designee training program. At a minimum, Functional Requirement Evaluator Designees will receive and document initial training. Refresher training is required on an as needed basis as determined by the Contracting Officer Representative and Military Treatment Facility policy. (T-3).

4.21.5.4. Coordinate with Resource Management Office and Contracting to track individual invoices and contract financial burn rate in order to identify opportunities to modify and de-obligate unnecessary or unused requirements, and Contract Line Item Numbers. (T-3). The Contracting Officer Representative will submit required documentation in accordance with Federal Acquisition Regulations, Subpart 4.8, *Government Contract Files*, 4.804-5, to the Procurement Contracting Officer in order to de-obligate excess funds from applicable contracts. (T-3). Upon receiving de-obligation modification, the Service Contract Manager will forward the modification to the Resource Management Office. (T-3). For each contract, the Service Contract Manager will request de-obligation at least once per contract year as usable excess funds are identified. (T-3). Service Contract Managers will use Contract Management Planning and Surveillance System (COMPASS) to monitor contract execution, if Wide Area Work Flow actively feeds Contract Management Planning and Surveillance System. (T-3).

4.21.5.5. The Military Treatment Facility Commander will act as the medical Service Contract Review and Authorization Activity (SCRAA) to review and approve all unfunded new and existing contract requirements to include option year renewals. (T-3). The SCRAA will validate requirements twice each year, once in October and once prior to the Procurement Contracting Officer contract submission cut-off date each year. (T-3).

4.21.5.5.1. The SCRAA will validate new requests through the Air Force Medical Service Unfunded Requirements Process. (T-3) The Service Contract Manager should establish local procedure for SCRAA validation of contract option year executions. (T-3).

4.21.5.5.2. This authority may be delegated to the Deputy Commander or Military Treatment Facility Administrator.

4.21.5.5.3. The SCRAA may be a single individual or group at the discretion of the Military Treatment Facility Commander. If the SCRAA is a single individual, the unfunded contract requirements will be routed through the applicable squadron commander and Military Treatment Facility Administrator prior to the SCRAA approval. (T-3).

4.21.5.5.4. The Service Contract Manager will maintain the signed unfunded contract requirements request approved by the SCRAAA for two years. (T-3). Signed SCRAA minutes may be used to document approved contract requirements.

4.21.6. Contract Surveillance. The government is required to address and document its plan for evaluating contractor performance for services exceeding the Simplified Acquisition Threshold IAW Defense Federal Acquisition Regulation Supplement Subpart 246.401, *Government Contract Quality Assurance, General*. (T-0).

4.21.6.1. Medical Logistics will ensure evaluation plans, including the Quality Assurance Surveillance Plan (QASP), are documented in the contract files. (T-0)

4.21.6.2. Squadron Commanders will appoint Functional Requirement Evaluator Designees to carry out inspection and surveillance duties. Functional Requirement Evaluator Designees will be appointed in writing to the Service Contract Manager and Contracting Officer Representative not later than 30 days after the contract start date. (T-0).

4.21.6.3. At a minimum, Functional Requirement Evaluator Designee(s) will:

4.21.6.3.1. Monitor schedule compliance, days and hours worked. (T-0).

- 4.21.6.3.2. Inspect deliverables, work performance. (T-0).
  - 4.21.6.3.3. Submit surveillance documentation to the Contracting Officer Representative IAW specific contract terms. The Contracting Officer Representative will notify the applicable Squadron Commander of surveillance documentation not submitted within required timeframes. (T-0).
  - 4.21.6.3.4. Submit reports of nonconformance to the Contracting Officer Representative within three business days of the incident (or notification of the incident having occurred, whichever is earlier). (T-0).
  - 4.21.6.3.5. Complete Defense Acquisition University (DAU) Course, CLM 003, *Overview of Acquisition Ethics*, prior to commencing duties, IAW DoD acquisition ethics policy. This training is required annually. (T-0).
  - 4.21.6.3.6. Complete additional Functional Requirement Evaluator Designee training IAW paragraph 4.21.6.3.5.
- 4.21.7. For locally written contracts, to include local task orders written against strategic contracts, for example, Air Force Medical Service Commodity Council, Medical Logistics will maintain the contract management folder as required by the Procurement Contracting Officer. (T-3).
- 4.21.8. For centrally administered contracts, Service Contract Managers will serve as the Military Treatment Facility Point of Contacts to the central contract Contracting Officer Representatives and Program Managers. Service Contract Managers will:
- 4.21.8.1. Maintain pertinent contract documentation, for example, Performance Work Statement, Quality Assurance Surveillance Plan, etc., required to complete surveillance duties as required by the Procurement Contracting Officer. (T-0).
  - 4.21.8.2. Maintain a list of contract numbers and AF Contracting Officer Representative Point of Contact information, for example, name, phone number, etc. (T-0).
  - 4.21.8.3. Ensure Functional Requirement Evaluator Designees maintain a copy of the contract documentation. (T-0).
  - 4.21.8.4. Ensure Functional Requirement Evaluator Designees are appointed IAW 4.21.6.2.
  - 4.21.8.5. Ensure they receive required training IAW 4.21.6.3.5.
  - 4.21.8.6. Maintain documentation of Functional Requirement Evaluator Designees' training. (T-0).

## Chapter 5

### CONTROLLED MEDICAL ITEMS

**5.1. Purpose.** This chapter prescribes policy and guidance for controlling and safeguarding controlled medical items.

**5.2. General.** Controlled medical items are coded in the catalog record in DMLSS using Controlled Item Inventory Codes. The following categories are included:

5.2.1. Drugs or other substances designated by the DEA as schedule II (Controlled Item Inventory Code R) and Schedule III, IV, or V (Controlled Item Inventory Code Q) are controlled medical items.

5.2.2. Precious metals such as gold, silver, and platinum (Controlled Item Inventory Code R).

5.2.3. Items designated as controlled (Code Q) by the medical logistics flight commander or accountable base medical supply officer.. (T-3). In addition, prior approval is required from the regional DEA office to store controlled drugs with non-controlled drugs.

**5.3. Responsibilities.**

5.3.1. The accountable base medical supply officer will designate a primary and alternate controlled medical item custodian to receive, store, and deliver items; and maintain accountable stock control records as prescribed by this chapter. (T-1). Assigned active duty, civilian employees or qualified contractors may be controlled medical item custodians IAW AFI 23-111.

5.3.2. Controlled medical item custodians will:

5.3.2.1. Maintain records of all accountable transactions affecting record balances for controlled items. (T-0).

5.3.2.2. Ensure controlled items are secured immediately upon receipt. (T-0).

5.3.2.3. Act as Military Treatment Facility Precious Metals Recovery Program Monitors IAW AFI 23-101, Chapter 6.

**5.4. Drug Enforcement Administration Registration**

5.4.1. AF Military Treatment Facilities in the 50 United States and Territories will register with DEA for the procuring, ordering, storing, and collecting of controlled drugs IAW 21 Code of Federal Regulations, Section 1301, *Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances*, and DoDI 6025.25, *Drug Take Back Program*. (T-0).

5.4.2. DEA Field Offices issue the appropriate type of registration IAW 21 Code of Federal Regulations, Part 1301.

5.4.3. The individual who signed the current DEA registration may grant Power of Attorney (POA) to individuals designated as approving officials for the procurement of Schedule II controlled substances IAW 21 Code of Federal Regulations, Section 1305.05, *Power of Attorney*.

5.4.4. Procurement of Controlled Item Inventory Code R items from commercial sources requires use of the DEA Form 222, *Official Order Form for Schedule I and II Controlled*

*Substances.* Officials signing the order form must be the individual who signed the current DEA registration application or individuals designated by Power of Attorney (see paragraph 5.4.3). (T-0). Blank and completed DEA Form 222s are controlled items IAW 21 Code of Federal Regulations, Section 1305.17, *Preservation of DEA Forms 222*, and will be maintained in the secure storage with the controlled drug items. (T-0). In the 50 United States and Territories, ordering officials will use the Narcotics Order, Review, and Approval (NORA) system to electronically submit the DEA Form 222. (T-3). For controlled drug orders to a Prime Vendor which does not accept the electronic DEA Form 222 and for manual off-line non-submit orders using credits, ordering officials will use the hardcopy DEA Form 222. (T-3). See Medical Logistics Guide, Attachment 23, for Narcotics Order, Review, and Approval System user registration instructions.

5.4.4.1. Maintain the completed order forms for two years including unaccepted or defective forms IAW 21 Code of Federal Regulations, Section 1305.17. (T-0).

5.4.4.2. Report lost or stolen order forms to the DEA registration section and the Office of Special Investigations (OSI) upon discovery of the theft or loss. Include the serial number of each form lost or stolen. If an entire book is lost or stolen and the serial numbers cannot be ascertained, report the date or approximate date of issuance.

## **5.5. Item Management.**

5.5.1. The registrant will maintain separate files for Schedule I and II (Controlled Item Inventory Code R), and Schedule III-V controlled drug (Controlled Item Inventory Code Q) records. (T-0). See Medical Logistics Guide, paragraph 5.3.

5.5.1. The registrant will maintain separate files for Schedule I and II (Controlled Item Inventory Code R), and Schedule III-V controlled drug (Controlled Item Inventory Code Q) records. (T-0). See Medical Logistics Guide, paragraph 5.3. The registrant will maintain the following physical products for a period of two years IAW 21 Code of Federal Regulations, Section 1304.04, *Maintenance of Records and Inventories*:

5.5.2. Hard copies of the Transaction Register (TR) or DMLSS Business Objects Report “LOG-Owned Assemblage Management” or “Operating Controlled Item Inventory Code Q & R Balance Report,” report type “Controlled Items,” used to perform quarterly and biennial disinterested inventories. (T-0).

5.5.3. Delivery Lists used to account for all issue transactions of Controlled Item Inventory Code Q and R items. The vault custodian and using activity representative will print their name and rank and sign to validate all issue transactions. (T-0).

5.5.4. Documentation of DEA-mandated biennial inventories for DEA registrants only, see paragraph 5.8.3. (T-0).

5.5.5. Completed DEA Form 222s. (T-0).

5.5.6. Completed DEA Form 333, *Automation of Reports and Consolidated Orders System (ARCOS) Transaction Reporting*, if registered as a Distributor. (T-0).

## **5.6. Receiving Controlled Medical Items.**

5.6.1. See Medical Logistics Guide, paragraph 5.4.

5.6.2. The Controlled Medical item Custodian(s) will secure controlled items immediately upon receipt, annotate quantity received for each line item on Copy 3 of the DEA Form 222, and file IAW paragraph 5.5.4. For Schedule II items, annotate “No. of Packages Received” and “Date Received” for each line item on Copy 3 of the DEA Form 222 and file IAW paragraph 5.5.4. (T-0).

5.6.3. When a discrepancy exists in the receipt of controlled medical items, follow the procedures in paragraphs 3.13 and 3.14. In addition:

5.6.3.1. Suspend the shipment, segregate the materiel in the designated secure storage area, mark as suspended, and initiate an investigation into the potential cause of the discrepancy. (T-3).

5.6.3.2. If investigation of the shortage indicates the items may have been removed in an unauthorized manner at the Military Treatment Facility, initiate the procedures for lost or stolen controlled substances in paragraph 5.9. (T-0).

5.6.3.3. When all notifications, certifications, and investigative documentation have been completed, release the materiel from suspension and complete the receiving action. (T-3).

**5.7. Issue of Controlled Pharmaceutical Items.** Medical Logistics will only issue Schedule II-V controlled pharmaceutical items to the Military Treatment Facility pharmacy except as specified in paragraph 3.6.1. (T-1).

**5.8. Inventory of Controlled Medical Items.**

5.8.1. See Medical Logistics Guide, paragraph 5.5.

5.8.1.1. The Military Treatment Facility Commander, Deputy Commander, or Administrator (or equivalent) will appoint a disinterested officer (MSgt or above) or federal employee (GS-07 or Wage Grade equivalent or above) to perform a quarterly inventory of controlled drug items in Air Force Working Capital Fund/Medical Dental Division inventories, operating and War Reserve Materiel. (T-3). For instructions on accomplishing monthly disinterested inventories of Pharmacy and using activities controlled items, see AFI 44-102, Chapter 8. The disinterested officer will inventory controlled items in Medical Counter-Chemical, Biological, Radiological and Nuclear assemblages during the monthly Pharmacy and quarterly Medical Logistics disinterested inventories depending on which activity is in possession of the items, see paragraph 8.31.3.1.2.1.

5.8.1.2. Medical Logistics and Pharmacy personnel will not be appointed as disinterested inventory officer as these personnel directly manage controlled drug item ordering, storing, receiving, issuing, and dispensing.

5.8.1.3. The inventory by disinterested officer will be completed no more than 90 days from the date of the last inventory. (T-3). If local circumstances dictate a later inventory date, the MDSS/CC may extend the inventory for not more than 30 days.

5.8.1.4. The Accountable Base Medical Supply Officer or person appointed by the Accountable Base Medical Supply Officer may conduct the inventory every three months for medical stock record accounts that exist solely for the management of War Reserve Materiel. However, a disinterested inventory officer will conduct an inventory every six months. (T-1).

5.8.1.5. The controlled item custodian will produce controlled item Transaction Registers and Business Objects Reports for use by the disinterested inventory officer. The Transaction Register(s) and Business Objects reports must be generated on the day of the disinterested inventory. (T-1).

5.8.1.6. The inventory officer will compare the on-hand inventory counts to the inventory record balances on the Transaction Register or Business Objects Report and annotate each copy of the Transaction Register utilized for the inventory as follows: (T-1).

5.8.1.6.1. If no discrepancies are found, include “Inventoried and Found Correct” or similar statement. (T-1).

5.8.1.6.2. If discrepancies are noted, cross out the item balance on the Transaction Register or Business Objects Report, note the actual inventory count, and include “Inventoried, Discrepancies Noted” or similar statement on the last page. (T-1).

5.8.1.6.3. Print their name, rank, and date. (T-0).

5.8.1.6.4. Signature. (T-0)

5.8.1.6.5. The Accountable Base Medical Supply Officer will annotate each Transaction Register or Business Objects Report with the following information:

5.8.1.6.6. DEA registration number. (T-0).

5.8.1.6.7. Whether the inventory was conducted as of the opening or closing of business. (T-0).

5.8.1.6.8. Printed name, rank, and date. (T-0).

5.8.1.6.9. Signature. (T-0).

5.8.2. Discrepancies not satisfactorily resolved during the inventory will be reported in writing to the MDG/CC (see paragraph 5.8.1.). (T-3).

5.8.3. Title 21 Code of Federal Regulations, Section 1304.11, *Inventory Requirements*, requires registrants to conduct an inventory of all controlled substances no less frequently than every 24 months. All requirements are satisfied when the disinterested inventory officer completes and documents the quarterly inventory IAW paragraph 5.8.1.4 and 5.8.1.5.

5.8.4. Completion of quarterly inventories satisfy the requirement to inventory controlled items in contingency materiel assemblages as stated in paragraphs 8.16.3 and 8.31.3.

## **5.9. Reporting Loss or Theft of Controlled Substances.**

5.9.1. When a loss or theft of controlled substances is determined, the Accountable Base Medical Supply Officer will (see Medical Logistics Guide, paragraph 5.9):

5.9.2. Immediately notify the Military Treatment Facility Commander. (T-3).

5.9.3. Contact the OSI. (T-3).

5.9.4. Submit DEA Form 106, *Report of Loss or Theft of Controlled Drugs*, to the nearest DEA Field Office, if the Military Treatment Facility or “FM” account is located in the 50 United States or Territory. (T-0).

5.9.5. Report the loss to the unit Military Treatment Facility Report of Survey Monitor and ensure Report of Survey action is initiated IAW paragraph 1.8. (T-3).

**5.10. Storage of Controlled Medical Items.** (Medical Logistics Guide, paragraph 5.7.)

5.10.1. Controlled medical items will be maintained in storage areas that meet the criteria mandated by 21 Code of Federal Regulations Section 1301.75, *Physical Security Controls for Practitioners*, (Hospitals, Clinics, and Pharmacies), Section 1301.72, *Physical Security Controls for Non-Practitioners; Narcotic Treatment Programs and Compounders for Narcotic Treatment Programs; Storage Areas* (Medical Logistics facilities registered with DEA as distributors). (T-0).

5.10.2. Medical Logistics vaults are designated as Protection Level 4 areas in AFI 31-101, Integrated Defense (FOUO), Chapter 4.

5.10.3. For secure storage areas equipped with intrusion detection systems or duress alarm systems, the accountable base medical supply officer will ensure the system is checked quarterly, and results documented on a computer generated product such as generated in DMLSS maintenance record and retained for two years IAW AFI 31-101. (T-3).

5.10.4. Only the controlled medical item custodian, alternate custodian(s), and the Accountable Base Medical Supply Officer will know the combination to vault and caged storage areas. (T-3). Medical Logistics will place a copy of the combination in a sealed envelope and will keep the sealed envelope in a safe or safe-type filing cabinet not used for storage of TOP SECRET materials. (T-3).

**5.11. Commercial Credit Returns for Controlled Items.** (Medical Logistics Guide, paragraph 5.8.)

5.11.1. Manage commercial credit returns IAW paragraph 3.18. The following specific guidance applies to managing credit returns for controlled medical items.

5.11.2. Process customer turn-ins IAW paragraph 3.16. (T-3).

5.11.3. Medical Logistics will process separate call numbers for controlled medical items and non-controlled items. (T-0).

5.11.4. Schedule II items. The returns contractor will provide a fully annotated DEA Form 222 for all Schedule II items (applies only to DEA registrants). This form will be used to document the turn-over of Schedule II items to the vendor. For each item on the DEA Form 222, Medical Logistics will annotate the quantity in the "Packages Shipped" column and the "Date Shipped" on Copy 1 and Copy 2. (T-0). Medical Logistics will file the annotated Copy 1 IAW paragraph 5.5. Medical Logistics will send the annotated Copy 2 to the DEA. (T-0).

5.11.5. Document filing. Medical Logistics will maintain all documents associated with commercial credit returns of controlled items, including documentation of customer turn-ins, initial and adjusted inventory reports from the vendor, DEA Forms 222 if applicable, and Commercial Return Reports and Destruction Reports, for two years for inspection and copying by the DEA, IAW 21 Code of Federal Regulations, Section 1304.04. (T-0). Follow state and local requirements if timeframes for document retention exceed two years.

**5.12. Controlled Medical Item Management for "Non-FM" Account Logistics Activities.**

5.12.1. “Non-FM” account supported medical unit commanders will ensure controlled medical items are stored and accounted for IAW AFI 44-102, Chapter 8, and 21 Code of Federal Regulations including disinterested inventories. (T-0).

## Chapter 6

### MEDICAL EQUIPMENT MANAGEMENT

#### 6.1. Purpose.

6.1.1. The Air Force Medical Service equipment management program provides a system for in-use equipment control and reporting based on a single organizational Medical Equipment Management Office at each medical stock record account.

#### 6.2. Accountable Equipment.

6.2.1. Medical Logistics will account for the following categories of organizational equipment on Medical Equipment Management Office records:

6.2.1.1. All medical equipment having a unit acquisition cost of \$5,000 or more that meets:

6.2.1.1.1. The accountable equipment IAW DoDI 5000.64., *Accountability and Management of DoD Equipment and Other Accountable Property*. (T-0).

6.2.1.1.2. Nonexpendable equipment items are defined as “Items which are neither consumed nor lose their identity during periods of use, and normally are capable of performing a function independently.”

6.2.1.2. Medical logistics will account for equipment on an accountable record, and if any of the following criteria are met, regardless of acquisition cost, then:

6.2.1.2.1. All equipment with predefined scheduled maintenance intervals specified in the device code. (T-0).

6.2.1.2.2. All non-implantable equipment that is subject to tracking under the Safe Medical Device Act. (T-0).

6.2.1.2.3. All major components of a system. Components are defined as a part or element of a system that cannot operate independently and must work with all other intended components of that system. Components will be related to the end item (major component of the system) in DMLSS and will have an acquisition cost of \$0.01 IAW paragraph 6.28.2.3. (T-0).

6.2.1.3. Any item, regardless of unit cost, may be maintained on accountable records at the discretion of the Medical Logistics Flight Commander or the Military Treatment Facility Commander.

6.2.2. In accordance with AFI 17-100, *Air Force Information Technology (IT) Service Management*, Communications Squadron or equivalent will maintain accountability of all AF Information Network (AFIN) components physically present on the installation regardless of the organization operating the equipment. (T-1).

6.2.3. Non-Military Treatment Facility AF units such as Air National Guard medical units, Rescue Squadrons, Aeromedical Evacuation Squadrons, and Fire Department units, will be responsible for their medical equipment maintained on the host DMLSS equipment management and maintenance records. (T-1). See AFI 48-149, *Flight and Operational Medicine Program*.

6.2.3.1. Using activity responsibilities include:

6.2.3.1.1. Scheduling and completing annual inventories. (T-0).

6.2.3.1.2. Inventory Adjustment Document (IAD) approval (see paragraph 3.19.6.). (T-0).

6.2.3.1.3. Maintaining inventory documentation IAW paragraph 6.21.6 with the exception of approved (i.e., signed and dated) IADs which will be returned to the certifying official (the host Accountable Base Medical Supply Officer).

6.2.3.1.4. Making equipment available for required maintenance. (T-0).

6.2.3.1.5. Updating DMLSS records IAW the Memorandum of Agreement (MOA). (T-0).

6.2.4. Medical equipment owned by non-AF units are excluded from Medical Equipment Management Office management and will be accounted for on Service and Agency equipment records not in DMLSS unless otherwise specified in a Memorandum of Agreement between the host and supported unit. (T-1).

### **6.3. Responsibilities.**

6.3.1. Air Force Medical Operations Agency, Medical Logistics Directorate will:

Centrally manage funding, execution, and budget requirements for medical investment equipment.

6.3.1.1. Evaluate and manage the AF/SG level approval and disapproval process to include funding for expense, high cost medical expense equipment, and Other Procurement requirements.

6.3.1.2. Maintain records of all Other Procurement requests and procurement actions.

6.3.1.3. Retrieve and archive all applicable source documents associated with gains and losses of Capital Medical Equipment (CME).

6.3.2. The Military Treatment Facility Commander will act as the medical Equipment Review and Authorization Activity (ERAA). (T-3).

6.3.2.1. Approve all requests for equipment including new requests and gains resulting from potential Medical Equipment Management Office to Medical Equipment Management Office transfers. (T-3).

6.3.2.2. This authority may be delegated to the Deputy Commander or Military Treatment Facility Administrator.

6.3.2.3. The Equipment Review and Authorization Activity may be a single individual or group at the discretion of the Military Treatment Facility Commander.

6.3.3. The Medical Logistics Flight Commander will:

6.3.3.1. Manage the Military Treatment Facility medical equipment management program. (T-3).

6.3.3.2. Maintain in-use equipment records to include all supported detached facilities, see paragraph 1.6. (T-3).

6.3.3.3. Ensure appropriate technical recommendations from biochemical equipment maintenance, the facility manager, and information systems (when applicable), are incorporated into the equipment request. (T-1).

6.3.3.4. Ensure equipment inventories are performed and documented IAW paragraph 6.21.6. (T-1).

6.3.3.5. Forward to AFMOA/SGMO copies of all applicable source documents associated with gains and losses of Capital Medical Equipment. Documents will be forwarded immediately on completion of receipt, gain, or disposal transaction.

