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SECRETARY OF THE AIR FORCE**

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Health Services

MEDICAL LOGISTICS SUPPORT



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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 Air Force Military Treatment Facilities (MTFs) and other activities. This instruction applies to all Air Force, Air Force Reserve and Air National Guard (ANG) activities with an assigned Medical Supply (FM) account as defined by AFI 23-111, *Management of Government Property in Possession of the Air Force*, Attachment 2. It does not apply to non-FM account supported medical units except where stated otherwise. This AFI may be supplemented at any level, but all supplements that directly implement this publication must be routed to AFMOA/SGAL for coordination prior to certification and approval. Refer questions and suggested improvements to the Office of Primary Responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*; send AF Form 847 to AFMOA/SGALO, DMLC Building, 693 Neiman Street, Fort Detrick, MD 21702-5006 (email: afmoa.sgalo@us.af.mil). Tier waiver authorities are defined in AFI 33-360, *Publications and Forms Management*. The authorities to waive wing/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 in accordance with (IAW) Air Force Manual

(AFMAN) 33-363, *Management of Records*, and disposed of IAW Air Force Records Disposition Schedule (AFRDS) located in the AF Records Information System (AFRIMS) accessible through the AF Portal. **Note:** For medical wings, references to Medical Logistics Flight Commander and Medical Support Squadron Commander shall be interchanged with Medical Logistics Squadron Commander and Medical Support Group Commander respectively. Where applicable, references to the Medical Logistics Guide are provided. The Guide includes further guidance, as well as step-by-step procedures to accompany the policy in this instruction; and is available at the Air Force Medical Logistics (AFML) website (<https://medlog.us.af.mil>).

SUMMARY OF CHANGES

This document has been substantially revised. As part of the transition to the new AF Inspection System (AFIS), this AFI was streamlined to prioritize mission and inspection compliance requirements. The rewritten AFI reduces the compliance burden on field units and provides Wing Commanders flexibility in tailoring their inspections to local conditions. The AFI also identifies Tiered waiver authorities in accordance with AFI 33-360. Most “how to” information was removed in order to allow Wings maximum flexibility to accomplish mission requirements guidance included in this AFI. Separate chapters for Vehicle Control and Linen Supply were removed and key responsibilities for these functions were included in Chapter 1, General and Administrative.

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Chapter 1

GENERAL OVERVIEW

1.1. Purpose. Describes various functions included under the Medical Logistics function in support of the Air Force (AF) medical mission.

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 pecuniarily 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 the ANG personnel must also comply with 32 Code of Federal Regulations (CFR), (USC Sections 702, 703, 708, and 710).

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

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

1.2.2. The Air Force Medical Operations Agency, Medical Logistics Division, (AFMOA/SGAL) 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 AF Medical Logistics (AFML) activities and the Defense Logistics Agency (DLA), General Services Administration (GSA), and other sources of supply.

1.2.2.4. Support development, procure, build, distribute, retrofit and reconstitute contingency response assemblages, including War Reserve Materiel (WRM), Pandemic Influenza (PI), and Medical Counter-Chemical, Biological, Radiological and Nuclear (MC-CBRN) assemblages.

1.2.2.5. Maintain and update AF medical allowance standards (AS) for medical units; provide guidance for determining medical materiel allowances for non-medical activities.

1.2.2.6. Request DoD Activity Address Codes (DoDAAC) for new stock record accounts.

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

1.2.2.8. Source all medical expense equipment requirements and approve/source all investment equipment requirements for the AFMS.

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

1.2.3.1. Appoint a Medical Service Corps officer as Accountable Base Medical Supply Officer (ABMSO). If an officer is not assigned to the Medical Logistics Flight, submit waiver in coordination with Major Command Administrator (MAJCOM/SGS), to the Chief, Medical Logistics Division, AFMOA/SGAL. For the ANG, a duly appointed assistant United States Property and Fiscal Officer (USPFO), for the relevant jurisdiction and the organization in possession of medical materiel issued to the ANG, serves as the Accountable Base Medical Supply Officer (ABMSO) IAW AFI 23-111. (T-0).

1.2.3.2. Appoint property custodians to support Medical Logistics in the requisition, management, accountability, and maintenance of supplies and equipment in using activities. (T-0).

1.2.3.2.1. This authority may be delegated to the Medical Squadron Commanders. (T-3).

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 custodian must transfer account to an authorized successor. (T-3).

1.2.3.2.3. Property custodians may be appointed for more than one