6.3.4. Property custodians will:

6.3.4.1. Maintain control and effectively manage the property assigned to their accounts IAW AFI 23-111. This responsibility includes pecuniary liability for negligent loss, damage, or destruction.

6.3.4.2. Transfer custodial responsibility IAW paragraph 1.2.3.2.2.

6.3.4.3. Prepare equipment requests for their using activity following locally developed procedures. (T-3).

**6.4. Medical Equipment Management Office Documentation.** See paragraphs 2.4 and 2.5 for general guidance on Quality Control and document maintenance. In addition, Medical Equipment Management Office will maintain:

6.4.1. A property custodian file for each custodian account containing, at a minimum: (T-0).

6.4.1.1. A copy of the custodian appointment letter signed by the Military Treatment Facility Commander or authorized Squadron Commander. (T-0).

6.4.1.2. A current, signed Customer Receipt, Location List (CRL). (T-0).

6.4.1.3. All current, signed Custodian Action Lists (CAL). (T-0).

6.4.2. Medical Logistics will maintain a permanent Medical Equipment Management Office document file. (T-0). Electronic files are authorized IAW paragraph 2.3. Maintain the document file for ten years or the life of the equipment plus two years, whichever is longer. This requirement applies regardless of source or procurement method, such as local procurement, central procurement, or transfer from another Military Treatment Facility. At a minimum, the following receipt and disposition documents will be filed in the Medical Equipment Management Office:

6.4.2.1. The signed original equipment request approved by the designated Equipment Review and Authorization Activity, see paragraph 6.3.2. (T-1). Signed Equipment Review and Authorization Activity minutes can be used in lieu of individual equipment requests including equipment received from Medical Equipment Management Office to Medical Equipment Management Office transfers, see paragraph 6.25.

6.4.2.2. The purchase request, when utilized, and all supporting documentation. (T-0).

6.4.2.3. The copy of the signed contract and all signed modifications. The contract copy must bear the ink or digital signature using Common Access Card (CAC) of the Contracting Officer. (T-0).

6.4.2.4. Receipt documentation. Quality Control and file the properly annotated receiving documentation, see paragraph 3.11.1, including receiving report, invoice, packing slip, and other supporting documentation IAW paragraphs 2.4 and 2.5.

6.4.2.5. Equipment gain documentation. For each of the following categories of gains, quality control, file, and maintain documentation IAW paragraphs 2.4., 2.5., and 6.4.2.4.

6.4.2.5.1. Acceptance documents (DD Form 1155, *Order for Supplies or Service*, or SF 1449, *Solicitation/Contract/Order for Commercial Items*) for gains of centrally procured equipment, to include Other Procurement and other purchases processed by AFMOA/SGM. (T-0).

6.4.2.5.2. Receipts resulting from Medical Equipment Management Office to Medical Equipment Management Office transfers. The DD Form 1149, *Requisition and Invoice/Shipping Document* or DD Form 1348-1A, *Issue Release/Receipt Document*, provided by the losing Military Treatment Facility will be used as the source document for the gain. The gaining unit will sign and date a copy of the DD Form 1149 or DD Form 1348-1A, and return it to the losing Military Treatment Facility. (T-0).

6.4.2.5.3. Receipt of gifts or donations. File the signed approval of acceptance for the gift or donation IAW AFI 51-601, *Gifts to the Department of the Air Force*. A signed and dated DD Form 1348-1A, will be used to certify the transfer of the equipment to the government. (T-0).

6.4.2.6. Documentation of equipment disposition. Medical Logistics will use a DD Form 1348-1A as the source document for the transfer of equipment to Defense Logistics Agency Disposition Services, and other AF or DoD Military Treatment Facilities. (T-0).

6.4.2.6.1. For transfers to Defense Logistics Agency Disposition Services, the Defense Logistics Agency Disposition Services representative will sign and date the document.

6.4.2.6.2. For Medical Equipment Management Office to Medical Equipment Management Office transfers, maintain the signed and dated DD Form 1149 or DD Form 1348-1A returned by the gaining unit. (T-3). See paragraph 6.4.2.5.2.

6.4.2.6.3. Quality Control and file IAW paragraphs 2.4 and 2.5. Maintain for two years IAW Air Force Records Disposition Schedule Table 23-08, Rule 01.00 and DoD 7000.14-R, V. 1, Chapter 9. (T-0).

6.4.2.7. Medical equipment rental and lease documents. (T-0).

6.4.2.8. All documents associated with the accountability of personal retention equipment. (T-0).

**6.5. Review and Approval of Equipment Requirements.** The medical Equipment Review and Authorization Activity, see paragraph 6.3.2., will:

6.5.1. Approve or disapprove all medical equipment requests including requests by non-medical units. (T-0). This requirement applies to new equipment requests as well as potential gains resulting from Medical Equipment Management Office to Medical Equipment Management Office transfers from other DoD Military Treatment Facilities, (see paragraph 6.24.)

6.5.2. Establish criticality codes for all investment and expense equipment requirements. (T-3).

#### **6.6. In-Use Equipment Accountability.**

6.6.1. The Medical Equipment Management Office will maintain all data records, document files, and property custodian files IAW paragraph 6.4. (T-0).

6.6.2. Equipment will remain the custodial responsibility of medical logistics until installation and acceptance are completed. (T-0).

#### **6.7. Relationship between the Host Medical Equipment Management Office and Detached Medical Units-Air National Guard-Guard Medical Units (GMUs)/Geographically Separated Units (GSUs).**

6.7.1. The host Medical Equipment Management Office is responsible for all supported unit equipment on the Medical Equipment Management Office account with the exception of Air National Guard-owned equipment. The ANG/SG Medical Equipment Management Office is responsible for all supported unit equipment on Air National Guard medical equipment management office account records. (T-3).

6.7.2. Support agreements will be in place to define roles and responsibilities for equipment procurement, accountability, and disposition. (T-3).

6.7.3. Air National Guard and AF Reserve Command units are responsible for ensuring their equipment is properly accounted for. (T-3).

**6.8. Budgeting for Equipment.** AFMOA/SGM will provide unfunded requirements to AF/SG1/8Y and AFMOA/SGAR. Guard Medical Units and Geographically Separated Units will provide unfunded requirements to ANG/SG. (T-1).

#### **6.9. Funding.**

6.9.1. Documentation of the Equipment Review and Authorization Activity approval is the source authorization for the procurement and use of Military Treatment Facility-owned equipment. (T-1).

6.9.2. The Military Treatment Facility Commander or designated Equipment Review and Authorization Activity has final approval and funding authority for all Military Treatment Facility expense equipment under \$100,000 with the exception of the equipment categories listed in paragraph 6.9.3. This does not apply to Military Construction (MILCON) requirements.

6.9.3. Air Force Medical Operations Agency, Medical Logistics Directorate, in coordination with the appropriate Surgeon General Consultant, is the approval authority for all medical investment equipment over \$250,000 and medical expense equipment over \$100,000. Additionally, AFMOA/SGM and the Surgeon General Consultants approve all requirements for the following categories of equipment, regardless of cost: Dental, Pharmaceutical, Radiological, Picture Archiving Communications System, or Air Force Medical Modeling and Simulation Training simulators and manikins, including Military Construction equipment requirements. The AF/SG consultants are specified in AFI 44-104, *Military and Civilian Consultant Program and Medical Enlisted Career Field Manager Program*.

6.9.4. Expense equipment under \$250,000 is funded either with local Military Treatment Facility or central AFMOA/SGM Operations and Maintenance funds.

6.9.5. Investment medical equipment over \$250,000 is funded with Other Procurement funds.

6.9.6. Medical expense equipment for non-Military Treatment Facility organizations is funded with requesting organization Operations and Maintenance funds.

**6.10. Requesting Equipment.** See Medical Logistics Guide, paragraph 6.3.

6.10.1. Medical Logistics will load all Defense Health Program funded equipment requirements in the AFMOA/SGM equipment request and funding application via the DMLSS Equipment Management and Equipment Request module using procedures in AFMAN 41-216. (T-1).

6.10.2. A completed Manufacturer Disclosure Statement for Medical Device Security is required if Medical Maintenance determines the equipment meets any one of the following criteria: connects to the local area network or private device, e.g., patient monitoring, requires software updates, and stores Health Insurance Portability and Accountability Act protected data. (T-1).

6.10.3. Medical Logistics will submit Medical Logistics Guide, Attachment 16, Technical Considerations for New Equipment Acquisition, for equipment requests that are centrally funded and executed. (T-1).

**6.11. Procurement of Medical Equipment.** Medical Logistics will procure equipment in the priority sequence outlined in paragraph 4.1. (T-1).

**6.12. Validating Equipment Due-ins and Due-outs.**

6.12.1. Every 90 days, the Medical Equipment Management Office will take the following actions to follow-up on active due-ins and due-outs:

6.12.2. Validate with the requesting custodian that there is still a requirement for the equipment. (T-1).

6.12.3. Follow up with either Procurement Contracting Officer vendor, AFMOA/SGME (central procurements only) to ascertain the current status of the order. (T-1).

6.12.4. Notify the customer of the current status and document all actions taken in the DMLSS Due-In Record using the Notes functionality. (T-1).

**6.13. Processing Medical Equipment Receipts.**

6.13.1. Open and inspect medical equipment shipments immediately on receipt. Annotate the source documentation IAW paragraph 3.11. (T-0).

6.13.2. Process receipt transactions in DMLSS immediately. Do not wait until the acceptance work order is closed. (T-0).

6.13.3. Quality Control the source documentation with DMLSS transaction data IAW paragraph 2.3.

6.13.4. Ensure the acquisition date and acquisition cost is accurately recorded IAW paragraph 6.27. (T-0).

6.13.5. For equipment not requiring an acceptance work order, Medical Logistics will change the Accounting Status in DMLSS Equipment Module (EM) from “Received” to “In Service” within one duty day of receipt date. (T-0). For equipment requiring a Medical Maintenance acceptance work order, Medical Logistics will change the Accounting Status in DMLSS Equipment Module from “Awaiting Acceptance” to “In Service” within one duty day from completion of the acceptance work order (T-0). DMLSS does not produce scheduled work orders or report depreciation until the Accounting Status is changed to “In Service.”

6.13.6. Medical Maintenance will ensure the acceptance work order is completed and guarantees or warranties identified. (T-0).

**6.14. Issuing Equipment.** (See Medical Logistics Guide, paragraph 6.5.).

6.14.1. Obtain the custodian's signature on the Custodian Action Lists and file in the property custodian file. (T-0).

6.14.2. Destroy the Custodian Action Lists when the item appears on a Customer Receipt, Location List signed by the property custodian. The signed Customer Receipt, Location List should be filed IAW paragraph 6.4. (T-0).

**6.15. Management of Computer and Communications Systems.**

6.15.1. The requirement for the Medical Systems Flight to procure and manage computer and communications systems does not apply to "embedded" computer systems that provide functionality to Food and Drug Administration regulated medical devices.

6.15.2. Medical Logistics will ensure AF and Defense Health Agency Health Information Technology certification and accreditation requirements are identified in the DMLSS equipment request module IAW paragraph 6.10.3., DoDI 8510.01, *Risk Management Framework (RMF) for DoD Information Technology (IT)*, and AFI 17-101, *Risk Management Framework (RMF) for Air Force Information Technology*. (T-0).

**6.16. Non-Medical Equipment.**

6.16.1. The Equipment Review and Authorization Activity is the approval authority for all furniture requests. Acquisition of furniture items must comply with AFI 91-203, *Air Force Consolidated Occupational Safety Instructions*, and National Fire Protection Agency 101. (T-0).

6.16.2. Medical Logistics will ensure required reviews are completed for radios (communications squadron), filing systems (Military Treatment Facility records custodian and base records manager); and audio-visual equipment (base expense and investment equipment manager). (T-3).

6.16.3. Medical logistics will not use the DMLSS equipment request module for non-medical equipment.

**6.17. Equipment Rental or Lease.**

6.17.1. Rental or lease of equipment for use in Military Treatment Facilities is authorized for valid medical emergencies, or when the rental or lease is determined to be more advantageous or cost effective to the government.

6.17.2. Equipment leases are Operations and Maintenance funded and ordering actions will not be processed in DMLSS. (T-0).

6.17.3. There are two types of equipment leases that may be utilized:

6.17.3.1. Capital leases are agreements that substantially transfer all benefits and risks of ownership to the activity leasing the asset (see Defense Federal Acquisition Regulation Supplement 207.4, *Equipment Lease or Purchase*).

6.17.3.2. Operating leases are agreements in which the Military Treatment Facility does not assume the risks of ownership of the equipment.

6.17.4. The Medical Logistics Flight Commander will ensure Equipment Review and Authorization Activity review and approval for all lease requirements. (T-0).

6.17.5. Medical Logistics will clearly specify in the Purchase Request (PR) for leased equipment ownership and maintenance responsibilities. (T-0).

6.17.6. The Medical Equipment Management Office will maintain a copy of the rental and lease contract with the documentation of Equipment Review and Authorization Activity approval IAW paragraph 6.4.2.7., and provide a copy to the using activity property custodian for contract surveillance. (T-3).

6.17.7. Medical Logistics will maintain rented or leased equipment in DMLSS for accountability and maintenance tracking purposes. (T-0). Medical Logistics will process an Inventory Gain Equipment transaction in DMLSS to properly pick up equipment on record. (T-0). For capital leases, use transaction reason, "Capital Leased Equipment;" for operating leases, use "Operating Leased Equipment." Acquisition prices and acquisition dates will be established IAW paragraph 6.28.3. (T-0)

6.17.8. Maintain rental and lease records IAW:

6.17.8.1. Air Force Records Disposition Schedule Table 23-05, Rule 07.00, *Allowance Authorization Change Requests and Custodian Request/Receipt*; destroy upon termination of rental agreement. (T-0).

6.17.8.2. Air Force Records Disposition Schedule Table 23-11, Rule 27.00, *Warranty or Guarantee Records*; destroy after the expiration of the warranty and guaranty period. (T-0).

## **6.18. Equipment Loans as a Component of a Consumable Item Price.**

6.18.1. Programs that provide equipment as a component of consumable item pricing are authorized. The property custodian will complete a cost and benefit analysis that compares the total cost per procedure under the loan arrangement to the cost per procedure if equipment is purchased. (T-3).

6.18.2. For a contract that includes the use of equipment as part of the consumable item cost, Medical Logistics will ensure the contract states that the equipment remains the contractor's property and will ensure the contract clearly defines any government responsibility to repair or replace damaged equipment. (T-0). Use transaction reason "Cost Per Test" for the Inventory Gain Equipment transaction to properly establish accountability in DMLSS.

6.18.3. Consumable contracts in which the government receives the use of the equipment and builds equity towards eventual ownership of the equipment are acceptable, however, Medical Logistics will ensure the contract terms clearly define the equity provisions. (T-0).

6.18.4. Cost per procedure agreements that provide equipment as a component of supply item pricing are consumable contracts (not leases or rentals), and Medical Logistics will not be loaded in the DMLSS equipment request module. (T-0).

6.18.5. Use of consumable contracts to avoid justifying and funding capital investment equipment is prohibited. (T-0).

6.18.6. The Medical Logistics Flight Commander will ensure Equipment Review and Authorization Activity review and approval for all equipment loans as a component of consumable item price. (T-0).

### **6.19. Gifts and Donations.**

6.19.1. Medical Logistics will process gifts or donations of equipment items IAW paragraph 3.20. (T-0). Use an Inventory Gain Equipment transaction, transaction reason "Donated Property," to properly establish accountability for donated medical equipment. (T-1).

### **6.20. End User Evaluations and Tests.** See Medical Logistics Guide, paragraph 6.10.

6.20.1. Individual Military Treatment Facilities are not authorized to participate in formal user evaluations of medical equipment being assessed for use Air Force Medical Service-wide unless formally tasked by the Air Force Medical Service activity sponsoring the evaluation. Sponsoring activities include, but are not limited to: AF/SG Clinical Consultant; Air Force Medical Support Agency; Air Force Medical Operations Agency; United States Air Force Dental Evaluation and Consultation Service (DECS); and Manpower and Equipment Force Packaging Responsible Agencies (MRA). (T-1).

6.20.2. Informal user tests may be used by Military Treatment Facilities to determine if an item meets their Military Treatment Facility-specific requirements.

6.20.3. Use of the equipment and associated supply items does not obligate the government, and does not constitute an endorsement of the product by the government.

6.20.4. All expenses associated with the use of the item, including transportation, installation and removal, will be the responsibility of the vendor. (T-1).

6.20.5. Coordinate informal user testing with the Procurement Contracting Officer and base legal office prior to entering into any agreement with the vendor. (T-3).

6.20.6. Biomedical equipment repair technician inspection and approval, including coordination with facility management and information systems (when applicable), is required prior to the start of any equipment testing. (T-0).

### **6.21. Inventorying In-Use Medical Equipment.** (See Medical Logistics Guide, paragraph 6.6).

6.21.1. There are two main purposes for completing inventories, adjusting property records, and identifying gaps in training or processes that contribute to inventory overages and shortages.

6.21.2. Medical Logistics will inventory in-use equipment no less frequently than 24 months from the previous inventory. The actual due date for inventory completion is the final calendar

day of the anniversary month. (T-0). An inventory is not considered closed until all actions outlined in paragraph 6.21.4 are complete and documented.

6.21.3. The MDSS/CC may waive the 24-month requirement for up to 90 days when unforeseen or unavoidable conditions prevent completion of an inventory.

6.21.4. Inventory procedures.

6.21.4.1. Medical Logistics will freeze in-use equipment records in DMLSS, complete counts and re-counts, research discrepancies, and then unfreeze inventory records in DMLSS IAW AFMAN 41-216. (T-1).

6.21.4.2. Medical Logistics will complete in-use equipment inventories using hand-held terminals, or the DMLSS manual method outlined below. (T-1).

6.21.4.3. If using the DMLSS manual equipment inventory method, print an Equipment Inventory List (EIL) from the Equipment Management Inventory function or Custodian Customer Receipt, Location List from Equipment Management Reports to perform the physical inventory. (T-1).

6.21.4.4. Documented work order completion may be used as an inventory action for Biomedical Equipment Technician maintained equipment items. Specific categories of completed work orders change the Last Inventory Date in DMLSS, including War Reserve Materiel assets. Therefore, the Equipment Inventory List will not contain any equipment items with a completion date within the date range set in Items "Items Not Inventoried Since." (T-1).

6.21.4.5. Inventories of non-Biomedical Equipment Technician maintained equipment items are the responsibility of the property custodians. After the physical inventory is complete, Medical Logistics will update inventory records in DMLSS. (T-1).

6.21.4.6. Post-count research. Medical Logistics will accomplish research on inventory discrepancies IAW AFI 23-101, Chapter 1. (T-1). The purpose of research is to identify, analyze, and evaluate the root cause of inventory discrepancies with the aim of eliminating repetitive errors. Research ends when the cause of the discrepancy has been discovered or when, after a thorough review of the transactions, no conclusive findings are possible.

6.21.5. The Accountable Base Medical Supply Officer will document the results of the inventory in a locally developed inventory summary report. See the Medical Logistics Guide, Figure A3.2., for an example of an inventory summary report. (T-3).

6.21.5.1. The Accountable Base Medical Supply Officer will ensure the report includes: documentation of pre-inventory training and post-count research actions; total units counted, total units not located, dollar value of overages; dollar value of shortages; and lessons learned. (T-3).

6.21.5.2. The Medical Logistics Flight Commander will act as the approval authority for the inventory. (T-1). Therefore, the inventory is complete when the Medical Logistics Flight Commander signs the summary report.

6.21.6. Post inventory actions.

6.21.6.1. Medical Logistics will unfreeze the inventory records and Inventory Adjustment Documents (IADs) processed, certified, and approved NLT 50 days from the date the inventory summary report is signed, see paragraph 6.21.4.

6.21.6.2. Adjustment reason “Equipment Inventory Adjustment Loss” will be used to ensure equipment IADs are produced for certification and approval by the Accountable Base Medical Supply Officer and Adjustment Approval Authority. (T-0).

6.21.6.3. The Accountable Base Medical Supply Officer will certify the IADs. (T-0).

6.21.6.4. The Adjustment Approval Authority will approve the IADs and return them to Medical Equipment Management Office for filing. (T-0).

6.21.6.5. The Accountable Base Medical Supply Officer will initiate Report of Survey actions IAW paragraph 1.8 for all validated losses of accountable equipment with an acquisition cost greater than \$2,500. (T-0).

6.21.7. Upon completion of all required actions, Medical Equipment Management Office will file and maintain the following inventory documents:

6.21.7.1. The inventory summary report. (T-0).

6.21.7.2. Annotated copies of all Equipment Inventory Lists or Customer Receipt, Location List used to complete the counts (if the inventory was accomplished manually). (T-0).

6.21.7.3. Copies of documents forwarded to the Military Treatment Facility Report of Survey Monitor for initiation of Report of Survey actions generated as a result of the inventory. These documents will be maintained as the source documents for losses processed due to Report of Survey actions. (T-0).

6.21.7.4. Original copies of all IADs signed and dated by the Accountable Base Medical Supply Officer and Adjustment Approval Authority. (T-0).

6.21.7.5. Medical Logistics will retain all inventory documents for two years IAW Air Force Records Disposition Schedule Table 23-08, Rules 01.00, *Exception, Error, and Control ADPE Listings* and 04.00, *Special Inventory Requests and Related Records Used for Inventory Adjustment*; Table 23-11, Rule 02.00, *Organizational Record*; and Table 23-23, Rule 02.00, *Report of Survey (ROS) Records*. (T-0).

6.21.8. If equipment is discovered after the loss is processed in DMLSS, Medical Equipment Management Office will ensure the loss transaction is properly reversed. (T-0).

## **6.22. Equipment Unable to Locate (UL) for Maintenance.**

6.22.1. If equipment cannot be located for maintenance actions, Medical Logistics personnel will work with the property custodian to locate the equipment. (T-3). If the equipment cannot be located, Biomedical Equipment Technicians will change the work order status to “Unable to Locate” on the main tab of the DMLSS MA Work Order Detail Screen. (T-3).

6.22.2. If the equipment is not on accountable records, no further action is required unless Report of Survey action is directed by the Military Treatment Facility Commander, applicable Medical Squadron Commander, the Adjustment Approval Authority or the Medical Logistics Flight Commander. Initiate Report of Survey action IAW paragraph 1.8. (T-0).

6.22.3. If the equipment is on accountable records, initiate Report of Survey action IAW paragraph 1.8. (T-0).

### **6.23. Marking Equipment and Durable Supplies.**

6.23.1. Medical Logistics will sustain a marking program to prevent theft or unauthorized use of government property, and to show organizational ownership of all mobile and removable medical and non-medical durable supplies and equipment items IAW MIL-STD-130N, *Identification Marking of U.S. Military Property*. (T-0).

6.23.2. The requirement to mark materiel is limited to accountable (i.e., materiel listed on a Customer Receipt, and Location List or Custodian Action Lists) and maintenance significant assets only.

6.23.3. Use of the DMLSS Equipment Control Number label satisfies the requirements of MIL-STD-130J.

6.23.4. Medical equipment will be marked by Medical Logistics personnel. (T-3).

6.23.5. Non-medical equipment and durable supply items will be marked by the property custodian. (T-3).

### **6.24. Loan of Property.** See Medical Logistics Guide, paragraph 6.8.

6.24.1. The issue or loan of government property for unofficial use is prohibited. (T-0).

6.24.2. The Military Treatment Facility Commander may authorize the loan of equipment and durable supplies to other AF and DoD Military Treatment Facility's outpatient or convalescent military personnel and family members authorized treatment in an AF Military Treatment Facility. The DMLSS Loan Receipt, Location List, or AF Form 1297, *Temporary Issue Receipt*, will be used to issue loaned property. (T-3).

6.24.3. Equipment loans will be coordinated with Medical Maintenance to ensure required maintenance is current prior to loan. The Biomedical Equipment Technicians will also indicate a date the equipment should be returned for future maintenance inspection actions. (T-0).

6.24.4. During the Medical Equipment Management Office equipment inventory, Medical Equipment Management Office and the account custodian will reconcile the record of equipment on loan by verifying that the borrower has the asset in their possession and still has a requirement for the loaned equipment. (T-3).

6.24.5. Returned equipment must be inspected by a Biomedical Equipment Technician before being returned to service. (T-0).

6.24.6. When an individual with loaned equipment moves to an area that is the responsibility of another Military Treatment Facility, the Military Treatment Facility Commander of the losing Military Treatment Facility may approve a Medical Equipment Management Office-to-Medical Equipment Management Office transfer of the loaned equipment to the Military Treatment Facility assuming patient care responsibility.

### **6.25. Transfers of In-Use Equipment.**

6.25.1. Equipment may be relocated between property custodians within the Military Treatment Facility. Medical Equipment Management Office will perform the transfer IAW AFMAN 41-216, Chapter 9. (T-1).

6.25.2. Medical Equipment Management Office-to-Medical Equipment Management Office transfers require Equipment Review and Authorization Activity approval prior to transfer, see paragraph 6.3.2.1. (T-0). Process assets transferred to another Military Treatment Facility as a Medical Equipment Management Office-to-Medical Equipment Management Office transfer according to AFMAN 41-216, Chapter 9. (T-0).

6.25.3. Process assets transferred to another Military Treatment Facility as a Medical Equipment Management Office-to-Medical Equipment Management Office transfer according to AFMAN 41-216, Chapter 9. (T-0).

6.25.4. Losing Military Treatment Facilities will process an Inventory Loss Equipment transaction, transaction reason “Shipped to Another Military Treatment Facility.” (T-0). This transaction passes all data required for financial reporting, i.e., original acquisition cost, date, and accumulated depreciation.

6.25.5. Gaining Military Treatment Facilities will process an Inventory Gain Equipment transaction, transaction reason, “Gain from Another Military Treatment Facility” to ensure the correct acquisition cost, date, and accumulated depreciation is received from the losing Military Treatment Facility and properly recorded. (T-0).

## **6.26. Disposition and Disposal.**

6.26.1. When the using activity no longer requires Medical Equipment Management Office controlled equipment, the item will be turned in to Medical Logistics after it has been condition coded by the Medical Maintenance activity. (T-3).

6.26.2. If the equipment is not required locally and it meets the criteria for excess in Section 3G, transfer the item to the Medical Equipment Management Office excess account and report it as excess. (T-3). If the asset is not claimed by another DoD Military Treatment Facility, Medical Equipment Management Office will transfer the equipment to Defense Logistics Agency Disposition Services IAW paragraph 3.22.

6.26.3. If the asset does not meet the criteria for excess in Section 3G, Medical Equipment Management Office will transfer the equipment to Defense Logistics Agency Disposition Services IAW paragraph 3.22. (T-3).

## **6.27. Public Access Defibrillator Program (PAD).** See AFI 44-177, *Public Access Defibrillator Program*.

6.27.1. Medical Logistics will procure all Automated External Defibrillators (AEDs) to ensure procurement consistency and entry on DMLSS equipment records for maintenance and quality assurance. (T-3). For non-Military Treatment Facility units, the requesting unit will provide unit Operations and Maintenance funds IAW AFMAN 41-120. For AEDs for CE First Responders, see paragraph 3.10.

6.27.2. Base-owned Automated External Defibrillators will not be accounted for in DMLSS. (T-0). However, the equipment will have a maintenance record in DMLSS for maintenance actions and quality assurance tracking. (T-0).

6.27.3. The procuring unit will ensure the Automated External Defibrillators is available to Medical Maintenance for completion of the acceptance inspection. (T-1).

6.27.4. Payment for required repair parts, to include batteries, is the responsibility of the owning unit. (T-1).

## **6.28. Accountability and Financial Reporting of Investment Equipment.**

6.28.1. Medical Logistics will account for assets defined as investment (capital) equipment in DMLSS to report capitalization and depreciation IAW Statement of Federal Financial Accounting Standards No. 6. (T-0). Depreciation data is automatically calculated by DMLSS and forwarded to the Defense Finance and Accounting Service financial system during end-of-month processing.

6.28.2. Determination of acquisition cost. Original acquisition cost includes all costs incurred to bring the equipment into service for its intended use. These costs include amounts paid to vendors, transportation to point of initial use, handling and storage costs, interest costs paid, direct and indirect production costs, installation costs, and all surcharges paid. Credits received from vendors for existing assets do not affect acquisition cost (i.e., if equipment costs \$10,000 and a \$1,000 credit is received for turn-in of existing equipment, the acquisition cost for the new item will be established as \$10,000). (T-0).

6.28.2.1. For medical expense equipment purchased through DMLSS, the acquisition cost will include the total unit price plus Air Force Working Capital Fund/Medical Dental Division surcharge. Medical Logistics will enter this cost accurately in the DMLSS Equipment Management record when the receipt is processed. (T-0).

6.28.2.2. For Other Procurement equipment and high cost medical expense equipment centrally procured by AFMOA/SGM, the acquisition cost will include the total contract price plus contracting agency surcharge and Air Force Working Capital Fund/Medical Dental Division surcharge. AFMOA/SGME will notify the Military Treatment Facility Medical Equipment Management Office of total acquisition costs prior to receipt. (T-0).

6.28.2.3. For medical systems, ensure the major component end item includes the total calculated acquisition cost. (T-0). Acquisition costs for component items should be established in DMLSS as \$0.01.

6.28.2.4. The original acquisition cost will not be adjusted without the prior approval of AFMOA/SGM. (T-1).

6.28.3. The equipment acquisition date (in service date) is the date the title for the equipment passes to the Air Force. In most instances, the acquisition date for non-installed equipment is the date the equipment was physically received and signed for by Medical Logistics (i.e., proof of delivery date). For installed equipment, it is the date of acceptance.

6.28.4. Capital leases. A capital lease should be recorded at the lower of either: (1) The net present value of minimum lease payments, excluding that portion of the payments representing administrative costs paid to the lessor; or, (2) The fair market value of the leased property when the lease began. Capital leases should be depreciated over the life of the lease or the depreciation term, whichever is shorter.

6.28.5. Operating leases. The equipment acquisition price for operating leases is zero. Title for this equipment remains with the lessor and is not depreciated by the Air Force.

6.28.6. Cost-per-procedure contracts. The acquisition price for cost-per-test equipment is zero. Title for this equipment remains with the lessor and the equipment is not depreciated by the Air Force. (T-0).

6.28.7. Original acquisition date. Leased or rented equipment is recorded when the equipment is accepted by the Air Force.

### **6.29. Acquisition of Refurbished Equipment and Repair Parts.**

6.29.1. The purchase of refurbished or used medical equipment is not authorized. (T-1).

6.29.2. The use of refurbished components is authorized only if provided by:

6.29.2.1. The original equipment manufacturer (OEM). (T-1).

6.29.2.2. An original equipment manufacturer-approved source or subsidiary. (T-1).

6.29.2.3. DoD or VA depot services. (T-1).

6.29.3. Equipment or parts used in the Aeromedical Evacuation system must be purchased directly from the original equipment manufacturer or their authorized distributor. (T-1).

### **6.30. Manufacturer Procured Training.**

6.30.1. Medical Logistics will ensure manufacturer-provided training included as a separate Contract Line Item Number on equipment procurement contracts is completed within 12 months of equipment acceptance. (T-1). Failure to complete the training within the 12 month period will result in a de-obligation of funds.

## Chapter 7

### QUALITY ASSURANCE

#### 7.1. Purpose.

7.1.1. To provide policy and procedures necessary for the effective quality of medical supplies and equipment.

#### 7.2. Responsibilities.

7.2.1. Medical Logistics will:

7.2.1.1. Ensure the quality of medical supplies and equipment through inspection, classification, and surveillance as materiel is received, issued, stored, or shipped. (T-3).

7.2.1.2. Take action IAW Food and Drug Administration regulations when death or injuries occur as a result of product, equipment, or device use. (T-0). See AFI 44-119 for guidance on patient safety incidents involving devices.

7.2.1.3. Manage the alert and recall program for medical materiel. (T-3). This is accomplished primarily through the Medical Materiel Quality Control message program, although alerts and recalls may come from other sources such as directly from the manufacturer.

7.2.1.4. Utilize the DMLSS as the system of record for all materiel recalls and alerts received by the Military Treatment Facility, regardless of the source. (T-1)

7.2.1.5. Remove all affected materiel from Forward Customer Support storage areas, War Reserve Materiel storage areas, and all other Medical Logistics storage areas. (T-0).

7.2.1.6. Forward alerts and recalls to using activities. (T-0).

7.2.1.6.1. Class I and II Medical Materiel Quality Control messages will be hand-carried on the same duty day they are received. (T-3). Class I includes a situation in which there is a reasonable probability that the use of or exposure to the product will cause serious advance health consequences or death. Class II includes a situation in which there is a slight probability that the use of or exposure to the product will cause serious advance health consequences or death.

7.2.1.6.2. Other messages will be forwarded via email. (T-3).

7.2.1.7. Manage all actions on suspended materiel. (T-0).

7.2.1.8. Notify the Military Treatment Facility Administrator (SGA), Chief of the Medical Staff (SGH), Chief Nurse (SGN), Patient Safety Manager and Risk Manager on the receipt and status of all alerts and recalls, regardless of the source. (T-3).

7.2.1.8.1. For Class I and II Medical Materiel Quality Control messages, notification will occur within one duty day of receipt. (T-3).

7.2.1.8.2. For other messages, notification will occur by close of business every Wednesday via the "MMQC Action Log." If for any reason a Wednesday is not a duty day, the Action Log will be forwarded on the prior duty day. (T-3).

7.2.1.9. Document actions taken and close quality assurance record in the DMLSS system when notified by the Military Treatment Facility Quality Team. (T-3).

7.2.2. Biomedical Maintenance will ensure all affected equipment is removed from service, segregated and tagged, and a work order opened to cover maintenance actions directed by the alert or recall. (T-0). The DMLSS system quality assurance record will be closed when these actions are complete. (T-1).

7.2.3. Property Custodians will:

7.2.3.1. Conduct complete searches of all storage areas within their using activity. (T-1).

7.2.3.2. Report quantities of on-hand materiel to Medical Logistics. Negative replies are required. (T-3).

7.2.3.3. Turn affected materiel into Medical Logistics. (T-3).

7.2.4. The Military Treatment Facility Patient Safety Manager and Risk Manager will:

7.2.4.1. Review the “Incomplete QA Messages” tab on the “MMQC Action Log” and determine if all required actions have been completed. (T-1).

7.2.4.2. Notify Medical Logistics to close the DMLSS system quality assurance record. (T-1).

7.2.5. The Military Treatment Facility SGA, SGH and SGN will:

7.2.5.1. Review the “MMQC Action Log” and advise the Military Treatment Facility Quality Team on appropriate administrative and clinical actions. (T-3).

7.2.5.2. Coordinate with Medical Squadron Commanders to ensure non-responsive using activities report status to Medical Logistics. (T-3).

### **7.3. Medical Materiel Complaints.** See Medical Logistics Guide, paragraph 7.4.

7.3.1. Medical staff, Patient Safety Manager, Risk Manager, and Medical Logistics personnel will evaluate the credibility, validity, and potential harm of an item before a materiel complaint is submitted. (T-0).

7.3.1.1. The Risk Manager will make the final determination if a materiel-related incident warrants processing a complaint. (T-3).

7.3.1.2. If the determination is made to process a complaint, immediately remove the materiel from use and segregate IAW 7.3.4. (T-0).

7.3.2. Complete the Product Quality Deficiency Report at <https://www.medical.dla.mil/Portal/Customer/ProductQualityDeficiency.aspx>. (T-0).

7.3.3. Air Force Medical Operations Agency, Medical Logistics Directorate will issue instructions for disposition of suspended items.

7.3.4. Medical Logistics will report materiel complaints involving vaccines to the Vaccine Adverse Event Reporting System (<https://vaers.hhs.gov/esub/step1>). (T-0).

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

7.3.5.1. Immediately remove from service, maintain equipment and equipment settings as is, and hold the equipment and associated supplies involved in the chain of events IAW AFI 41-201. (T-0). Notify Military Treatment Facility Risk Manager or Patient Safety Manager IAW AFI 44-119.

7.3.5.2. Do not dispose of the item, release it to the manufacturer, or attempt to repair without first receiving authorization from Air Force Legal Operations Agency (AFLOA)/JACC. (T-1).

## Chapter 8

### CONTINGENCY MEDICAL MATERIEL AND PATIENT MOVEMENT ITEM MANAGEMENT

#### 8.1. Purpose.

8.1.1. To provide policy and procedures to manage contingency medical materiel (including War Reserve Materiel, Medical Counter-Chemical, Biological, Radiological and Nuclear and Pandemic Influenza programs), and the Patient Movement Item program.

#### *Section 8A—General Management*

#### 8.2. General.

8.2.1. Section 8A provides guidance that applies to all components of contingency medical materiel and Patient Movement Item management.

8.2.2. Medical Logistics will utilize DMLSS Assemblage Management to maintain quality assurance data, document inventory results, and replenish all contingency medical materiel assemblages regardless of the source of funding. (T-0).

#### 8.3. Responsibilities.

8.3.1. The AF Surgeon General (AF/SG) will:

8.3.1.1. Develop policy for managing medical contingency materiel programs.

8.3.1.2. Consolidate contingency War Reserve Materiel requirements and coordinate Program Objective Memorandum (POM) requirements.

8.3.2. The AF Surgeon General (AF/SG) Functional Area Manager will:

8.3.2.1. Designate Manpower and Equipment Force Packaging Responsible Agencies to develop and maintain detailed data on AF Unit Type Codes (UTCs) IAW AFI 10-401, *Air Force Operations Planning and Execution*.

8.3.2.2. Publish medical War Reserve Materiel and Medical Counter-Chemical, Biological, Radiological and Nuclear contingency materiel requirements on an annual basis through the AF Medical Service Medical Resources Letter (MRL). This does not include Patient Movement Item requirements.

8.3.3. Air Force Medical Operations Agency, Medical Logistics Directorate will:

8.3.3.1. Provide overall logistics policy, procedures, and management for medical contingency materiel programs. Coordinate changes that affect contingency materiel requirements with the Manpower and Equipment Force Packaging Responsible Agencies.

8.3.3.2. Develop the Program Objective Memorandum, manage and distribute War Reserve Materiel funds (Air Force Working Capital Fund/Medical Dental Division and line Operations and Maintenance) required for the procurement and sustainment of Air Force Medical Service War Reserve Materiel assemblages in coordination with the Manpower and Equipment Force Packaging Responsible Agencies.

8.3.3.3. Provide oversight, management, and publication of medical allowance standards.

- 8.3.3.4. Designate an AF Shelf Life Extension Program manager.
  - 8.3.3.5. Manage the Surgeon General-managed materiel program.
  - 8.3.3.6. Develop garrison maintenance procedures for War Reserve Materiel Information Management-Information Technology (IM-IT) hardware and software.
  - 8.3.3.7. Lead War Reserve Materiel Integrated Project Team (IPT) chartered by the Medical Readiness Panel.
  - 8.3.3.8. Function as Manpower and Equipment Force Packaging Responsible Agency for Force Health Protection (FHP) Unit Type Codes.
  - 8.3.3.9. Air Force Medical Operations Agency, Medical Logistics Directorate, Readiness Support will ensure reporting of consolidated Controlled Cryptographic Items (CCI) inventory IAW AFMAN 23-122.
- 8.3.4. MAJCOMs will provide contingency materiel mission requirements to their assigned units.
- 8.3.5. The Manpower and Equipment Force Packaging Responsible Agencies will perform responsibilities and actions IAW AFI 10-401. The AMC/SG, as the Patient Movement Item Program Management Office, will:
- 8.3.5.1. Provide program management policy and guidance for Patient Movement Item.
  - 8.3.5.2. Coordinate with Combatant Commanders (CCDRs) and theater medical and Aeromedical Evacuation planners on theater plans regarding Patient Movement Item support to operations plans.
  - 8.3.5.3. Develop the Patient Movement Item Program Objective Memorandum in conjunction with AF/SG3X and execute financial plans in support of procurement and sustainment of the global Patient Movement Item program.
  - 8.3.5.4. Coordinate allowance standard levels with AFMOA/SGM.
  - 8.3.5.5. Act as the primary point of contact for Patient Movement Item Unit Line Number (ULN) sourcing to support all contingency operations and exercises.
  - 8.3.5.6. Provide instructions on the use of tracking equipment.
  - 8.3.5.7. Provide management assistance to Patient Movement Item Centers and Cells, Aeromedical Evacuation Squadrons, and other medical units using Patient Movement Item assets.
  - 8.3.5.8. Coordinate with the USTRANSCOM/SG and Global Patient Movement Joint Advisory Board (GPMJAB) on the materiel standardization of Patient Movement Item.
  - 8.3.5.9. Serve as the Safe-to-Fly (STF) gatekeeper and responsible for collecting all requests for Safe-to-Fly testing, coordination with other Manpower and Equipment Force Packaging Responsible Agencies and MAJCOMs for validation and test lab prioritization.
- 8.3.6. The AF Forces/Surgeon General (AFFOR/SG) will:
- 8.3.6.1. Provide a list of deployed Medical Logistics Point of Contacts to AFMOA/SGM.

8.3.6.2. Identify cargo distribution hubs, and provide AFMOA/SGM and deploying Medical Logistics personnel information on intra-theater airflow.

8.3.6.3. Establish equipment and supply policies to aid deployed commanders in meeting mission requirements.

8.3.6.4. Request Medical Logistics and Biomedical Equipment Maintenance Manpower Augmentation Teams and equipment as required.

8.3.6.5. Work with AMC/SGXM to provide management oversight to theater, Patient Movement Item Cell(s), Patient Movement Item nodes, and other medical units to ensure Patient Movement Item is not used to augment organic capability. Act as the primary point of contact for Patient Movement Item Unit Line Number sourcing of Patient Movement Item assets and Patient Movement Item-ATS Tracking Systems to support all contingency operations and exercises.

8.3.7. The Air Force Medical Logistics Operations Center will:

8.3.7.1. Monitor the Class VIII supply chain process.

8.3.7.2. Request activation, revision, or deletion of medical contingency Department of Defense Activity Address Codes.

8.3.7.3. Provide guidance for selling off deploying Unit Type Codes.

8.3.8. The Military Treatment Facility Commanders will:

8.3.8.1. Appoint a medical War Reserve Materiel Project Officer. This will normally be the Accountable Base Medical Supply Officer, but can be a military member (MSgt or above) or federal employee (GS-09/WG equivalent or higher), working in the medical logistics flight. (T-3).

8.3.8.2. Ensure contingency medical materiel programs are established and maintained to support assigned missions. (T-1).

8.3.9. The Medical Logistics Flight Commander at bases with Patient Movement Item Centers will:

8.3.9.1. Manage Patient Movement Item assets IAW Section 8D. (T-1).

8.3.9.2. Twice annually provide AMC/SG a report validating that Patient Movement Item Center DMLSS Assemblage Management and Customer Receipt and Location List records have been validated against Patient Movement Item-Asset Tracking System (PMI-ATS) records. (T-1). The signed report detailing inventory results will be forwarded to [hqamcpmi@us.af.mil](mailto:hqamcpmi@us.af.mil).

8.3.10. The War Reserve Materiel Project Officer will:

8.3.10.1. Ensure all authorized contingency medical materiel assemblages are established with appropriate levels loaded in DMLSS. (T-0).

8.3.10.2. Ensure all assigned contingency medical materiel assemblages are inventoried IAW paragraphs 8.16.3 and 8.31.3.

8.3.10.3. Provide contingency materiel status to the Medical Readiness Committee (MRC) IAW AFI 41-106. (T-3).

8.3.10.4. Provide medical logistics support to Medical Counter-Chemical, Biological, Radiological and Nuclear team chiefs. (T-3)

8.3.10.5. Identify a primary and alternate Shelf Life Extension Program monitor to AFMOA/SGM. (T-0).

8.3.10.6. Annually review and validate assigned assemblages on the Air Force Medical Service Medical Resources Letter to ensure proper reporting in the Defense Readiness Reporting System. (T-1).

8.3.10.7. Ensure all assigned contingency medical materiel is stored IAW Section 3E. (T-3).

8.3.10.8. Ensure assets are packed in a manner that will meet Designated Operational Capability (DOC)-stated response times. (T-1). Assets and pallets must be clearly marked with assemblage ID, Department of Defense Activity Address Codes (if applicable), box number, and a Red Cross (or other accepted medical marking).

8.3.10.9. Review the Installation Deployment Plan to ensure provisions are made to protect temperature sensitive materiel during cargo marshaling. (T-3).

8.3.10.10. Provide medical logistics input to base support plans for all activities involved in marshaling of assets and personnel mobility. (T-3).

8.3.10.11. Act as the Functional Requirements Evaluator Designee for the In Garrison Maintenance (IGM) contract at Medical Logistics activities with full time Garrison Maintenance contract personnel assigned. (T-3).

8.3.10.12. Ensure all assigned deployable Unit Type Codes Mission Capability Statements are reviewed and vehicle requirements are identified. If vehicle requirements are not identified, submit AF Form 601, Equipment Action Request, to the Logistics Readiness Squadron (LRS) for authorization and sourcing. (T-2).

8.3.10.13. Ensure Logistics Readiness Squadron vehicle management element War Reserve Materiel mobility vehicles are assigned the proper use code. Medical Logistics will not initiate turn-in action of ambulances, ambulance buses, specialized medical vehicles (e.g., high deck patient loading platform), or War Reserve Materiel vehicles without prior coordination of Manpower and Equipment Force Packaging Responsible Agency, AFMOA/SGM and/or MAJCOM Medical Logistics representative. (T-2).

8.3.11. Shelf Life Extension Program monitors will:

8.3.11.1. Ensure materiel candidates for Shelf Life Extension Program testing are loaded into the Shelf Life Extension Program, Food and Drug Administration website. (T-0).

8.3.11.2. Take all actions prescribed by DoD Food and Drug Administration Shelf Life Extension Program messages with the exception of physically relabeling Medical Counter-Chemical, Biological, Radiological and Nuclear assets, for Medical Counter-Chemical, Biological, Radiological and Nuclear assets, see paragraph 8.3.12.4. (T-0).

8.3.11.3. Take all necessary actions to ship lot sample requests to the Food and Drug Administration within five days of request. (T-0).

8.3.12. Medical Countermeasures-Chemical, Biological, Radiological, and Nuclear (MC-CBRN) team chiefs will:

8.3.12.1. Ensure inventories of their Medical Countermeasures-Chemical, Biological, Radiological, and Nuclear assemblages are scheduled and completed IAW the frequency and procedures outlined in paragraph 8.31.3. (T-0).

8.3.12.2. Be responsible for the oversight and maintenance of their assigned materiel IAW AFI 41-106.

8.3.12.3. Identify assemblage resupply requirements to the medical logistics flight. (T-3).

8.3.12.4. Relabel all expiration dated items extended in Shelf Life Extension Program.

**8.4. Selecting Contingency Medical Materiel.** See Medical Logistics Guide, paragraph 8.2.

8.4.1. Substitute materiel can be used to fulfill requirements when medically acceptable to facilitate rotation of stocks or make use of available excess materiel. (T-3).

8.4.2. Only aeromedical certified equipment will be used as a substitute for prime items requiring aeromedical certification. (T-0).

8.4.3. Items selected as suitable substitutes will be approved by the Military Treatment Facility Commander or a designated clinical review authority. (T-3).

8.4.4. Ensure substitute consumables linked to an equipment end item are compatible. (T-3).

8.4.5. Maintain documentation validating substitute item selection in the appropriate assemblage continuity file. (T-3).

8.4.6. Submit recommendations for item substitutions, replacements, or deletions through the appropriate Manpower and Equipment Force Packaging Responsible Agency. (T-1).

**8.5. Assemblage Identification Codes.** See Medical Logistics Guide, paragraph 8.3.

8.5.1. The allowance standard number is used as the DMLSS "Assemblage ID" for contingency assemblages where materiel requirements are authorized by allowance standard.

8.5.2. For medical War Reserve Materiel programs without an allowance standard use the following assembly codes:

8.5.2.1. Mass Casualty First Aid Kits: "SFAK." (T-1).

8.5.2.2. Self-Administered Biological Warfare/Chemical Warfare (BW/CW): "BWCW." (T-1).

8.5.2.3. Clinician-administered Biological Warfare/Chemical Warfare: "BCWB." (T-1).

8.5.2.4. Anti-Malaria Prophylaxis: "AMCP." (T-1).

8.5.2.5. The Facility Bed Expansion Programs, "FAEX." (T-1).

8.5.3. AF/SG directed assemblages. The first two positions will be "SG" followed by a two position numeric code starting with "01". (T-1). Some AF/SG directed assemblage codes are designated for specific purposes to provide accountability and visibility of contingency assets.

8.5.3.1. "SG05" is designated for Personnel Protection Equipment. (T-1).

8.5.3.2. "SG06" is designated for Pandemic Influenza Pharmaceuticals, antivirals and antibiotics. (T-1).

8.5.3.3. "SG08," is designated for Pandemic Influenza Strategic National Stockpile. Medical Logistics will maintain materiel pre-positioned from the Centers for Disease Control Strategic National Stockpile in DMLSS Assemblage Management utilizing a non-standard, customer-owned assemblage, customer identifier code "SNS001," and expense center 3H5233. (T-1).

8.5.3.4. "SG10" is designated for Ebola Virus Defense (EVD) Infectious Disease equipment and supplies. (T-1).

8.5.3.5. "SG90" is designated to hold War Reserve Materiel items for future builds as authorized by AFMOA/SGM. (T-1).

8.5.3.6. "SG91" is designated for ordering and management of War Reserve Materiel repair parts. (T-1).

8.5.3.7. "SG95" is designated to temporarily hold War Reserve Materiel suspended expired pharmaceuticals pending destruction and commercial returns IAW paragraph 3.17 and 3.18. (T-1).

8.5.3.8. "SG97" is designated for Loaner, Repair and Return Centers (LRRCs) equipment. (T-1).

8.5.3.9. "SG99" is designated for War Reserve Materiel excess. This excess will be managed IAW Section 3G. (T-1).

8.5.4. MAJCOM directed and locally approved assemblages. The first two positions will be the MAJCOM code from AFI 10-401, *Air Force Operations Planning and Execution*, followed by a two position numeric code starting with 01. (T-1). All locally developed and authorized contingency medical materiel programs must have a MAJCOM directed assemblage code.

## **8.6. Deferred Procurement (DP) Programs.** See Medical Logistics Guide, paragraph 8.4.

8.6.1. The Deferred Procurement program provides Military Treatment Facilities the ability to delay or defer the purchase of selected items. These items are ordered, received and integrated into an assemblage upon activation or deployment notification.

8.6.2. The decision to include contingency items in Deferred Procurement is based on an acquisition strategy that ensures items will be obtained and integrated prior to staging the assemblage for activation or deployment.

8.6.3. Units may establish programs locally.

8.6.4. Air Force Medical Operations Agency, Medical Logistics Directorate centrally manages designated assemblages in Deferred Procurement programs.

8.6.5. Participation in any Deferred Procurement program, locally or centrally managed, will be approved by the Medical Readiness Committee. (T-3).

8.6.6. Military Treatment Facilities choosing to utilize local Deferred Procurement to support assemblage requirements must develop a plan to ensure effective order and delivery execution. (T-3).

8.6.7. Deferred Procurement plans must be maintained in the assembly continuity file. (T-3).

8.6.8. Exercising Deferred Procurement plans.

8.6.8.1. Centrally managed Deferred Procurement programs will be exercised by AFMOA/SGM annually to evaluate vendor capabilities to provide the contracted materiel. AFMOA/SGM will generate an After Action Report (AAR) and forward copies to all War Reserve Materiel project officers and applicable Manpower and Equipment Force Packaging Responsible Agencies. A copy of the After Action Report file must be maintained in the assemblage continuity file. (T-1).

8.6.8.2. An annual validation of materiel availability must be conducted for all locally developed Deferred Procurement plans. Maintain documentation of exercise results and problem resolution. (T-3).

8.6.9. Use of Deferred Procurement capability does not eliminate the requirement to establish levels. Code items as deferred in DMLSS. The Deferred Procurement code takes precedence over the critical item code. (T-1).

**8.7. Shelf Life Extension Program and Expiration Dated Items.** (Medical Logistics Guide, paragraph 8.5.)

8.7.1. The purpose of the Shelf Life Extension Program is to reduce replacement costs of selected pharmaceuticals by extending their expiration dates.

8.7.2. Retain pharmaceuticals undergoing Food and Drug Administration testing until the Shelf Life Extension Program releases Food and Drug Administration test results and final disposition instructions. (T-0).

8.7.3. Once test project status is received, immediately update DMLSS records to reflect the Food and Drug Administration-extended expiration date and stratification state. (T-0).

8.7.4. All pharmaceuticals extended by the Food and Drug Administration must be relabeled to the unit of issue prior to release from Medical Logistics. (T-0).

8.7.5. Medical Logistics will complete all relabeling actions for a particular item and lot number within 90 days of receiving the extension notice. (T-3).

8.7.6. Consolidated Storage and Deployment Centers (CSDCs) will re-label 20% of Shelf Life Extension Program items while in storage prior to outshipment. (T-3).

8.7.7. Medical Logistics will ensure all outdated material not segregated in properly designated and labeled location (including assets being retained for Shelf Life Extension Program testing) is tagged with DD Form 1575, *Suspended Tag – Materiel*. (T-3). The DD Form 1575-1, *Suspended Label – Materiel*, may be used in place of the DD Form 1575 in cases where a label is more appropriate than a tag.

**8.8. Chemical, Biological, Radiological, Nuclear (CBRN) Defense Equipment Shelf Life.** (Medical Logistics Guide, paragraph 8.6.)

8.8.1. The AF Shelf Life Extension Program Manager will monitor test projects on the Joint Acquisition CBRN Knowledge System website and notify accounts.

8.8.2. Medical Logistics will re-mark containers with extended shelf life data IAW DoD Manual 4140.27, Volume 1, *DoD Shelf-Life Management Program: Program Administration*. Units of issue will be re-marked upon opening container. (T-0).

**8.9. Military Treatment Facility Responsibilities for Surgeon General Managed Assets.**

8.9.1. Establish non-reimbursable due-ins when notified by AFMOA/SGM. (T-3).

8.9.2. Request instructions from AFMOA/SGM for disposition and replacement of unserviceable and surplus War Reserve Materiel Surgeon General Managed assets. Do not report these items as excess through the Tri-Service Medical Excess Distribution System. (T-3).

**8.10. Quality Assurance (QA).** Medical Logistics will maintain quality assurance records for contingency materiel, unless they are commingled with peacetime stock. (T-0). Record all available Quality Assurance data as outlined in AFMAN 41-216, Chapter 8. See Medical Logistics Guide, paragraph 8.7.

**8.11. Applying Peacetime Operating Stock (POS).** (Medical Logistics Guide, paragraph 8.9.)

8.11.1. Peacetime operating stocks may be used to reduce non-mobility contingency requirements when there is a reasonable expectation that Peacetime Operating Stock will consistently be available. Do not apply Peacetime Operating Stock against mobility War Reserve Materiel programs or shelter kits. (T-1).

8.11.2. The Medical Readiness Committee must approve the application of Peacetime Operating Stock. Medical Logistics will validate the availability of Peacetime Operating Stock annually, or when an allowance standard changes. (T-1). Document all Peacetime Operating Stock applied against contingency programs and maintain the documentation in the contingency assemblage continuity file.

8.11.3. Determine Peacetime Operating Stock as follows:

8.11.3.1. Consumable and durable supplies. Daily demand rate times days of safety level recorded for applicable medical sources of supply. (T-1).

8.11.3.2. Equipment: Items in using activities that will be available to support increased contingency response missions. (T-1).

**8.12. Continuity Files.** A continuity file for each assemblage and project will be maintained. Continuity files for deployable Unit Type Codes will be provided to the deploying team chief upon mobilization. The project files will include (Medical Logistics Guide, paragraph 8.8.):

8.12.1. Activation, distribution, and deactivation checklists for War Reserve Materiel assemblages. This includes transportation information, Logistics Module-Logistics Detail, shipper's declarations, and applicable copies of Safety Data Sheet. (T-3).

8.12.2. War Reserve Materiel assemblage readiness, limiting factors (LIMFACs) and status of corrective actions. (T-3).

8.12.3. Any applicable Peacetime Operating Stock calculations. (T-3).

8.12.4. Locally approved and proposed level adjustments. (T-3).

8.12.5. For War Reserve Materiel Surgeon General-managed assets, include open due-in notifications, Technical Orders, operation manuals, and any other essential product information. (T-3).

8.12.6. Copy of deferred procurement plan, if applicable. (T-3).

### **8.13. Use of Build Control Number (BCN) Field in DMLSS.**

8.13.1. Medical Logistics will enter the Medical Resources Letter (MRL) Record Number "Recnum" in the Build Control Number field in DMLSS Assemblage Management for all contingency assemblages authorized by the Medical Resources Letter. (T-1).

8.13.2. In conjunction with the Medical Readiness Flight, the War Reserve Materiel Project Officer will annually review the Military Treatment Facility Designated Operational Capability statement and Medical Resources Letter, and make changes as required. (T-1).

8.13.3. If a funded assemblage is not authorized on the Medical Resources Letter, Medical Logistics will ensure it is included on the Designated Operational Capability statement. Input the funding number as the Build Control Number. (T-1).

### **8.14. Detached Medical Unit War Reserve Materiel Support.**

8.14.1. War Reserve Materiel for detached active, AF Reserve and Air National Guard units assigned to the host unit on the Medical Resources Letter will be accounted for on host medical supply account records. (T-1).

8.14.2. The host Medical Logistics account is responsible for supporting sustainment.

## ***Section 8B—War Reserve Materiel Management***

**8.15. Purpose.** Provide policy and guidance to manage War Reserve Materiel, which includes deployable and permanent base non-mobility assemblages.

**8.16. Control and Accountability.** (Medical Logistics Guide, paragraph 8.12.)

8.16.1. War Reserve Materiel physically located at a detached activity will be maintained as a separate detachment or organization code using the Unit Identification Code of the unit on the host medical supply account records. (T-1).

8.16.2. Funds generated from issuing War Reserve Materiel assets are not available for use locally. These funds will be redistributed centrally by AFMOA/SGM. Medical Logistics will:

8.16.2.1. Request replacement funding for assemblage reconstitution after all issues have been processed. (T-1).

8.16.2.2. Request replacement funding for Force Health Protection assets as items are issued. (T-1).

8.16.3. Inventory.

8.16.3.1. There are two main purposes for completing inventories, adjusting property records and identifying gaps in training or processes that contribute to inventory overages and shortages.

8.16.3.1.1. Medical Logistics will inventory War Reserve Materiel no less frequently than 24 months from the previous inventory. The actual due date for inventory

completion is the final calendar day of the anniversary month. (T-0). An inventory is not considered closed until all actions outlined in paragraph 8.16.3.6 are complete and documented. If inventory adjustments are required and any discrepancies require Report of Survey, initiate Report of Survey IAW paragraph 1.8.

8.16.3.1.2. The Medical Logistics Flight Commander will act as the approval authority for the inventory. The inventory is complete when the Medical Logistics Flight Commander signs the summary report. (T-1).

8.16.3.2. Assemblages must be inventoried no later than 60 days following the completion of an exercise or deployment. If a section is not used during the exercise or deployment, it does not require inventory. (T-3).

8.16.3.3. The MDSS/CC may waive the inventory suspense date for up to 90 days when unforeseen or unavoidable conditions prevent completion of an inventory. (T-3).

8.16.3.4. Blind counts are not required for inventories of contingency materiel. Inventories will be completed IAW the Medical Logistics Guide, Attachment 8.

8.16.3.5. Medical Logistics will research inventory discrepancies IAW AFI 23-101. The purpose of research is to identify, analyze, and evaluate the root cause of inventory discrepancies with the aim of eliminating repetitive errors. Research ends when the cause of the discrepancy has been discovered or when, after a thorough review of the transactions, no conclusive findings are possible.

8.16.3.6. The Accountable Base Medical Supply Officer will document the results of the inventory in a locally developed inventory summary report. (T-3). Inventory records will be unfrozen; and Inventory Adjustment Vouchers processed prior to completing the report. Refer to the Medical Logistics Guide, Figure A3.3., for an example of an inventory summary report.

8.16.3.6.1. For each project inventoried, the report will include: documentation of any inventory training, post-count research actions, discrepancy causes and effects; the project code and instance; total units counted; inventory accuracy; dollar value of overages; dollar value of shortages; and lessons learned.

8.16.3.6.1.1. The Accountable Base Medical Supply Officer will certify the Inventory Adjustment Vouchers. (T-0).

8.16.3.6.1.2. The IAAA will approve the Inventory Adjustment Vouchers and return them to Medical Logistics for filing. (T-0).

8.16.3.6.2. The Medical Logistics Flight Commander will act as the approval authority for the inventory. (T-1). The inventory is complete when the Medical Logistics Flight Commander signs the summary report.

8.16.3.7. Post inventory actions.

8.16.3.7.1. Inventory Adjustment Vouchers will be certified and approved.

8.16.3.7.1.1. The Accountable Base Medical Supply Officer will certify the Inventory Adjustment Voucher(s). (T-0).

8.16.3.7.1.2. The IAAA will approve the Inventory Adjustment Voucher(s) and

return them to Medical Logistics for filing. (T-0).

8.16.3.7.2. Report of Survey actions will be initiated IAW paragraph 1.8.

8.16.3.7.3. Upon completion of all required actions, Medical Logistics will file and maintain the following inventory documents:

8.16.3.7.3.1. The inventory summary report. (T-0).

8.16.3.7.3.2. The DMLSS Inventory Accuracy Analysis Report. (T-0).

8.16.3.7.3.3. Annotated copies of all count lists if the inventory was accomplished manually. (T-0)

8.16.3.7.3.4. Copies of documents forwarded to the Military Treatment Facility Report of Survey Monitor for initiation of ROS actions generated as a result of the inventory. These documents will be maintained as the source document for losses processed due to Report of Survey actions. (T-0).

8.16.3.7.3.5. Original copies of all Inventory Adjustment Vouchers, signed and dated by the Accountable Base Medical Supply Officer and Adjustment Approval Authority. (T-0).

8.16.3.7.3.6. In Garrison Maintenance Contractor After Action Report(s) if the inventory was completed by In Garrison Maintenance Contractor. (T-0).

8.16.3.7.3.7. All inventory documents must be retained for two years IAW Air Force Records Information System Table 23-08, Rules 01.00, *Exception, Error, and Control ADPE Listings* and 04.00, *Special Inventory Requests and Related Records Used for Inventory Adjustment*; Table 23-11, Rule 02.00, *Organizational Records*; and Table 23-23, Rule 02.00, *Report of Survey (ROS) Records*. (T-0).

**8.17. Computing War Reserve Materiel Requirements and Levels.** See Medical Logistics Guide, paragraph 8.13.

8.17.1. Medical Logistics will compute War Reserve Materiel program requirements for population driven projects. (T-1).

8.17.2. For programs not supported by an allowance standard, Medical Logistics will document and file the initial rationale for item selection, and evidence of annual reviews. (T-1). The current Assemblage Management Allowance Status Report will reflect the results of the review.

8.17.3. Facility Bed Expansion Program.

8.17.3.1. Peacetime operating stock may be applied against this requirement as outlined in paragraph 8.11.

8.17.3.2. Facility Bed Expansion program levels will be approved by the Medical Readiness Committee. (T-3).

8.17.4. Force Health Protection Programs.

8.17.4.1. Force Health Protection programs include Self-Administered Biological Chemical Warfare "BWCW", Clinician-Administered Biological Chemical Warfare "BCWB," and Anti-Malaria Prophylaxis "AMCP."

8.17.4.2. Levels for these programs are available through the Calculated Allowance Standard Levels application located on the Air Force Medical Logistics website. Units will process DMLSS Assemblage Management updates within 30 days of notification of changes to the Allowance Standard. Unit levels are updated every Air Expeditionary Force cycle. Basis of issue and allowance planning factors for these Force Health Protection Prescription Products programs can be found on the Air Force Medical Logistics website. (T-1).

8.17.4.3. Air Force Special Operations Command units in the Continental United States will maintain "BWCW" 100 percent of their "BWCW" requirement. (T-1). All other Continental United States (CONUS) Military Treatment Facilities will maintain 60 percent of their "BWCW" requirements. The remaining 40 percent will be stored centrally at Consolidated Storage and Deployment Centers. (T-1).

8.17.4.4. Clinician-administered Biological Warfare and Chemical Warfare program. Only main operating bases listed in AFI 10-2501 Table 4.6. CBRN Threat Area Designation will maintain items in Assemblage "BCWB." (T-1).

8.17.4.5. Mass Casualty First Aid Kit Program. These kits consist of self-aid and buddy care supplies and are prepositioned at Outside the Continental United States (OCONUS) bases located in designated medium and high threat areas. One first aid shelter kit and six rigid pole litters are authorized for each 100 programmed military personnel or portion thereof. The Outside the Continental United States MAJCOMs will define the requirements for affected bases.

**8.18. Controlled Cryptographic Items.** AF-owned Controlled Cryptographic Items are managed IAW AFMAN 17-1302-O, *Communications Security (COMSEC) Operations*.

8.18.1. Medical Logistics will account for Medical War Reserve Materiel Controlled Cryptographic Items in DMLSS by National Stock Number and serial number. (T-0). Accounting procedures for Controlled Cryptographic Items are provided in AFMAN 17-1302-O including the requirement to account for and report specific Controlled Cryptographic Items equipment by serial number to a location or activity charged with accountability.

8.18.2. Medical Logistics will inventory all Air Force-owned Controlled Cryptographic Items IAW AFMAN 17-1302-O, AFMAN 23-122, and AFI 23-101 by preventative maintenance work order semiannually. Inventories will be completed between 15 March and 15 April and between 15 September and 15 October IAW AFI 23-101, Table 5.5. Inventory discrepancies will be reported IAW AFMAN 23-122, para 5.7.3.3.10., and will be reported to AFMOA/SGMX.

8.18.3. AFSPC/CYSS will notify AFMOA/SGMX of any recalls, alerts, or actions. AFMOA/SGMX will notify affected Medical Logistics War Reserve Materiel project officers regarding applicable recalls, alerts, or actions.

**8.19. War Reserve Materiel Information Management Information/Information Technology.** (Medical Logistics Guide, paragraph 8.14.)

8.19.1. Medical War Reserve Materiel Information Management/Information Technology is any hardware or software that is a component of a War Reserve Materiel medical equipment Unit Type Codes. These assets will be accounted for in DMLSS. (T-1).

8.19.2. Air Force Medical Operations Agency, Medical Logistics Directorate provides Tier II central depot facility support when organizational maintenance is not possible, and determines the requirement for Tier III manufacturer level maintenance.

8.19.3. Unserviceable and excess Information Management/Information Technology equipment will be reported to AFMOA/SGM for disposition. (T-1).

**8.20. Low Unit of Measure (LUM).** See Medical Logistics Guide, paragraph 8.15.

8.20.1. The Low Unit of Measure program establishes a standard for ordering, accounting, and maintaining Quality Assurance information for designated contingency support materiel at the lowest required unit package size. The program is restricted to items in contingency support programs, and does not apply to kits used in peacetime operations.

8.20.2. Air Force Medical Operations Agency, Medical Logistics Directorate, War Reserve Materiel Industrial Operations is the medical source of supply for War Reserve Materiel Low Unit of Measure items. War Reserve Materiel Low Unit of Measure items will be identified by the "UM" in position 14 and 15 of the National Stock Number. (T-1).

8.20.3. Medical Logistics will request replenishment of Low Unit of Measure item shortages through AFMOA/SGMW using the Air Force Medical Logistics website. (T-1).

8.20.4. Medical Logistics will use the "Inshipment Gain transaction" to add Low Unit of Measure items to accountable records in DMLSS via a stock fund. (T-1).

**8.21. Non-medical War Reserve Materiel Items.** Do not order from medical sources of supply funded by other divisions of the AFWCF (e.g., Logistics Readiness Squadron). Medical Logistics will procure non-medical War Reserve Materiel directly from the medical source of supply (General Services Administration, Defense Logistics Agency, etc.) using War Reserve Materiel funds. (T-0). (Medical Logistics Guide, paragraph 8.16.).

**8.22. Loaner, Repair and Return Centers.** See Medical Logistics Guide, paragraph 8.17. Designated Loaner, Repair and Return Centers will maintain selected expeditionary medical equipment and repair parts in customer owned assembly "SG97," Expense Center: 135886. (T-1). Specific guidance for maintaining historical maintenance records is outlined in AFI 41-201.

**8.23. Funding.**

8.23.1. Air Force Medical Operations Agency, Medical Logistics Directorate will identify materiel shortages for currently fielded assemblages and distribute funds for procurement action. Accounts will have a War Reserve Materiel fund target authorization document from AFMOA/SGM supporting War Reserve Materiel funding targets IAW paragraph 3.3.3.

8.23.2. If additional shortages occur and funds are not available, the host Stock Record Account Number (SRAN) will request additional funds from AFMOA/SGM. (T-1).

8.23.3. When War Reserve Materiel equipment is determined to be uneconomical to repair, the host Stock Record Account Number will request replacement funding from AFMOA/SGM. (T-1).

8.23.4. War Reserve Materiel capital (investment) equipment will be procured using Air Force Working Capital Fund/Medical Dental Division War Reserve Materiel funding. (T-1).

8.23.5. Medical Logistics will request funding for War Reserve Materiel Repair Parts in SG91 using the War Reserve Materiel Funds Authorization Request. (T-0).

8.23.6. Process individual non-reimbursable turn-ins to the Air Force Working Capital Fund/Medical Dental Division upon return of assemblages sold off in support of deployments or exercises. See AFMAN 41-216 for sell off procedures in the assemblage management module.

8.23.7. For War Reserve Materiel Pharmaceutical Prime Vendor credits, Medical Logistics will send requests to AFMOA/SGMX. (T-3). War Reserve Materiel delayed delivery credit orders will be submitted to the Prime Vendor at least 30 days before the required delivery date (RDD). AFMOA/SGMX will be courtesy copied on all requests for the delayed delivery orders to the Pharmaceutical Prime Vendor.

#### **8.24. Reporting War Reserve Materiel Asset Availability.**

8.24.1. The Air Force Input Tool calculates the S-level and on-hand category level of equipment and supplies using DMLSS assemblage data interface with Joint Medical Asset Repository (JMAR) and the Medical Readiness Decision Support System (MRDSS). Manpower and Equipment Force Packaging Responsible Agencies determine the reporting of assigned assemblages by changing the reportable toggle in the Medical Resources Letter. Air Force Input Tool uses the critical percentage for each assemblage unless the assemblage does not have critical items, in which case it uses the total Materiel Availability Percentage (MAP). The lowest of all assigned assemblages becomes the S-level driver for the unit IAW AFI 10-201, *Force Readiness Reporting*. Medical Logistics will provide details regarding Limiting Factors, corrective actions, and get-well dates to the Medical Readiness Flight and supported Air Reserve Component for remarks regarding assemblages below 90 percent. (T-0).

8.24.2. Capability Readiness Assessments. Unit commander conducts a monthly assessment of the ability of the unit to accomplish the full spectrum mission using the Air Force Medical Service's Core Mission Essential Task List (METL). Assessments include both expeditionary Medical Logistics and garrison Medical Logistics functions. Garrison Medical Logistics functions are assessed to include facility expansion, Theater Lead Agent for Medical Materiel, and medical maintenance. (T-0).

8.24.3. Unit Type Code Readiness Assessments. Monthly assessments of each assigned Unit Type Codes are accomplished in the Air Expeditionary Force Reporting Tool (ART) IAW AFI 10-401. Use critical percentages unless the assemblage has no critical items, in which case the total Materiel Availability Percentage is used. (T-0).

#### **8.25. Use of Medical War Reserve Materiel.** See Medical Logistics Guide, paragraph 8.19.

8.25.1. Medical War Reserve Materiel should only be used when specifically tasked. However, it may be used to save life or prevent undue suffering when authorized by the unit commander responsible for readiness reporting the asset.

8.25.2. Medical Logistics will ensure equipment has proper preventive maintenance and calibrations completed prior to deployment. (T-0).

8.25.3. Reimbursement of the medical War Reserve Materiel program should be accomplished at the time of issue when possible.

8.25.3.1. Medical Logistics will not withhold required War Reserve Materiel assets because of insufficient local line of AF Operations and Maintenance funds. (T-1). The Project Center and Element of Resource (EOR) will be allowed to go negative and process the transactions IAW DoD 7000.14-R. Report negative Project Center and Element of Resource balances as a result of mass issue of War Reserve Materiel to AFMOA/SGM on a monthly basis. (T-1).

8.25.3.2. Medical Logistics will report reimbursement delays past five days to the MAJCOM/SG and AFMOA/SGM. (T-3).

8.25.4. Force Health Protection Prescription Products are pharmaceuticals maintained in the "BWCW" and "AMCP" assemblages.

8.25.4.1. Title 21 United States Code and DoDI 6490.03., *Deployment Health*, mandates these products be dispensed under a physician's prescription. Under no circumstances will Medical Logistics personnel issue Force Health Protection Prescription Products directly to deploying personnel. (T-0).

8.25.4.2. Bulk issue Force Health Protection Prescription Products may be issued (not dispensed) to a troop commander who will act as a courier until the materiel can be turned into the medical element at the deployed location. Medical Logistics will have the troop commander sign the issue documentation and acknowledge the requirement to turn-in bulk Force Health Protection Prescription Products to the medical element in theater. (T-1).

8.25.4.3. Within the United States and Territories, unused Force Health Protection Prescription Products may be returned to a DEA registrant for disposal or destruction (i.e., distributor, hospital or clinic, retail pharmacy, etc.) as long as the DEA registrant also has "collector" designation IAW 21 Code of Federal Regulations, Section 1317. (T-0).

8.25.4.3.1. Document the turn-in of controlled substances using a DD Form 1348-6 or similar locally developed form. The War Reserve Materiel project officer will ensure the quantity received, unit of issue, item description, and individual's printed name and signature are annotated. (T-0).

8.25.4.3.2. Medical Logistics will verify the information is correct, then print, sign, and date the DD Form 1348-6. The signed document will be maintained for two years for audit purposes. (T-1).

**8.26. Shipping War Reserve Materiel.** See Medical Logistics Guide, paragraph 8.20.

8.26.1. Transportation of War Reserve Materiel assets between AF accounts is funded with Air Force Working Capital Fund/Medical Dental Division War Reserve Materiel funds. (T-1).

8.26.2. When transferring War Reserve Materiel assemblages from one location to another, the shipping Stock Record Account Number will:

8.26.2.1. Ensure the assemblage inventory is current (i.e., less than 24 months since it was last completed). If not, complete an inventory. (T-1).

8.26.2.2. Coordinate transfer with the gaining base. (T-1).

8.26.2.3. Obtain shipping cost estimates from the transportation officer and contact AFMOA/SGM for funding authorization. (T-1).

8.26.2.4. Process out-shipment transactions(s) IAW AFMAN 41-216, Chapter 8, to sell off the assemblage and reimburse the Air Force Working Capital Fund/Medical Dental Division. (T-1).

8.26.3. The War Reserve Materiel project officer will prepare a transfer letter and forward it to the gaining base with a copy of the out-shipment disk, project continuity file, and prime and substitute list. (T-1). The letter will contain, at a minimum:

8.26.3.1. The reference authorizing transfer. (T-1).

8.26.3.2. The date the assemblage was last inventoried. (T-1).

8.26.3.3. Any Limiting Factors or major equipment issues. (T-1).

8.26.3.4. The Materiel Availability Percentage and critical Materiel Availability Percentage prior to the out-shipment. (T-1).

8.26.3.5. A list of outstanding due-in materiel, and whether materiel will be forwarded upon receipt. (T-1).

8.26.4. Gaining bases will process the appropriate inventory gains of redistributed assemblages within 30 days of receipt, and complete an inventory NLT 60 days of receipt IAW paragraph 8.16.3. (T-1).

## **8.27. Loan of War Reserve Materiel.**

8.27.1. War Reserve Materiel may be loaned to an authorized activity (as defined in DoD 7000.14-R, DoD Financial Management Regulation, Volume 4, Chapter 4) for a maximum of 120 days.

8.27.2. Prior to the loan of War Reserve Materiel assets, a memorandum of agreement will be approved by the Defense Readiness Reporting System (DRRS) responsible commander, and signed by the lending organization's accountable officer and borrowing organization's commander. (T-1). The borrowing unit's commander will acknowledge in the memorandum of agreement that all losses or damage will be reimbursed by the borrowing unit. (T-0).

8.27.3. Within 60 days of return of the assets, Medical Logistics will complete an inventory of the assemblage and inspect all materiel for serviceability. The borrowing unit will be charged using the appropriate service customer for items damaged, missing, or consumed. (T-1).

8.27.4. The only time the DMLSS Reconstitution function will be used for a War Reserve Materiel Assembly is when it is deployed using a memorandum of agreement loan agreement. (T-1).

8.27.5. The borrowing unit will establish a Responsibility Center and Cost Center through the medical Resource Management Flight and create and associate to a DMLSS Project Center, Expense Center, and Service Customer, prior to borrowing War Reserve Materiel assets. (T-3).

## **8.28. Joint Use Equipment.**

8.28.1. As a cost effective means of maintaining War Reserve Materiel equipment in a deployable condition, the equipment may be designated as joint use. Medical Logistics will request designation of War Reserve Materiel as joint use equipment to AFMOA/SGM and the

responsible Manpower and Equipment Force Packaging Responsible Agency for consideration and approval. (T-1). These designated War Reserve Materiel assets can be used in peacetime only after a Memorandum of Agreement has been established with the using organization, and approved by the unit commander responsible for Defense Readiness Reporting System reporting the assemblage status. (T-1).

8.28.2. Medical logistics will draft the Memorandum of Agreement to outline the responsibility of the using organization to provide funding for maintenance and sustainment of the joint use asset while in-use, and detail procedures to be followed when the assets are recalled. (T-1). These assets will be maintained on War Reserve Materiel records for Defense Readiness Reporting System and Air Expeditionary Force Unit Type Codes Reporting Tool reporting. (T-1).

8.28.3. The War Reserve Materiel project officer will maintain a copy of the signed Memorandum of Agreement in the appropriate War Reserve Materiel continuity folder. (T-3).

8.28.4. The War Reserve Materiel project officer will update the host account DMLSS Equipment Module and Assemblage Management records with the physical location of the equipment. (T-1). Medical Maintenance will use in-use maintenance cycles for generating preventive maintenance and calibration schedules. (T-0).

### ***Section 8C—Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Asset Management***

**8.29. Purpose.** Provide policy and guidance to manage Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza contingency medical materiel.

#### **8.30. Accountability.**

8.30.1. Medical Logistics will manage Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza projects as customer owned assemblages in DMLSS. (T-0).

8.30.2. A property custodian for each Responsibility Center and Cost Center will be designated by the appropriate team chief and appointed IAW paragraph 1.2.3.2. (T-3).

8.30.3. Medical Logistics will utilize DMLSS Assemblage Management to maintain quality assurance data, document inventory results, and replenish all contingency medical materiel assemblages. (T-0).

**8.31. Levels, Requirements, Inventory, and Storage.** See Medical Logistics Guide, paragraph 8.22.1.

8.31.1. Levels for Medical Counter-Chemical, Biological, Radiological, and Nuclear assemblages will be established based on the published allowance standard. Medical Logistics will accomplish adjustments to published allowance standard levels IAW AFI 41-106. (T-1). Maintenance and oversight of supplies and equipment for these Pandemic Influenza assemblies are the responsibility of the assigned Medical Counter-Chemical, Biological, Radiological, and Nuclear Team Chiefs IAW AFI 41-106.

8.31.2. Personal Protection Equipment (PPE), antivirals, and antibiotics assemblage levels are mandated by the OASD (HA). Levels are based on calculations of each Military Treatment

Facility's population-at-risk and number of assigned providers. Maintenance and oversight of supplies and equipment for these Pandemic Influenza assemblies are the responsibility of Medical Logistics. The Air Force Medical Service manages the Pandemic Influenza Program in assemblages:

8.31.2.1. "SG05:" Pandemic Influenza Personal Protective Equipment.

8.31.2.2. "SG06:" Pandemic Influenza Pharmaceuticals, i.e. antivirals and antibiotics.

8.31.2.3. "SG08:" Pandemic Influenza Strategic National Stockpile (SNS). Medical Logistics will maintain materiel pre-positioned from the Centers for Disease Control Strategic National Stockpile in DMLSS Assemblage Management utilizing a non-standard, customer-owned assemblage, customer project code "SNS001," and expense center "3H5233."

8.31.3. Inventory of Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza assemblages will be completed no less frequently than 12 months from the previous inventory. The actual due date for inventory completion is the final calendar day of the anniversary month. An inventory is not considered closed until all actions outlined in paragraph 8.31.3.1.2 are complete and documented. (T-0).

8.31.3.1. Inventory Medical Counter-Chemical, Biological, Radiological, and Nuclear assemblages IAW paragraph 8.16.3., with the following variations:

8.31.3.1.1. Medical Logistics will provide training and technical guidance for Medical Counter-Chemical, Biological, Radiological, and Nuclear inventories. (T-3).

8.31.3.1.2. The Medical Counter-Chemical, Biological, Radiological, and Nuclear team chief will ensure inventory actions are completed and documented IAW paragraphs 8.16.3.5 and 8.16.3.6 with the following exceptions:

8.31.3.1.2.1. The Team Chief will act as the approval authority for the inventory. Therefore, the inventory is closed when the Team Chief signs the summary report. The inventory summary report will be forwarded to the Medical Readiness Committee IAW AFI 41-106. See the Medical Logistics Guide, Figure A3.4., for an example of an inventory summary report. (T-3).

8.31.3.1.2.2. The Medical Counter-Chemical, Biological, Radiological, and Nuclear team chief will certify Inventory Adjustment Voucher(s).

8.31.3.1.2.3. The Adjustment Approval Authority will approve the Inventory Adjustment Voucher(s) and return them to the Medical Counter-Chemical, Biological, Radiological, and Nuclear team chief for filing. (T-0).

8.31.3.1.2.4. For Medical Counter-Chemical, Biological, Radiological, and Nuclear materiel managed in support of non-Military Treatment Facility units, the unit commander responsible for readiness reporting the assemblage status is the Adjustment Approval Authority. (T-0).

8.31.3.1.2.5. The Medical Counter-Chemical, Biological, Radiological, and Nuclear team chief will certify the Inventory Adjustment Voucher(s). (T-1).

8.31.3.1.2.6. The Adjustment Approval Authority will approve the Inventory Adjustment Voucher(s) and return them to the Medical Counter-Chemical,

Biological, Radiological, and Nuclear team chief for filing. (T-0)

8.31.3.2. Pandemic Influenza assemblages will be inventoried IAW paragraph 8.16.3.

8.31.3.3. The Medical Logistics Flight Commander will ensure all inventory documents are retained for two years IAW Air Force Records Disposition Schedule Table 23-08, Rules 01.00, *Exception, Error, and Control ADPE Listings* and 04.00, *Special Inventory Requests and Related Records Used for Inventory Adjustment*; Table 23-11, Rule 02.00, *Organizational Records*; and Table 23-23, Rule 02.00, *Report of Survey (ROS) Records*, and DoD 7000.14-R, Vol. 1, Chap. 9. (T-0).

8.31.4. Storage.

8.31.4.1. Medical Logistics will store materiel to best support an immediate response. If the Military Treatment Facility stores Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza assets in a Medical Logistics warehouse, a plan to access those assets after normal duty hours must be developed. (T-3).

8.31.4.2. Medical Countermeasures, Chemical, Biological, Radiological and Nuclear or Pandemic Influenza assets stored in Medical Logistics warehouses must be segregated from Air Force Working Capital Fund/Medical Dental Division operating and War Reserve Materiel inventories. (T-3). See Attachment 1, Definitions, for definition of segregate.

8.31.4.3. Pharmacy will account for controlled items on pharmacy inventory records and included in monthly disinterested inventories. (T-0).

**8.32. Funding.** (Medical Logistics Guide, paragraph 8.23.)

8.32.1. Medical Logistics will utilize line of AF Operations and Maintenance funds, Fund Code 30, Program Element Code “28036F,” to procure Medical Counter-Chemical, Biological, Radiological, and Nuclear materiel. (T-1).

8.32.2. Expense centers must be established for all Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza assemblages using the approved Responsibility Center and Cost Center codes. (T-1).

8.32.3. When items are used for routine healthcare mission support, replenishment will be funded with Operations and Maintenance funds. (T-3).

8.32.4. Personal Protective Equipment “SG05” and Pandemic Influenza “SG06” assets are centrally funded with Defense Health Program funds. When Pandemic Influenza and Personal Protective Equipment assets are used locally for an emergency or exercise, Medical Logistics will use unit Defense Health Program funds for replacement of assets. (T-3).

8.32.5. Procurement. Medical Logistics will procure, receive, and issue all required materiel identified by the Medical Counter-Chemical, Biological, Radiological, and Nuclear team property custodian based on the allowance standard levels established in DMLSS Assemblage Management. (T-3).

**8.33. Use of Medical Counter-Chemical, Biological, Radiological, and Nuclear and Pandemic Influenza Assets.** (Medical Logistics Guide, paragraph 8.25.)

8.33.1. If Medical Counter-Chemical, Biological, Radiological, and Nuclear supplies are utilized during an exercise or real-world contingency, process a non-reimbursable issue out of the appropriate assemblage in Assemblage Management. (T-0).

8.33.2. Release of Pandemic Influenza assets.

8.33.2.1. Authority to release and use Pandemic Influenza Personal Protective Equipment and Pandemic Influenza antibiotics resides with the Military Treatment Facility Commander. (T-0).

8.33.2.2. Authority to release and use antivirals at Continental United States units resides with AF/SG while geographic Combatant Commanders (COCOMs) have release and use authority for Outside the Continental United States units.

8.33.2.3. Medical Logistics will develop a plan to rapidly distribute Pandemic Influenza assets in coordination with the assemblage team chief. (T-0).

### ***Section 8D—Patient Movement Item Program***

**8.34. Purpose.** Provides logistics policies and responsibilities pertaining to the Patient Movement Item program IAW JP 4-02, *Joint Health Services*.

**8.35. The Patient Movement Item Program Management Office, AMC/SG, will:**

8.35.1. Provide a pool of standard approved Aeromedical Evacuation-certified medical equipment items for use by joint medical elements operating in a contingency environment.

8.35.2. Prevent degradation of capabilities of forward medical units due to an outflow of Patient Movement Item, the Enroute Care System (ERCS), and used in support of a Critical Care Air Transport Team.

8.35.3. Provide management assistance to Patient Movement Item Centers, Cells, Nodes, Aeromedical Evacuation Squadrons, and other medical units using Patient Movement Item assets.

8.35.4. Sustain the patient movement system during peak casualty flow periods.

8.35.5. Coordinate with the Global Patient Movement Joint Advisory Board on the standardization of Patient Movement Item for DoD.

8.35.6. Provide in-transit visibility and prompt recycling of Patient Movement Item.

**8.36. Medical Logisticians Supporting the Patient Movement Item Program will:**

8.36.1. Maintain Patient Movement Item IAW this chapter and AFI 41-201. (T-0).

8.36.2. Account for equipment and durable medical and non-medical materiel in a customer owned assemblage in DMLSS Assemblage Management using the appropriate allowance standard. Expense center “XX5881” will be used. (T-1).

8.36.3. Conduct twice-yearly scans of Patient Movement Item assets and upload the data into the Patient Movement Item -Asset Tracking System. (T-2).

8.36.3.1. Enter “Global Patient Movement Item Center Inventory—DDMMYYYY” in the Patient Movement Item-Asset Tracking System comments field. All scans filtered for

“current with all” will be reconciled with the “XX5881 CRL” and durable items will be validated against DMLSS Assemblage Management records. (T-1).

8.36.3.2. The first scan will be in conjunction with the annual inventory (see paragraph 8.36.6.), the second 180 days later. (T-1).

8.36.3.3. Inventory results will be reported to the Medical Logistics Flight Commander. If equipment cannot be located, the host Medical Equipment Management Office will contact AMC/SGXM at [amc.sgxm@us.af.mil](mailto:amc.sgxm@us.af.mil) for tracking assistance before initiating a Report of Survey. (T-1).

8.36.3.4. Exchange in-kind pre-positioned Patient Movement Item without degrading medical capabilities. (T-1).

8.36.4. Interface with patient reception centers to issue and receive Patient Movement Item, perform equipment inventories, and reconcile tracking information. (T-1).

8.36.5. Stock supplementary items, such as batteries, shipping containers, international Red Cross stickers, and expendable shipping supplies. (T-1).

8.36.6. Provide maintenance support to Patient Movement Item Center inventories, supported operational Aeromedical Evacuation, the enroute care system, and contingency operations. (T-1).

**8.37. Tracking and Accountability of Patient Movement Item Assets.** (Medical Logistics Guide, paragraph 8.28.)

8.37.1. Patient Movement Item tracking is accomplished using Patient Movement Item-Asset Tracking System. Patient Movement Item-Asset Tracking System is not an accountable system of property records. Patient Movement Item equipment is accounted on property record and maintained in DMLSS. (T-0).

8.37.2. Patient Movement Item Centers, Aeromedical Evacuation units and other medical elements handling Patient Movement Item will track assets entering and leaving their control, and enter appropriate comments in Patient Movement Item-Asset Tracking System. (T-0).

8.37.2.1. Status codes for entering their control includes “RDY” or “QA.” **Note:** Status must also be updated for items moving between “RDY” and “QA” status. (T-1).

8.37.2.2. The status code for items leaving their control is “OUT.” (T-1).

8.37.2.3. Tracking of Patient Movement Item will also be accomplished at enroute facilities (e.g., aeromedical staging facilities and aeromedical detachments), which temporarily hold Patient Movement Item assets, or where assets are under control of Aeromedical Evacuation crews or launch and recovery teams. (T-1).

8.37.3. As Military Treatment Facilities exchange and receive Patient Movement Item equipment, it is their responsibility to forward the equipment to the closest Patient Movement Item Center. It is a Service responsibility to fund the return of Patient Movement Item. (T-0).

8.37.4. All personnel in the Patient Movement Item equipment recycle process will update Patient Movement Item-Asset Tracking System equipment data whenever Patient Movement Item is exchanged or quantities are changed. (T-1). Updates and data exchanges will be processed daily at Patient Movement Item Centers; weekly (at a minimum) for peacetime

operations at other units; and more frequently during contingency operations as directed by the theater commander or Aeromedical Evacuation Command and Control. (T-1). The processes used in the tracking system will be the same for peacetime and contingency operations.

**8.38. Use of Patient Movement Item Assets.** (Medical Logistics Guide, paragraph 8.29.)

8.38.1. Peacetime and exercise support.

8.38.1.1. The Military Treatment Facility Commander will have Patient Movement Item release authority to support urgent medical or patient movement operations. (T-1). The Military Treatment Facility Commander will after the fact notify the MAJCOM/SG and AMC/SG not later than the next duty day, if Patient Movement Item assets are released use. (T-1).

8.38.1.2. Other peacetime use to include exercises must be authorized by AMC/SG. (T-1).

8.38.1.3. Patient Movement Item Centers will update DMLSS equipment records and use Patient Movement Item-Asset Tracking System to record the status of the items and designate the receiving unit. (T-0).

8.38.1.4. Consumable supplies used during peacetime and exercise operations will be replenished with Operations and Maintenance funds provided by the using activity. (T-3).

8.38.2. Contingency or wartime.

8.38.2.1. Theater execution planners will develop Patient Movement Item operational execution guidance for inclusion in the operations plan medical annex.

8.38.2.2. The Air Mobility Division of the theater air operations center directs Patient Movement Item activities for that theater, to include oversight of Patient Movement Item cells, distribution of Patient Movement Item, and changes to operating processes. Actions will be coordinated with the AFFOR/SG and AMC/SG.

8.38.2.3. Theater commanders will request deployment of Patient Movement Item for theater support from AMC/SG, through the establishment of a requirement for Patient Movement Item Unit Type Codes "FFQP3."

8.38.2.4. AMC/SG will coordinate Patient Movement Item deployment with the host MAJCOM/SG.

8.38.2.5. Patient Movement Item Centers will use Patient Movement Item-Asset Tracking System to perpetually record the status of items, and supply any accessories required to refit Patient Movement Item assets. (T-0).

8.38.2.6. Biomedical equipment repair technicians will ensure all equipment is inspected and calibrated to standards. (T-0).

8.38.2.7. When contingency or wartime equipment and durable assets are received from recycling operations, Patient Movement Item Centers will contact AMC/SGXM to request disposition guidance. (T-1).

8.38.2.8. AMC/SG will contact AFFOR/SG for priority disposition and provide the respective Patient Movement Item Center disposition guidance (including durable items).

#### 8.38.2.9. Peacetime and contingency operations.

8.38.2.9.1. When Patient Movement Item equipment is removed from a patient, Military Treatment Facility clinical staff will sanitize the equipment IAW AFI 44-108, and turn it into the closest Medical Logistics activity. (T-1).

8.38.2.9.2. Medical Logistics will return the equipment to the nearest Patient Movement Item Center. Contact AMC/SGXM at the number annotated on the Patient Movement Item-Asset Tracking System bar code if there are any issues or questions. (T-1).

8.38.2.9.3. Patient Movement Item Centers will inspect, repair, and calibrate the equipment and coordinate with AMC/SGXM for disposition. (T-1).

**8.39. Asset Accountability for Long-Term Deployments.** Patient Movement Item Centers outshipping Patient Movement Item for Unit Line Number-tasked deployments (greater than 120 days), will complete a Medical Equipment Management Office-to-Medical Equipment Management Office transfer of asset accountability and historical maintenance record (HMR) data to the deployed account AMC/SGXM establishes for the contingency, XD5881. (T-1).

**8.40. Consumable Patient Movement Item Items.** Consumable supplies are included on the Patient Movement Item allowance standard. Levels and on-hand balances are managed using DMLSS Assemblage Management. (T-0).

#### **8.41. Patient Movement Item Maintenance and Repair.**

8.41.1. Medical Logistics will maintain and repair Patient Movement Item equipment IAW AFI 41-201. (T-1). Maintenance due dates and repair status will also be entered into Patient Movement Item-Asset Tracking System. (T-0).

8.41.2. Local Military Treatment Facility Biomedical Equipment Technicians will support Patient Movement Item in their Military Treatment Facility or supported operational or deployed Aeromedical Evacuation units to their fullest capability. When local Military Treatment Facility Biomedical Equipment Technician support is unavailable, Medical Logistics will coordinate scheduled and unscheduled maintenance with the supporting Medical Equipment Repair Center (MERC) or biomedical maintenance activity responsible for providing support. When an item cannot be serviced at its current location or supporting Medical Equipment Repair Center, ship to the appropriate commercial repair facility based on guidance from the Medical Equipment Repair Center, using the following process:

8.41.2.1. Ship the equipment with a copy of AF Form 1763, *Medical Maintenance Manual Work Order*, by traceable means to the commercial maintenance activity. Use Operations and Maintenance funds for shipment and ensure Red Crosses are attached to the exterior surfaces of the boxes. (T-1).

8.41.2.2. Update the equipment location and operational status in DMLSS and Patient Movement Item-Asset Tracking System. (T-0).

8.41.3. Upon receipt of the equipment, the operational unit will ensure the status is updated in DMLSS and Patient Movement Item-Asset Tracking System, and the host logistics activity will ensure DMLSS historical maintenance records are updated. (T-0).

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Lieutenant General, USAF, NC  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

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National Fire Protection Agency 101, *Life Safety Code*

#### ***Prescribed Forms***

None

#### ***Adopted Forms***

DD Form 200, *Financial Liability Investigation of Property Loss*

DD Form 250, *Material Inspection and Receiving Report*

DD Form 1149, *Requisition and Invoice/Shipping Document*

DD Form 1155, *Order for Supplies or Service*

DD Form 1348-1A, *Issue Release/Receipt Document*

DD Form 1348-6, *DoD Single Line Item Requisition System Document (Manual Long Form)*

DD Form 1502, *Frozen Medical Materiel Shipment*  
DD Form 1575, *Suspended Tag – Materiel*  
DD Form 1575-1, *Suspended Label – Materiel*  
DD Form 2875, *System Authorization Access Request (SAAR)*  
DEA Form 106, *Report of Loss or Theft of Controlled Drugs*  
DEA Form 222, *Official Order Form for Schedule I and II Controlled Substances*  
DEA Form 333, *ARCOS Transaction Reporting*  
Standard Form 364, *Supply Discrepancy Report (SDR)*  
Standard Form 1449, *Solicitation/Contract/Order for Commercial Items*  
AF Form 36, *Supply Document Register (Manual)*  
AF Form 538, *Personal Clothing and Equipment Record*  
AF Form 579, *Controlled Substance Register*  
AF Form 601, *Equipment Action Request*  
AF Form 847, *Recommendation for Change of Publication*  
AF Form 1046, *Zero Overpricing Challenge/Referral*  
AF Form 1297, *Temporary Issue Receipt*  
AF Form 1763, *Medical Maintenance Manual Work Order*

### ***Abbreviations and Acronyms***

**AAR**—After Action Report  
**ABMSO**—Accountable Base Medical Supply Officer  
**ADPE**—Automated Data Processing Equipment  
**AE**—Aeromedical Evacuation  
**AED**—Automated External Defibrillator  
**AES**—Aeromedical Evacuation Squadron  
**AF**—Air Force  
**AFFOR/SG**—Air Force Forces/Surgeon General  
**AFI**—Air Force Instruction  
**AFLOA**—Air Force Legal Operations Agency  
**AFMAN**—Air Force Manual  
**AFRDS**—Air Force Records Disposition Schedule  
**AFRIMS**—Air Force Records Information System  
**AFML**—Air Force Medical Logistics

**AFMS**—Air Force Medical Service  
**AFMOA**—Air Force Medical Operations Agency  
**AFMOA/SGM**—Air Force Medical Operations Agency, Medical Logistics Directorate  
**AFWCF/MDD**—Air Force Working Capital Fund/Medical-Dental Division  
**AM**—Assemblage Management  
**AMC**—Air Mobility Command  
**ANG**—Air National Guard  
**AOR**—Area of Responsibility  
**ART**—Air Expeditionary Reporting Tool  
**AS**—Allowance Standard  
**BCN**—Build Control Number  
**BCWB**—Project Code for Clinician-Administered Biological Chemical Warfare Project  
**BMET**—Biomedical Equipment Technician  
**BO**—Business Objects  
**BRAC**—Base Realignment and Closure  
**BW/CW**—Biological Warfare/Chemical Warfare  
**CAC**—Common Access Card  
**CAL**—Custodian Action Lists  
**C&A**—Certification and Accreditation  
**CCI**—Controlled Cryptographic Items  
**CE**—Civil Engineer  
**CFR**—Code of Federal Regulations  
**CIIC**—Controlled Items Inventory Code  
**CLIN**—Contract Line Item Number  
**CME**—Capital Medical Equipment  
**COCOMs**—Combatant Commanders  
**COMPASS**—Contract Management Planning and Surveillance System  
**COMPUSEC**—Computer Security  
**CONUS**—Continental United States  
**COR**—Contracting Officer Representative  
**CRL**—Customer Receipt/Location List  
**CSDC**—Consolidated Storage and Deployment Centers

**DAU**—Defense Acquisition University  
**DEA**—Drug Enforcement Administration  
**DFARS**—Defense Federal Acquisition Regulation Supplement  
**DFAS**—Defense Finance and Accounting Service  
**DHP**—Defense Health Program  
**DLA**—Defense Logistics Agency  
**DMLSS**—Defense Medical Logistics Standard Support  
**DOC**—Designated Operational Capability  
**DOC**—Distribution Operations Center  
**DoD**—Department of Defense  
**DoDI**—Department of Defense Instruction  
**DoDDS**—Department of Defense Dependent Schools  
**DoDAAC**—Department of Defense Activity Address Code  
**DoD MMQC**—Department of Defense Medical Materiel Quality Control  
**DP**—Deferred Procurement  
**DRRS**—Defense Readiness Reporting System  
**DSCA**—Defense Support to Civil Authorities  
**ECRI**—Emergency Care Research Institute  
**EIL**—Equipment Inventory List  
**EM**—Equipment Management  
**EOR**—Element of Resource  
**EPA**—Environmental Protection Agency  
**ERCS**—Enroute Care System  
**ERAA**—Equipment Review and Authorization Activity  
**EESOH-MIS**—Enterprise Environmental Safety and Occupational Health-Management Information System  
**FAEX**—Project Code for Facility Bed Expansion Programs  
**FAR**—Federal Acquisition Regulation  
**FDA**—Food and Drug Administration  
**FHPPP**—Force Health Protection Prescription Products  
**FIAR**—Financial Improvement and Audit Readiness  
**FM**—Prefix for Air Force Medical Supply Department of Defense Activity Address Code  
**FRED**—Functional Requirements Evaluator Designee

**GMU**—Guard Medical Unit  
**GPC**—Government-Wide Purchase Card  
**GPMJAB**—Global Patient Movement Joint Advisory Board  
**GSU**—Geographically Separated Unit  
**GSA**—General Services Administration  
**HAZMAT**—Hazardous Material  
**HHT**—Hand Held Terminal  
**HMMP**—Hazardous Material Management Program  
**HMR**—Historical Maintenance Record  
**HTA**—Hazardous Materials Tracking Activity  
**IAAA**—Inventory Adjustment Approval Authority  
**IAD**—Inventory Adjustment Document  
**IAV**—Inventory Adjustment Voucher  
**IGM**—In Garrison Maintenance  
**IM/IT**—Information Management/Information Technology  
**IRSO**—Installation Radiation Safety Officer  
**JMAR**—Joint Medical Asset Repository  
**KSD**—Key Supporting Documentation  
**LIMFAC**—Limiting Factor  
**LOX**—Liquid Oxygen  
**LRRC**—Loaner, Repair and Return Center  
**LRS**—Logistics Readiness Squadron  
**LUM**—Low Unit of Measure  
**MAJCOM**—Major Command  
**MAP**—Materiel Availability Percentage  
**MC-CBRN**—Medical Counter-Chemical, Biological, Radiological, Nuclear  
**MEMO**—Medical Equipment Management Office  
**MERC**—Medical Equipment Repair Center  
**MILCON**—Military Construction  
**MLG**—Medical Logistics Guide  
**MLFC**—Medical Logistics Flight Commander  
**MMEA**—Medical Materiel Executive Agent

**MOA**—Memorandum of Agreement

**MRA**—Manpower and Equipment Force Packaging Responsible Agency

**MRC**—Medical Readiness Committee

**MRL**—Medical Resources Letter

**MTF**—Military Treatment Facility

**NDC**—National Drug Code

**NFPA**—National Fire Protection Association

**NIR**—New Item Request

**NORA**—Narcotics Order, Review, and Approval System

**NSN**—National Stock Number

**OASD (HA)**—Office of the Secretary of Defense (Health Affairs)

**OCONUS**—Outside the Continental United States

**OEM**—Original Equipment Manufacturer

**O&M**—Operations and Maintenance

**OP**—Other Procurement

**OSI**—Office of Special Investigations

**OUT**—In-Transit Status in Patient Movement Item-Asset Tracking System

**PCO**—Procurement Contracting Officer

**PMI**—Patient Movement Item

**PMI-ATS**—Patient Movement Item-Asset Tracking System

**POA**—Power of Attorney

**POC**—Point of Contact

**POM**—Program Objective Memorandum

**POS**—Peacetime Operating Stock

**PPE**—Personal Protective Equipment

**PR**—Purchase Request

**PSM**—Patient Safety Manager

**PTF**—Pharmacy and Therapeutics Function

**PV**—Prime Vendor

**QA**—Quality Assurance

**QA**—Quality Assurance/Maintenance Status code in Patient Movement Item-Asset Tracking System

**QC**—Quality Control

**RC/CC**—Responsibility Center/Cost Center  
**RDY**—Ready Status in Patient Movement Item-Asset Tracking System  
**RMF**—Risk Management Framework  
**RMO**—Resource Management Office  
**ROS**—Report of Survey  
**RSO**—Radiation Safety Officer  
**SA**—System Administrator  
**SAAR**—System Authorization Access Request  
**SCM**—Service Contract Manager  
**SCRAA**—Service Contract Review and Authorization Activity  
**SDS**—Safety Data Sheet  
**SG**—Surgeon General  
**SLEP**—Shelf Life Extension Program  
**S—Level**—Equipment and Supplies On-Hand Category Level  
**SNS**—Strategic National Stockpile  
**SOD**—Segregation of Duties  
**SRAN**—Stock Record Account Number  
**STF**—Safe-to-Fly  
**SUD**—Single Use Medical Device  
**TAC**—Transportation Account Code  
**TJC**—The Joint Commission  
**TLAMM**—Theater Lead Agent for Medical Materiel  
**TO**—Technical Order  
**TR**—Transaction Register  
**ULN**—Unit Line Number  
**US**—United States  
**USC**—United States Code  
**USP**—United States Pharmacopoeia  
**USPFO**—United States Property and Fiscal Officer  
**UTC**—Unit Type Code  
**VCNCO**—Vehicle Control Non-Commissioned Officer  
**VCO**—Vehicle Control Officer

**WRM**—War Reserve Materiel

*Terms*

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

**Accountable Base Medical Supply Officer**—A Medical Service Corps officer, civilian GS-11 (or WG equivalent) or higher civilian, or a fully qualified senior NCO appointed to be accountable for the medical stock record account.

**Aeromedical Certification**—The culmination of processes to assure that a piece of equipment will perform as specified during the stresses of flight without jeopardizing the safe operation of the aircraft.

**Aeromedical Evacuation Squadron**—An operational medical organization concerned primarily with the management and control of patients being transported via an aeromedical evacuation system or system echelon.

**Aeromedical Staging Facility**—A medical facility located on or near an air base (or airstrip) to receive, administratively support, process, transport (on the ground), feed and provide health care for patients entering, in the midst of or leaving the aeromedical evacuation system.

**Air Force Working Capital Fund/Medical-Dental Division**—A division of the Air Force Working Capital Fund authorized to procure, receive, store and issue expense type medical items, under the RMS concept. The Air Force Working Capital Fund/Medical-Dental Division provides a revolving account for expense type materiel (as defined for RMS purposes) from the time of its acquisition until it is issued. Overall responsibility for management of the Air Force Working Capital Fund/Medical-Dental Division is vested in the Surgeon General and has been delegated to the Air Force Medical Logistics Division. Other directives concerning stock fund operations are Defense Finance and Accounting Service-DER 7420-1, Procedures in Support of Air Force Stock Fund, and Defense Finance and Accounting Service-DER 7000-8, Materiel and Property Accounting.

**Allowance Standard**—An equipment allowance document that prescribes basic allowances of organizational equipment and provides the control to develop, revise or change Equipment Authorization Inventory Data (EAID).

**Allowance Document**—An AF publication which prescribes items and quantities (basis of issue) of equipment normally required by AF organizations and individuals in the accomplishment of assigned missions, functions and duties. Allowance documents are published as Allowance Standards.

**Appoint**—Designate in writing an individual to perform a specific duty, position, or responsibility signed by the appointing authority as specified in this AFMAN or other specified AFI, DoDI, AFMAN, or regulation.

**Base Environmental Manager**—The Base Environmental Management function supervisor or designated representative, synonymous with the term environmental coordinator.

**Capital Lease**—A lease that transfers substantially all the benefits and risks of ownership to the lessee. If at its inception, a lease meets one or more of the following criteria, the lease is considered a capital lease:

- a. The lease transfers ownership of the property to the lessee by the end of the lease term.
- b. The lease contains an option to purchase the leased 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 or greater than 75 percent of the estimated economic life of the leased property.
- d. The present value of rental and other minimum lease payments, excluding that portion of the payments representing executory cost, equals or exceeds 90 percent of the fair value of the leased property. See Volume 4, Chapter 6, of Reference (e).

(Source: DoDI 5000.64, *Accountability and Management of DoD Equipment and Other Accountable Property*, 19 May 2011, Glossary, Part II, Definitions)

**Centrally Managed Equipment**—Items that are centrally budgeted, centrally acquired and centrally managed. The complete life cycle of the item is managed centrally for unit requirements.

**Consumable Supply Item**—An expendable item that loses its identity when used, cannot be reused for the same purpose or is not durable enough to last one year. Pharmaceuticals, X-ray film and adhesive tape are examples.

**Controlled Medical Item**—An expendable item of medical materiel that, because of its susceptibility to misuse and theft, requires special accounting, storage, shipment and issue precautions.

**Customer Catalog**—Table comprised of all stocked and non-stocked items used by a customer.

**Defense Logistics Agency**—The agency of the DoD responsible for the wholesale management, procurement and distribution of items of supply common to the military departments.

**Defense Medical Logistics Standard Support**—A DoD accountable property system of records used by AF Medical Logistics to manage property and financial records for accountable assets and property.

**Detached Medical Unit/Facility**—A Military Treatment Facility that does not have a stock record account integral to its organization and receives medical logistics support from another host medical activity.

**Deteriorative Items**—Medical items, particularly drugs, that deteriorate rapidly when exposed to direct sunlight, excessive heat or cold, or moisture.

**Durable Supplies/Item**—An expendable item that is not consumed in use and has a life expectancy in excess of one year but does not qualify as an equipment item.

**Equipment—Medical**—A medical item that meets all criteria outlined in Chapter 6.

**Equipment—Non-medical**—Items that meet the criteria in Chapter 6. All equipment is nonexpendable.

**Equipment Review and Authorization Activity**—A group or individual appointed to review equipment authorizations for the medical activity and make recommendations to the approving official.

**Expiration Dated Items**—Material items labeled with a specific date beyond which the product either cannot be expected to yield its specific results or retain its required potency.

**Financial Improvement and Audit Readiness**—Congressionally mandated program requiring all DoD agencies to prepare for, undergo, and pass a full financial statement audit by an independent public accountant. In order to pass financial audit, DoD must demonstrate reasonable assurance that proper controls are in place and key supporting documentation is available to support transactions on the General Ledger.

**General Services Administration**—An independent agency of the United States government, that helps manage and support basic functions of federal agencies, for example, develops government-wide cost minimizing policies.

**Hazardous Mart**—The customer service desk for the Installation Hazardous Material Management Program (HMMP), and is the only entity on an installation authorized to issue government-owned hazardous materials. At a minimum, a hazardous materials Hazardous Mart is a facility or location where customers can receive support for obtaining hazardous materials, and where hazardous materials are managed and tracked. A Hazardous Mart is intended to be the primary location on an installation where Logistics Readiness Squadron personnel stock, store, issue and distribute hazardous materials. Each installation must have at least one primary Hazardous Mart established by, and accountable to, the Logistics Readiness Squadron commander. The Hazardous Material Management Program team may designate additional unit-controlled supply activities as Hazardous Marts, performing all the functions of the primary Hazardous Mart. The Hazardous Mart responsibilities include the receipt and entry of data on Government-wide Purchase Card purchases of hazardous materials and the receipt and entry of data on contractor usage of hazardous materials.

**Hazardous Materials**—Includes all items, including medical and non-medical items, with the exception of drugs in their finished form and pharmaceuticals in individually-issued items, covered under the Emergency Planning and Community Right-to-Know Act or other host nation, federal, state or local tracking or reporting requirements, the Occupational Safety and Health Administration Hazard Communication (HAZCOM) and Occupational Exposure to Hazardous Chemicals in Laboratories Standards, and all Class I and Class II Ozone Depleting Substances.

**High Cost Medical Expense Equipment**—Medical equipment with a unit cost of between \$100,000 and \$249,999.

**Installation Hazardous Material Management Program (IHMP)**—An AF standardized program for authorizing, procuring, issuing, and tracking of Hazardous Materials. This program was previously called the Hazardous Materials Pharmacy Program (HPP).

**Investment Medical Equipment**—Also referred to as capital medical equipment. An end item of medical equipment with a unit cost of \$250,000 or more. All investment equipment will be accounted for while in use.

**Joint-Use Equipment**—Equipment that may be used to meet both an existing organization's mission and a wartime additive mission requirement. Joint-use equipment is accounted for on Medical Equipment Management Office and War Reserve Materiel records.

**Local Purchase**—An authorized purchase, from sources outside the DoD, of materiel and services by a base activity for its own use or the use of a logistically supported activity. Local purchase is not limited to the immediate geographical area in which the base is located.

**Manifest, Environmental Protection Agency Form 8700—22**, Uniform Hazardous Waste Manifest and Environmental Protection Agency Form and 8700-22a, Uniform Hazardous Waste Manifest Continuation Sheet—These Environmental Protection Agency (EPA) shipping documents are required by Federal or state regulatory agencies for transportation of hazardous waste. Manifests are signed by the installation commander or designated representative and are used to track hazardous waste to an Environmental Protection Agency permitted or interim status treatment, storage and disposal facility, refer to 40 Code of Federal Regulations, Section 262, Subpart B.

**Medical Emergency**—An unforeseen situation requiring prompt action necessary to save life, limb, or eyesight.

**Medical Equipment Management Office**—A functional element within each base Medical Logistics activity responsible for managing medical and non-medical in-use equipment at each Military Treatment Facility. The Medical Equipment Management Office is a non-numbered account normally managed by the Medical Logistics Flight Commander.

**Medical Expense Equipment**—Medical equipment with a unit cost less than \$250,000 that meets the criteria outlined in Chapter 6. Expense equipment under \$100,000 is funded with local Medical Treatment Facility Operations and Maintenance funds. Expense equipment with a unit cost of \$100,000 to \$249,999 is referred to as High Cost Medical Expense Equipment and is funded either with local Medical Treatment Facility Operations and Maintenance or centrally-provided Operations and Maintenance funds.

**Medical Logistics**—The functional area within a medical organization responsible for support of patient care in peacetime and wartime contingency. Medical Logistics functions include responsibility for Materiel Management, Facility Management, Medical Equipment Management, Biomedical Equipment Maintenance, Contract Services (including professional services) and War Reserve Materiel management.

**Medical Logistics Flight Commander**—A Medical Service Corps officer or civilian equivalent assigned to manage and coordinate all logistics activities in the Military Treatment Facility. At most small and medium size facilities, the Medical Logistics Flight Commander is also the Accountable Base Medical Supply Officer.

**Medical Materiel**—Those items listed in the federal supply catalog as medical materiel and any similar non-stock listed items.

**Medical Resources Letter**—Document containing contingency support personnel and logistics Readiness Requirements.

**Medical War Reserve Materiel Project Officer**—An individual appointed by the Military Treatment Facility Commander to be responsible for the management of all War Reserve Materiel programs designated for the local Military Treatment Facility.

**Memorandum of Agreement**—An agreement that defines areas MAJCOM of responsibility and agreement between two or more parties, normally at headquarters or MAJCOM level. Memorandum of agreement normally document the exchange of services and resources and establish parameters from which support agreements may be authorized.

**Memorandum of Understanding**—An umbrella agreement that defines broad areas of understanding between two or more parties, normally at MAJCOM level or higher.

**Obligation**—An amount the government is legally bound to pay as a result of a requisition to DLA, General Services Administration, or commercial vendor.

**Official Medical Inventory**—An inventory that is conducted to formally record and correct discrepancies found between actual inventoried quantities and maintained accounting record balances.

**Operating Lease**—A lease that is not a capital lease. An agreement conveying the right to use property for a limited time in exchange for periodic rental payments. (Source: DoDI 5000.64, Accountability and Management of DoD Equipment and Other Accountable Property, 19 May 2011, Glossary, Part II, Definitions)

**Organizational Equipment**—All equipment items authorized for, or on hand in, an organization to support its mission. All organizational equipment pertaining to a medical activity will be managed by the base or command Medical Equipment Management Office.

**Patient Movement Item**—Those items that are required to support a patient during aeromedical evacuation. For this program, Patient Movement Item is generally confined to those items to be exchanged for patient care during transportation that are critical to sustain aeromedical evacuation operations and maintain medical capabilities. Patient Movement Item assets are funded with Defense Health Program Operations and Maintenance dollars.

**Pecuniary Liab**—Those personal, joint, or corporate monetary obligation to make good any lost, damaged, or destroyed property resulting from fault or neglect.

**Patient Movement Item Cell**—A package of limited manpower, which may include materiel, and a Patient Movement Item-Asset Tracking System, Unit Type Code “FFQP4,” to be sent to a forward medical element or Military Treatment Facility to track Patient Movement Item in the Enroute Care System and facilitate Patient Movement Item use. This capability will be used to support Patient Movement Item Nodes in emergency response by facilitating Patient Movement Item maintenance, theater inventory management, and recycling of Patient Movement Item in an Area of Responsibility, temporary operation, or Defense Support to Civil Authorities (DSCA) event for the duration of the event or operation.

**Patient Movement Item Center**—An enduring regional site for Patient Movement Item management which has Patient Movement Item equipment and levels, Unit Type Code “FFQP3,” supporting tracking, inventory management, maintenance and repair, communication with other Patient Movement Item Centers, and recycling or distribution of Patient Movement Item to meet regional needs or needs of a supported Combatant Commanders, Patient Movement Item Cell or Node when assigned Patient Movement Item assets are Unit Line Number tasked.

**Patient Movement Item Node**—A site that has prepositioned Patient Movement Item levels to facilitate patient movement. The node supports tracking, inventory management, maintenance and repair, and recycling of Patient Movement Item in support of Area of Responsibility, temporary operation, or Defense Support to Civil Authorities event for the duration of the event or operation. The node is normally supported by a Patient Movement Item Cell or Center.

**Population-At-Risk**—The number of personnel in a Military Treatment Facility’s catchment area. This number can be obtained from the Resource Management Office.

**Prepositioned Reserves**—Designated portions of the War Reserve Materiel, set aside or earmarked for a specific purpose or designated force and prepositioned at a specified and pre-planned point for use.

**Prime Vendor**—A program in which a "prime" supplier for a commodity line provides the majority of the Military Treatment Facility's requirements for that commodity line. The purpose of the program is to shorten the logistics pipeline and make it more reliable.

**Property Custodian**—An officer, enlisted member or civilian designated by the chief of the service, commander of the unit having the property, Military Treatment Facility Commander or the Military Treatment Facility Commander's designated representative, to maintain custody, care and safekeeping of property used by activities in the organization. The property custodian prepares and forwards requests for equipment and supplies.

**Quality Assurance**—The management function inspecting, sampling, classifying, evaluating and reporting materiel to ensure only serviceable items are issued and in use or stored for contingency operations.

**Resource Management Systems**—A DoD system of programming, budgeting and managing an operating activity on the basis of recurring quantitative information. Included are systems for inventory management and acquisition, accounting and disposition of capital assets.

**Safety Data Sheet**—A written or printed information concerning a hazardous material meeting requirements of 29 Code of Federal Regulations 1910.1200 (g).

**Segregate**—Physically separate or store apart from other similar items.

**Segregation of Duties**—Procurement and management control processes to minimize opportunity for fraud or misuse of funds using written procedures and automated systems to cross-check key tasks by multiple individuals and approval authorities.

**Service Contract Review and Authorization Activity**—A group or individual appointed to review and approve all unfunded new and existing contract requirements to include option year renewals.

**S-Level**—Equipment and Supplies On-Hand Category Level

**Stratification**—A procedure for grouping elements of materiel assets and requirements by categories, that is, strata such as inventory segments, stock levels and issue and adjustment requirements.

**Support Agreement**—An agreement documenting recurring support (e.g., janitorial services, flight line operations, etc.), non-reimbursable support, and single or non-recurring reimbursable support IAW DoDI 4000.19, Air Force Policy Directive 25-2, AFI 65-601, Volume 1, Budget Guidance and Procedures, and this manual. A support agreement can take the form of a Defense Department (DD) Form 1144, Support Agreement, a Memorandum of Agreement or a Memorandum of Understanding.

**Source Documentation**—Key Supporting Documentation (KSD) required to support transactions against the financial general ledger accounts. Key Supporting Documentation support all requisition, receipt, shipment, issues, transfers, or adjustment transactions and includes backup or explanatory material such as packing lists and invoices.

**Surcharge**—A charge added to the product cost to compensate the Air Force Working Capital Fund/Medical Dental Division for transportation costs, estimated foreseeable net stock losses (i.e., pilferage, damage, deterioration, and physical inventory shortages), other losses, and other authorized expenses.

**Tenant**—An organization or activity of one MAJCOM or military department that is supported by a host organization or activity under the jurisdiction of a different MAJCOM or military department.

**Unauthorized Obligation**—An obligation or expenditure of funds in advance of an appropriation or in excess of an appropriation, apportionment, or formal subdivision of funds, whether occurring at the time the liability was incurred or at the time the obligation was properly recorded, may result in a reportable violation of the Ant-Deficiency Act.

**Using Activity**—An organization or element of an organization that requests and funds authorized supplies from Medical Logistics and equipment from the Medical Equipment Management Office.

**War Reserve Materiel**—Materiel which must be on hand at the time a conflict begins. War Reserve Materiel, when added to peacetime operating stocks and mobility resources, must be capable of sustaining combat consumption rates until resupply pipelines can become operative. War Reserve Materiel assets are procured with Air Force Working Capital Fund/Medical Dental Division obligation authority (with the exception of investment equipment) and maintained in Air Force Working Capital Fund/Medical-Dental Division-funded inventories.

## Attachment 2

**MEDICAL LOGISTICS QUALITY CONTROL/SOURCE DOCUMENT CROSS  
REFERENCE**

**A2.1. DMLSS Inventory Management – Source Document Control Register.**

<b>DMLSS Transaction Code</b>	<b>Description</b>	<b>Transaction Reason Type Code</b>	<b>Corresponding Transaction Reason(s) Type</b>	<b>Required Supporting Document</b>	<b>Required Record Retention</b>
RND	Receipt Not Due-in	N/A	N/A	DD Form 1155, DD Form 250, DD Form 1348-1A	Ten years or life of the item, whichever is longer
RRD	Receipt	N/A	N/A	DD Form 1155, DD Form 250, DD Form 1348-1A	Ten years or life of the item, whichever is longer
DQC	Due-in Cancellation	N/A	N/A	Local Form or Memo for Record, if Medical Logistics processed DQC; DMLSS system if status DQC	Ten years
ESD	Establish Due-in	N/A	N/A	DMLSS (system archived)	Ten years
CRL	Commercial Returns Loss	CRL	N/A	DMLSS CRL Document	Two years after asset is removed from accountable records
DDL	Destruction	DDL	N/A	DMLSS Destruction/Document	Two years after asset is removed from accountable records
IAG	Inventory Adjustment Gain	IAG	N/A	Inventory Adjustment Document (IAD)	Two years after asset is disposed of and/or removed from

<b>DMLSS Transaction Code</b>	<b>Description</b>	<b>Transaction Reason Type Code</b>	<b>Corresponding Transaction Reason(s) Type</b>	<b>Required Supporting Document</b>	<b>Required Record Retention</b>
					accountable records
IAL	Inventory Adjustment Loss	IAL	Inventory Adjustment Loss	IAD	Two years after asset is removed from accountable records
IAL	Inventory Adjustment Loss	MIL	Natural Disaster Inventory Loss	IAD	Two years after asset is removed from accountable records
MSG	Miscellaneous Gain	EIG	End Kit Item Gain	Gain/Loss Report with reason indicated	Two years after asset is removed from accountable records
MSG	Miscellaneous Gain	IIG	Individual/Component Gain	Gain/Loss Report with reason indicated	Two years after asset is disposed of and/or removed from accountable records
MSG	Miscellaneous Gain	MDG	Capitalization of SF Asset	Gain/Loss Report with reason indicated	Two years after asset is disposed of and/or removed from accountable records
MSL	Miscellaneous Loss	EIL	End/Kit Item Loss	Gain/Loss Report with reason indicated	Two years after asset is removed from accountable records
MSL	Miscellaneous Loss	IIL	Individual/Component Loss	Gain/Loss Report with reason indicated	Two years after asset is removed from accountable records

<b>DMLSS Transaction Code</b>	<b>Description</b>	<b>Transaction Reason Type Code</b>	<b>Corresponding Transaction Reason(s) Type</b>	<b>Required Supporting Document</b>	<b>Required Record Retention</b>
MSL	Miscellaneous Loss	MDL	Decapitalization of SF Asset	Gain/Loss Report with reason indicated	Two years after asset is removed from accountable records
SHG	Shipment Gain	SFG	Inshipment Gain	DD Form 1348-1A, DD 1149, or document received with shipment	Two years after asset is removed from accountable records
SHG	Shipment Gain	DPG	Donated Item Gain	DD Form 1348-1A	Two years after asset is removed from accountable records
SHG	Shipment Gain	FZG	Receipt DLA-DS SFG-Inshipment Gain	DD Form 1348-1A	Two years after asset is removed from accountable records
SHL	Shipment Loss	RXL	Return Excess to DLA (Defense Logistics Agency)	DD Form 1348-1A	Two years after asset is removed from accountable records
SHL	Shipment Loss	SFL	Outshipment Loss	DD Form 1348-1A	Two years after asset is removed from accountable records
SHL	Shipment Loss	TZL	Outshipment to DLA-DS	DD Form 1348-1A	Two years after asset is removed from accountable records
TIG	Turn-in Adjustment Gain	FGB	Found on Installation	DD Form 1348-1A, 1348-6, or equivalent form	Two years after asset is removed from accountable records
TIL	Turn-in Adjustment Loss	RTL	Return to Source of Supply	DD Form 1348-1A Gain/Losses	Two years after asset is removed from accountable records

<b>DMLSS Transaction Code</b>	<b>Description</b>	<b>Transaction Reason Type Code</b>	<b>Corresponding Transaction Reason(s) Type</b>	<b>Required Supporting Document</b>	<b>Required Record Retention</b>
TIL	Turn-in Adjustment Loss	RVL	Return to Source of Supply	DD Form 1348-1A Gain/Losses	Two years after asset is removed from accountable records
TIL	Turn-in Adjustment Loss	TRL	Return to Source of Supply	DD Form 1348-1A Gain/Losses	Two years after asset is removed from accountable records

**A2.2. DMLSS Funds Targets.**

<b>DMLSS Trans Code</b>	<b>Description</b>	<b>Transaction Reason Type Code</b>	<b>Corresponding Transaction Reason(s) Type</b>	<b>Required Supporting Document</b>	<b>Required Record Retention</b>
ADP	Adjust Funds Target	N/A	N/A	AF Form 1269, Locally Developed Form; Fund Load Documents, messages, or emails	Two years
RCC	Revise Customer ID	N/A	N/A	Local Form	No required record retention
ESP	Establish Project or Expense Center	N/A	N/A	Local Form	No required record retention
ECC	Establish Customer Organization	N/A	N/A	Local Form	No required record retention

**A2.3. DMLSS Equipment Management – Document Register.**

<b>DMLSS Trans Code</b>	<b>Description</b>	<b>Transaction Reason Type Code</b>	<b>Corresponding Transaction Reason(s) Type</b>	<b>Required Supporting Document</b>	<b>Required Record Retention</b>
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IGE	Item Changed to Accountable	AGG	Item Changed to Accountable	Local Form or CAL (include ECN, Doc#, Item Description, Qty, UOI, Cost) signed by Property Custodian; IAD, signed by Certifying and Approving Official	Two years after asset is removed from accountable records
ACL	Item Changed to Not Accountable	ACL	Item Changed to Not Accountable no-Maintenance Required	AF Form 601, message or email	Two years after asset is removed from accountable records
ACL	Item Changed to Not Accountable	MTL	Item Changed to Not Accountable	AF Form 601, message or email	Two years after asset is removed from accountable records
EAD	Equipment Assembly	ASG	Assembly Gain, Equipment	AF Form 601 or Equipment Request Form	Two years after asset is removed from accountable records
EAD	Equipment Assembly	ASL	Assembly Loss, Equipment	AF Form 601	Two years after asset is removed from accountable records
EAD	Equipment Disassembly	DSG	Disassembly Gain, Equipment	AF Form 601	Two years after asset is removed from accountable records
EAD	Equipment Disassembly	DSL	Disassembly Gain, Equipment	AF Form 601	Two years after asset removed from accountable records
EGI	Equipment Issue Gain	AIG	Assemblage	DD Form 1155, AF Form 250, DD Form 1149, DD	Two years after asset is removed from accountable records

				Form 1348-1A	
EGI	Equipment Issue Gain	EGI	Equipment Issue Gain	DD Form 1155, AF Form 250, DD Form 1149, DD Form 1348-1A	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	ARG	Accountability Changed to Required	CAL	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	BEN	Borrowed Equipment, Government Borrowed Equipment, Non-government Equipment	CAL	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	CFP	Centrally Funded Purchase	DD Form 1155, SF 1449, CAL, signed by Property Custodian, IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	COG	Component Gain	CAL	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	CPT	Cost Per Test	CAL	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	AGE	Customer Assemblage Gain	AF Form 601	Two years after asset is removed from accountable records

IGE	Equipment Inventory Gain	DEG	Donated Property	DD Form 1348-1A, SF 1449, CAL, signed by Property Custodian, IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	FIG	Gain From Another Military Treatment Facility	DD Form 1149, signed by Authorized Government Agent; or DD Form 1348-1A, signed by MEMO POC; CAL, signed by Property Custodian; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	IGE	Equipment Inventory Adjustment Gain	IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records

IGE	Equipment Inventory Gain	FIG	Gain From DLA-DS	Proof of Delivery, if applicable; DD Form 1348-1A, signed by MEMO POC; CAL, signed by Property Custodian; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	FIG	Found on Installation	CAL, signed by Property Custodian; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	GND	Gain From Non-DOD Organization	CAL, signed by Property Custodian; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
IGE	Equipment Inventory Gain	IOM	Initial Outfitting from MILCON	DD Form 1155; SF 1449; CAL, signed Property Custodian; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records

IGE	Equipment Inventory Gain	MRG	Maintenance Equipment Gain – No Accountability	CAL, signed Property Custodian	No required record retention
IGE	Equipment Inventory Gain	LEG	Operating Leased Equipment Research/Grant Equipment User Test	IAD, signed by Certifying Official & Approval Authority; CAL, signed by Property Custodian	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	COL	Component Loss	CAL	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	ALE	Customer Assemblage Loss	CAL	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	ILE	Equipment Inventory Adjustment Loss	IAD, signed by Certifying Official & Approval Authority; CAL, signed by Property Custodian	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	FLL	Financial Liability Investigation Item Changed to Not Accountable Loss to Deployment	DD Form 200, signed by Authorized Government Agent; IAD, signed by Certifying Official & Approval Authority; CAL, signed by Property Custodian	Two years after asset is removed from accountable records

ILE	Equipment Inventory Loss	NAL	Item Change to Not Accountable	Memo for Record, signed by Property Custodian and MedLog rep; IAD, signed by Certifying Official & Approval Authority; CAL, Signed by Property Custodian	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	NDL	Loss to Natural Disaster	DD Form 1348-1A, signed by MEMO POC; IAD, signed by Certifying Official & Approval Authority; CAL, signed by Property Custodian	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	NML	Maintenance Equipment Loss- No accountability Returned Borrowed Equipment, Government returned Borrowed Equipment, Non-Government Returned Leased Equipment	CAL	No required record retention
ILE	Equipment Inventory Loss	RRL	Returned Research/Grant Equipment	CAL	Two years after asset is removed from accountable records

ILE	Equipment Inventory Loss	RUL	Returned User Test	CAL	No required record retention
ILE	Equipment Inventory Loss	SML	Shipped to Another Military Treatment Facility	AF Form 601, signed by Property Custodian and MedLog rep; DD Form 1348-1A or DD Form 1149 and associated shipping documents, signed by Authorized Government Agent; CAL, signed by Property Custodian IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	CVL	Statement of Charges/Cash Collection Voucher	CAL	Ten years after asset is removed from accountable records
ILE	Equipment Inventory Loss	TEL	Trade-In Equipment	AF Form 601 or Local Form (include ECN, Doc#, Item Description, Qty, UOI, Cost) signed by Property Custodian;	Two years after asset is removed from accountable records

				<p>IAD, signed by Certifying and Approving Official                  CAL, signed by Property Custodian                  IAD, signed by Certifying Official &amp; Approval Authority;                  Contract</p>	
ILE	Equipment Inventory Loss	TNL	Transferred to Non-DOD Organization	<p>AF Form 601 or Local Form (include ECN, Doc#, Item Description, Qty, UOI, Cost) signed by Property Custodian;                  IAD, signed by Certifying and Approving Official                  CAL, signed by Property Custodian                  IAD, signed by Certifying Official &amp; Approval Authority;                  DD Form 1348-1A or DD Form 1149 and associated shipping documents, signed by Authorized</p>	Two years after asset is removed from accountable records

				Government Agent	
ILE	Equipment Inventory Loss	TDL	Turn-In to DLA-DS	AF Form 601, signed by Property Custodian; DD Form 1348-1A, signed by DLA-DS rep.; CAL, signed by Property Custodian; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	TBL	Turn-In to installation Supply	AF Form 601, signed by Property Custodian; CAL, signed by Property Custodian; Base Supply Receipt document, signed by LRS rep.; IAD, signed by Certifying Official & Approval Authority	Two years after asset is removed from accountable records
ILE	Equipment Inventory Loss	TML	Turn-In to Medical Supply	AF Form 601	Two years after asset is removed from accountable records

## Attachment 3

## DENTAL ANESTHETIC &amp; OTHER APPROVED DRUG LISTS

## A3.1. Dental Anesthetic &amp; Other Approved Drug Lists.

<b>Note:</b> This attachment contains approved drug lists which AFMOA Pharmacy Division (AFMOA/SGBP) has approved for Medical Logistics to issue to the Dental Clinic.			
<b>Nomenclature</b>	<b>Unit of Purchase</b>	<b>NDC</b>	<b>NSN</b>
ADRENALINADRENALIN 1 MG/ML VIALML CA OF 25 VI OF 1ML	CA	42023015925	
AMMONIA INHALANT AMPULE 10S	PG	39822990001	6505001060875
AMMONIA INHALANT AMPULE 20S	PG		
ARESTIN 1 MG MICROSPHERE UDS 1	EA	659760100-01	
ARESTIN 1 MG MICROSPHERE UDS PG OF 12	PG	6597601000-12	
ARESTIN 1 MG MICROSPHERE UDS PG OF 24	PG	659760100-24	N/A
BACITRACIN TB OF 14GR	EA	45802006001	Multiple NSN
BACITRACIN TB OF 28 GR	EA	45802006003	6505005824191
BACITRACIN CA OF 144 12 OF 1GR	CA	45802006070	6505011770589
BACITRACIN ZINC TB OF 28.4GR	EA	51672207502	6505005824191
BACITRACIN ZINC CA OF 144 12 OF 1EA	CA	54162001709	N/A
BACITRACIN ZINC TB OF 15GR	EA	54162001715	6505014542526
BUPIVACAINE AND EPINEPHRINE INJECTION USP 1.8ML CARTRIDGE 50/CAN	CN	00409760001	6505011893973
CARBOCAINE ANESTHETIC 3% W/O VASO	BX		6505015653136
CARBOCAINE 3% PLAIN COOK-WAITE 1.7ML 50/BX RX MEPIVACAINE HCL 3%	BX		6505015653136
CARBOCAINE 3% 1.7ML BX50	BX		6505015653136
CHLORHEXIDINE GLUCONATE, ORAL RINSE 16OZ BOTTLES, 12/PG	PG	00116200116	6505013782884
DEBACTEROL, CA OF 12 BX OF 1EA	CA	62942010112	6505016580561
DEXTROSE, CA OF 24 BG of 500ML	CA	00338001703	Multiple NSN
DEXTROSE, CA OF 14 BG OF 1000ML	CA	00338001704	Multiple NSN
DEXTROSE, CA OF 24 BG OF 250ML	CA	00409792202	Multiple NSN
DEXTROSE, CA OF 24 BG OF 500ML	CA	00409792203	Multiple NSN

<b>Note:</b> This attachment contains approved drug lists which AFMOA Pharmacy Division (AFMOA/SGBP) has approved for Medical Logistics to issue to the Dental Clinic.			
<b>Nomenclature</b>	<b>Unit of Purchase</b>	<b>NDC</b>	<b>NSN</b>
EPINEPHRINE	N/A	49502010102	6505015991871
EPINEPHRINE	N/A	49502010202	6505015990353
HURRICAIN SPRAY, CN OF 57GR	CN	00283067902	6505011057483
BENZOCAINE ORAL TOPICAL GEL 20% 1OZ OR 28GM BOTTLE, HURRICAIN GEL	BT	00283087131	6505010645769
HURRICAIN GEL, CA OF 12 TB OF 5.25GR	CA	00283087112	N/A
RINGERS INJECTION LACTATED USP 500 ML BAG 24 PER PACKAGE	PG	00338011703	6505014623022
RINGERS INJECTION LACTATED USP 1000 ML BAG 14 PER PACKAGE	PG	00338011704	6505014623025
RINGERS INJECTION LACTATED USP 1000 ML BAG 12 PER PACKAGE	PG	00409795309	6505013306267
LACTATED RINGERS & DEXTROSE CA OF 24 BG OF 500ML	CA	00338012503	6505000288210
LACTATED RINGERS & DEXTROSE CA OF 14 BG OF 1000ML	CA	00338012504	6505001161064
LIDOCAINE HYDROCHLORIDE & EPINEPHRINE INJECTION, USP 1.8ML, 50 CARTRIDGES	PG	00409099601	6505015971328
LIDOCAINE HYDROCHLORIDE & EPINEPHRINE INJECTION, USP, 2%, 50 CARTRIDGES	PG	31382089805	6505015762767
LISTERINE COOL MINT ANTISEPTIC	N/A	42002040270	N/A
LISTERINE COOL MINT ANTISEPTIC	N/A	42002040271	N/A
LISTERINE FRESHBURST ANTISEPTIC	N/A	42002040370	N/A
MEPIVACAINE HYDROCHLORIDE INJECTION USP 3% 1.8ML CARTRIDGE, 50S	PG	12862109809	6505015653136
GRAHAM MEPIVACAINE 3% BX50	BOX		6505015653136
ORAQIX, CARTRIDGE-ECAT	N/A	66312011020	6505016569640
ORAQIX PERIODONTAL GEL, 20s- ECAT	BX	66312011020	
ORAQIX PK20-ECAT	PG	66312011020	

<b>Note:</b> This attachment contains approved drug lists which AFMOA Pharmacy Division (AFMOA/SGBP) has approved for Medical Logistics to issue to the Dental Clinic.			
<b>Nomenclature</b>	<b>Unit of Purchase</b>	<b>NDC</b>	<b>NSN</b>
ORAQIX PERIODONTAL GEL PERIODONTAL GEL CARTRIDGES, 20-ECAT	PG	66312011020	
ORAQIX ANESTHETIC GEL-ECAT	PG	66312011020	
ANESTHETICS TOPICAL, 20s-ECAT	BOX	66312011020	
CHLORHEXIDINE GLUONATE ORAL RINSE PERIOGARD 0.12% 16 OZ	BT	00126027116	6505013782884
POLOCAINE 3% PLAIN (50)-ECAT	BOX		
POLOCAINE 3% BX50-ECAT	BOX		
ANEST 3% POLOCAINE PLAIN TAN*50 #34416-ECAT	BOX		
ARTICAINE HYDROCHLORIDE WITH EPINEPHRINE INJ 1.7ML CARTRIDGE 50S/ SEPTOCAINE & EPINEPHRINE	PG	00362904902	6505015232386
SILVER NITRATE, 12 OF 100EA	12 OF 100EA	12870000101	N/A
SILVER NITRATE, VI OF 100EA	VI	12870000102	N/A
SILVER NITRATE APPLICATORS 6 INCH 100S	CO	12165010003	650502999672
SODIUM CHLORIDE, CA OF 16 BO OF 500ML	CA	00264220110	N/A
SODIUM CHLORIDE CA OF 8 BO OF 2000ML	CA	00264220150	Multiple NSN
SODIUM CHLORIDE CA OF 4 BO OF 4000ML	CA	00264220170	Multiple NSN
SODIUM CHLORIDE CA OF 12 CH OF 1000ML	CA	00264780009	6505013306269
SODIUM CHLORIDE, CA OF 24 CH OF 500ML	CA	00264780010	Multiple NSN
SODIUM CHLORIDE CA OF 24 CH OF 250ML	CA	00264780020	Multiple NSN
SODIUM CHLORIDE CA OF 24 BO OF 250ML	CA	00338004802	Multiple NSN
SODIUM CHLORIDE CA OF 18 BO OF 500ML	CA	00338004803	Multiple NSN

<b>Note:</b> This attachment contains approved drug lists which AFMOA Pharmacy Division (AFMOA/SGBP) has approved for Medical Logistics to issue to the Dental Clinic.			
<b>Nomenclature</b>	<b>Unit of Purchase</b>	<b>NDC</b>	<b>NSN</b>
SODIUM CHLORIDE, CA OF 12 BO OF 1000ML	CA	00338004804	Multiple NSN
SODIUM CHLORIDE, CA OF 36 CH OF 250ML	CA	00338004902	Multiple NSN
SODIUM CHLORIDE, CA OF 24 CH OF 500ML	CA	00338004903	Multiple NSN
SODIUM CHLORIDE, CA OF 14 CH OF 1000ML	CA	00338004904	6505000836544
SODIUM CHLORIDE, CA OF 24 BO OF 500ML	CA	00409613803	Multiple NSN
SODIUM CHLORIDE, CA OF 24 CH OF 250ML	CA	00409613822	Multiple NSN
SODIUM CHLORIDE, CA OF 24 BG OF 250ML	CA	00409710102	N/A
SODIUM CHLORIDE, CA OF 24 BG OF 250ML	CA	00409798302	Multiple NSN
SODIUM CHLORIDE, CA OF 24 BG OF 500ML	CA	00409798303	Multiple NSN
SODIUM CHLORIDE, CA OF 24 BG OF 250ML	CA	00409798353	Multiple NSN
SODIUM CHLORIDE, CA OF 18 BG OF 500ML	CA	00409798355	N/A
SODIUM CHLORIDE, CA OF 80 BG OF 100ML	CA	00409798437	6505015339925
SODIUM CHLORIDE, CA OF 25 VI OF 10ML	CA	00409488810	6505012870626
STERILE WATER, CA OF 24 CH OF 250ML	CA	00338000402	Multiple NSN
STERILE WATER, CA OF 18 CH OF 500ML	CA	00338000403	Multiple NSN
STERILE WATER, CA OF 12 CH OF 1000ML	CA	00338000404	Multiple NSN
STERILE WATER, CA OF 24 BO OF 500ML	CA	00409613903	Multiple NSN
STERILE WATER, CA OF 24 BG OF 250ML	CA	00409613922	Multiple NSN
WATER FOR IRRIGATION STERILE USP 1000ML BOTTLE 16 PER PACKAGE	PG	00264210100	6505013308932
WHITE PETROLATUM JR OF 453.6GR	EA	00168005316	6505001338025

<b>Note:</b> This attachment contains approved drug lists which AFMOA Pharmacy Division (AFMOA/SGBP) has approved for Medical Logistics to issue to the Dental Clinic.			
<b>Nomenclature</b>	<b>Unit of Purchase</b>	<b>NDC</b>	<b>NSN</b>
WHITE PETROLATUM TB OF 28.35GR	EA	00168005321	6505002545527
WHITE PETROLATUM CA OF 144 12 OF 5GR	CA	00168005345	Multiple NSN
XYLOCAINE BX OF 50 CQ OF 1.7ML	BX	66312017616	N/A

## Attachment 4

**EMERGENCY MEDICAL RESPONDER, EMERGENCY MEDICAL TECHNICIAN  
SUPPLY/EQUIPMENT LISTS**

**A4.1. Emergency Medical Responder Supply/Equipment List in accordance with AFI 41-209, paragraph 3.10 .**

<b>Note:</b> See AF Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
<b>Nomenclature</b>	<b>NSN</b>
<b>Airway</b>	
Portable Mechanical Suction/Re-Chargeable Battery Operated Portable Mechanical Suction Apparatus Unit/Tracheal/UNIT SUCTION PORTABLE OROPHARYNGEAL MULTIPOWERED DISPOSABLE SUCTION CANISTER PATIENT TUBING	6515014215807
Yankauer Suction with Tubing/Suction Instrument Yankauer W/O Control Vent W/72-inch Suction Tubing 20S/SUCTION INSTRUMENT YANKAUER W/O CONTROL VENT W/72inch SUCTION TUBNG 20S	6515011643053
<b>Breathing</b>	
O2 Masks - Adult/Non-Rebreather Mask (Adult)/MASK ORONASAL ADULT PLASTIC ELONGATED NONREBREATHING DISP 50s/MASK OXYGEN REBREATHER ADULT SAFETY VALVE TUBING 7FTL	6515011643755
O2 Masks - Pediatric/Non-Rebreather Mask (Pediatric)/MASK OXYGEN PEDIATRIC NON-REBREATHER MOUTH & NOSE DISP 50S	6515015002817
MASK NON REBREATHING PEDIATRIC W/SA/MASK OXYGEN NON-REBREATHER PEDIATRIC VINYL W/SAFETY VENT 7FT TUBING	6515015849427
Nasal Cannula/CANNULA NASAL ADULT OVER THE EAR CURVED TIP O2 TUBING 7FTL CRUSH-RESISTANT LUMEN	6515014372532
CANNULA CURVED NASAL TIPS OVER EAR/CANNULA NASAL OXYGEN PLAS 84LG OVER EAR STYLE NON FLARED 50S	6515014580522
Bag Valve Mask – Infant/ RESUSCITATOR INFANT O2 RESERVOIR BAG POP-OFF VALVE STANDARD ELBOW INFANT MASK LATEX-FREE DISPOSABLE	
Bag Valve Mask - Pediatric/Christmas tree built into regulator/ RESUSCITATOR SPUR II SEBS PEDIATRIC SAFEGRIP SURFACE DIVERTER CAP PVC FREE WITH TODDLER MASK/OXYGEN RESERVOIR BAG/PRESSURE LIMITING VALVE DISPOSABLE LATEX FREE	6515016088532
Bag Valve Mask – Adult/RESUSCITATOR ADULT O2 RESERVOIR BAG MED ADULT MASK LATEX-FREE DISPOSABLE	6515016584300
Portable Oxygen Tank/Jumbo D Aluminum Portable Tank with Toggle Valve/OXYGEN TRANSPORT D CYLINDER	6505001325181

<b>Note:</b> See AF Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
<b>Nomenclature</b>	<b>NSN</b>
Oxygen Regulator/Brass-Oxygen Liter Flow Regulator/REGULATOR OXYGEN DIAL ADJUSTABLE BRASS YOKE DISS OUTLET W/DOUBLE DISS DEMAND OUTLET 0-25 LPM CGA870 W/GAUGE	6680012346789
Oxygen Equipment Bag/L.A. Rescue Omega D-Sleeve /BAG MEDICAL OXYGEN 8.5IN X 32IN X 8.5IN MULTIPLE POCKETS SHOULDER STRAP ELASTIC TOOL HOLDER TO CARRY E-SIZE OXYGEN TANK AND RELATED AIRWAY ACCESSORIES GREEN	6515015235969
Circulation/Bleeding Control	
Automated External Defibrillator/ DEFIBRILLATOR/MONITOR-RECORDER SYSTEM	6515016030401
DEFIBRILLATOR AUTO EXT W/BAT LCD/DEFIBRILLATOR AED/CPR/ECG MONITOR MANUAL/AUTOMATIC RECTILINEAR BIPHASIC W/AUDIO	
AED Pads – Adult/ELECTRODE CARDIAC MULTI-FUNCTION ADULT SELF-ADHESIVE 48INL HEARTSTART AED	6515015975872
PAD DEFIBRILLATOR UNIVERSAL ADHESIVE PAD AED 1/SET/PK F/PHILIPS	
ACCESSORY DEFIBRILLATOR ELECTRODE STAT-PADZ ADULT F/ZOLL MEDICAL ALL MODELS	
AED Pads – Pediatric/ELECTRODE CARDIAC MULTI-FUNCTION PEDIATRIC CONDUCTIVE ADHESIVE GEL RECTANGLE PRE-ATTACHED LEAD WIRE/PLUG CONNECTOR 1SET PHILIPS DEFIBRILLATOR	6515015892245
PAD DEFIBRILLATOR PEDIATRIC GEL PAD 2YR SHELF LIFE 2/PK F/ZOLL AED PLUS	
Tourniquet/Combat Application Tourniquets (CATs)/TOURNIQUET EMERGENCY SINGLE HANDED UPPER AND LOWER EXTREMITY HOOK & LOOP CLOSURE 1INW NONPNEUMATIC	6515015217976
Equipment Bags	
Dyna Med Mega-Medic Bag/(bag only)/CONTAINER MEDICAL BAG EQUIPMENT NYLON EXTERIOR COMPARTMENTX4/INTERIOR 11 13.5INL	6515015003443
Trauma	
Scoop Stretcher/MSSCP124	
Long Backboard/Plastic Long Spinal Care Board/BACKBOARD PLASTIC TAPERED FULL BODY 16 X 72IN RUNNERS 16 HAND HOLE COLOR	6530014993504
Head Blocks/Disposable Large Patient Extricator/PART SPLINT SPINE EMERGENCY RESCUE FOREHEAD RESTRAINT	6530012653382
Kendrick Extrication Device/Rigid Half Back Patient Auto Extrication Device/ BOARD SHLDR REPLACEMENT COMP F/SPLINT ASSY SPINE 6530012653583	6530012653583

<b>Note:</b> See AF Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
<b>Nomenclature</b>	<b>NSN</b>
Cervical Collar – Pediatric/SUPPORT CERVICAL STIFNECK DESIGN CHILD SIZE F/EXTRICATION COLLAR --- COLLAR CERVICAL PEDIATRIC STIFNECK PAEDIATRIC RADIOLUCENT MRI AND CT SCAN COMPATIBLE LATEX FREE	
Cervical Collar-Universal Adult/ COLLAR CERVICAL EMS EXTRICATION ADULT UNIVERSAL ADJUSTABLE PLASTIC/FOAM CT AND MRI COMPATIBLE TRACH OPEN HOOK AND LOOP CLOSURE RADIOLUCENT	6515014524435
<b>Miscellaneous Equipment</b>	
Mass Casualty Incident Kit/Standard Colored MCI Patient Triage/ Care Ground Tarps	
Traction Splint/Mid Shaft Closed Femur Fracture Immobilizer/SPLINT TRACTION LEG KENDRICK ADULT BUCKLE STRAPS PADDED ALUMINUM	6515013469186
Emesis Bags/BAG BIOHAZARD AUTOCLAVABLE HMHDPE RED 8.5X11IN STEAM INDICATOR	6530014607075
Heat Packs/Cold weather locations/ PACK HOT INSTANT DISPOSABLE 4INX10IN	6530012125343 UM
<b>Clipboard</b>	
<b>Personal Protective Equipment</b>	
Gloves – Medium/GLOVE EXAM NON-STERILE SYNTHETIC POWDER-FREE BEADED CUFF NITRILE MED TEXTURED FINGER TIPS 9.5INL 4ML COLOR	6515014618933
Gloves – Large/GLOVE EXAM NON-STERILE SYNTHETIC POWDER-FREE BEADED CUFF NITRILE X-LG TEXTURED	6515014618950
Safety Goggles/PPE/GLASSES SAFETY UNIVERSAL CLEAR LENS ULTRA VIOLET PROTECTION ANTI FOG/SCRATCH/STATIC BLOW GUARD POLYCARBONATE	6540013951575
Surgical Masks/12 per box/MASK SURGICAL PLEATED FILTRATION BFE 95% TIES	6515007822621
Hand Sanitizer/SANITIZER HAND LOTION BOTTLE CITRUS 4OZ	8520013469200
Sharps Containers/CONTAINER SHARPS 1QT NEEDLE/SYRINGE AUTO DROP LID RED	6530014988526
N95 respiratory mask/RESPIRATOR AIR FILTERING N95 INFECTION CONTROL SZ S/M 200S	6515015860215
MASK PARTICULATE RESPIRATOR PLEATED MED/LG N95 NIOSH CERTIFIED FLUID RESISTANT	6515015860267
Decontamination Personal Protective Spray/DECONTAMINATION PERSONAL PROTECTION SPRAY DISPOSABLE 12ML NON-AL	6508015862843
Naloxone/Opioid reversal agent/ NALOXONE 4 MG/ACTUATION NASAL SPRAYS	6505016582463

**A4.2. Emergency Medical Technician Supply/Equipment List in accordance with AFI 41-209, paragraph 3.10.**

<b>Note:</b> See Air Force Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
Nomenclature	NSN
Airway	
Portable Mechanical Suction/Re-Chargeable Battery Operated Portable Mechanical Suction Apparatus Unit/Tracheal/UNIT SUCTION PORTABLE OROPHARYNGEAL MULTIPowered DISPOSABLE SUCTION CANISTER PATIENT TUBING	6515014215807
Yankauer Suction with Tubing/Suction Instrument Yankauer W/O Control Vent W/72" Suct Tubing 20S/SUCTION INSTRUMENT YANKAUER W/O CONTROL VENT W/72"SUCT TUBNG 20S	6515011643053
Breathing	
O2 Masks - Adult/Non-Rebreather Mask (Adult)/MASK ORONASAL ADULT PLASTIC ELONGATED NONREBREATHING DISP 50s/MASK OXYGEN REBREATHER ADULT SAFETY VALVE TUBING 7FTL	6515011643755
O2 Masks - Pediatric/Non-Rebreather Mask (Pediatric)/MASK OXYGEN PEDIATRIC NON-REBREATHER MOUTH & NOSE DISP 50S	6515015002817
MASK NON REBREATHING PEDIATRIC W/SA/MASK OXYGEN NON-REBREATHER PEDIATRIC VINYL W/SAFETY VENT 7FT TUBING	6515015849427
Nasal Cannula/CANNULA NASAL ADULT OVER THE EAR CURVED TIP O2 TUBING 7FTL CRUSH-RESISTANT LUMEN	6515014372532
CANNULA CURVED NASAL TIPS OVER EAR/CANNULA NASAL OXYGEN PLAS 84LG OVER EAR STYLE NON FLARED 50S	6515014580522
Bag Valve Mask – Infant/ RESUSCITATOR INFANT O2 RESERVOIR BAG POP-OFF VALVE STANDARD ELBOW INFANT MASK LATEX-FREE DISPOSABLE	
Bag Valve Mask - Pediatric/Christmas tree built into regulator/ RESUSCITATOR SPUR II SEBS PEDIATRIC SAFEGRIP SURFACE DIVERTER CAP PVC FREE WITH TODDLER MASK/OXYGEN RESERVOIR BAG/PRESSURE LIMITING VALVE DISPOSABLE LATEX FREE	6515016088532
Bag Valve Mask – Adult/RESUSCITATOR ADULT O2 RESERVOIR BAG MED ADULT MASK LATEX-FREE DISPOSABLE	6515016584300
* Portable Oxygen Tank/Jumbo "D" Aluminum Portable Tank with Toggle Valve/OXYGEN TRANSPORT D CYLINDER	6505001325181
Oxygen Regulator/Brass-Oxygen Liter Flow Regulator/REGULATOR OXYGEN DIAL ADJUSTABLE BRASS YOKE DISS OUTLET W/DOUBLE DISS DEMAND OUTLET 0-25 LPM CGA870 W/GAUGE	6680012346789
Oxygen Equipment Bag/L.A. Rescue Omega D-Sleeve <a href="http://www.buyemp.com/product/1070203.html">http://www.buyemp.com/product/1070203.html</a> /BAG MEDICAL OXYGEN 8.5IN X 32IN X 8.5IN MULTIPLE POCKETS SHOULDER	6515015235969

<b>Note:</b> See Air Force Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
Nomenclature	NSN
STRAP ELASTIC TOOL HOLDER TO CARRY E-SIZE OXYGEN TANK AND RELATED AIRWAY ACCESSORIES GREEN	
Circulation/Bleeding Control:	
Portable Oxygen Saturations/Digital Finger Pulse Oximeter	6515015571136
Automated External Defibrillator/ DEFIBRILLATOR/MONITOR-RECORDER SYSTEM	6515016030401
DEFIBRILLATOR AUTO EXT W/BAT LCD/DEFIBRILLATOR AED/CPR/ECG MONITOR MANUAL/AUTOMATIC RECTILINEAR BIPHASIC W/AUDIO	
AED Pads – Adult/ELECTRODE CARDIAC MULTI-FUNCTION ADULT SELF-ADHESIVE 48INL HEARTSTART AED	6515015975872
PAD DEFIBRILLATOR UNIVERSAL ADHESIVE PAD AED 1/SET/PK F/PHILIPS	
ACCESSORY DEFIBRILLATOR ELECTRODE STAT-PADZ ADULT F/ZOLL MEDICAL ALL MODELS	
AED Pads – Pediatric/ELECTRODE CARDIAC MULTI-FUNCTION PEDIATRIC CONDUCTIVE ADHESIVE GEL RECTANGLE PRE-ATTACHED LEAD WIRE/PLUG CONNECTOR 1SET PHILIPS DEFIBRILLATOR	6515015892245
PAD DEFIBRILLATOR PEDI II MULTI-FUN/PAD DEFIBRILLATOR PEDIATRIC GEL PAD 2YR SHELF LIFE 2/PK F/ZOLL AED PLUS	
Tourniquet/Combat Application Tourniquets (CATs)/TOURNIQUET EMERGENCY SINGLE HANDED UPPER AND LOWER EXTREMITY HOOK & LOOP CLOSURE 1INW NONPNEUMATIC	6515015217976
Equipment Bags:	
Dyna Med Mega-Medic Bag/(bag only)/CONTAINER MEDICAL BAG EQUIPMENT NYLON EXTERIOR COMPARTMENTX4/INTERIORX11 13.5INL	6515015003443
Trauma	
Scoop Stretcher/	
Long Backboard/Plastic Long Spinal Care Board/BACKBOARD PLASTIC TAPERED FULL BODY 16 X 72IN RUNNERS 16 HAND HOLE COLOR	6530014993504
Head Blocks/Disposable Large Patient Extricator/PART SPLINT SPINE EMERGENCY RESCUE FOREHEAD RESTRAINT	6530012653382
Kendrick Extrication Device/Rigid Half Back Patient Auto Extrication Device/ BOARD SHLDR REPLACEMENT COMP F/SPLINT ASSY SPINE 6530012653583	6530012653583
Cervical Collar – Pediatric/SUPPORT CERVICAL STIFNECK DESIGN CHILD SIZE F/EXTRICATION COLLAR, COLLAR CERVICAL PEDIATRIC STIFNECK PAEDIATRIC RADIOLUCENT MRI AND CT SCAN COMPATIBLE LATEX FREE	

<b>Note:</b> See Air Force Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
Nomenclature	NSN
Cervical Collar-Universal Adult/ COLLAR CERVICAL EMS EXTRICATION ADULT UNIVERSAL ADJUSTABLE PLASTIC/FOAM CT AND MRI COMPATIBLE TRACH OPEN HOOK AND LOOP CLOSURE RADIOLUCENT	6515014524435
Miscellaneous Equipment	
Blood Glucometer Measuring Device/(for example: Precision Xtra Glucose Monitor)	
Test Strips/(for example: Precision Xtra Test Strips, Capillary)	
Mass Casualty Incident Kit/Standard Colored MCI Patient Triage/ Care Ground Tarps	
Traction Splint/Mid Shaft Closed Femur Fracture Immobilizer/SPLINT TRACTION LEG KENDRICK ADULT BUCKLE STRAPS PADDED ALUMINUM	6515013469186
Emesis Bags/BAG BIOHAZARD AUTOCLAVABLE HMHDPE RED 8.5X11IN STEAM INDICATOR	6530014607075
Heat Packs/Cold weather locations/ PACK HOT INSTANT DISPOSABLE 4INX10IN	6530012125343 UM
Clipboard	
Personal Protective Equipment	
Gloves – Medium/GLOVE EXAM NON-STERILE SYNTHETIC POWDER-FREE BEADED CUFF NITRILE MED TEXTURED FINGER TIPS 9.5INL 4ML COLOR	6515014618933
Gloves – Large/GLOVE EXAM NON-STERILE SYNTHETIC POWDER-FREE BEADED CUFF NITRILE X-LG TEXTURED	6515014618950
Safety Goggles/PPE/GLASSES SAFETY UNIVERSAL CLEAR LENS ULTRA VIOLET PROTECTION ANTI FOG/SCRATCH/STATIC BLOW GUARD POLYCARBONATE	6540013951575
Surgical Masks/12 per box/MASK SURGICAL PLEATED FILTRATION BFE 95% TIES	6515007822621
Hand Sanitizer/SANITIZER HAND LOTION BOTTLE CITRUS 4OZ	8520013469200
Sharps Containers/CONTAINER SHARPS 1QT NEEDLE/SYRINGE AUTO DROP LID RED	6530014988526
N95 respiratory mask/RESPIRATOR AIR FILTERING N95 INFECTION CONTROL SZ S/M 200S	6515015860215
MASK PARTICULATE RESPIRATOR PLEATED MED/LG N95 NIOSH CERTIFIED FLUID RESISTANT	6515015860267
Decontamination Personal Protective Spray/DECONTAMINATION PERSONAL PROTECTION SPRAY DISPOSABLE 12ML NON-AL	6508015862843
Medication	
Insta-Glucose Gel/Aqueous suspension/DEXTROSE ORAL GEL 15 GRAMS IN SQUEEZE TUBE 3S	6505014253168

<b>Note:</b> See Air Force Medical Logistics Guide, Attachment 26, for current eCommerce sources of supply and item numbers.	
Nomenclature	NSN
Aspirin Low Dose 81 MG/Bottle of 36/ASPIRIN 81 MG CHEWABLE TABLET 36S	6505010339866
EpiPen/EpiPen Jr/ EPINEPHRINE 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR 2S	6505015990353
Activated Charcoal/CHARCOAL ACTIVATED SUSPENSION 50GM 240ML BT	6505012828880
Naloxone/Opioid reversal agent/ NALOXONE 4 MG/ACTUATION NASAL SPRAYS	6505016582463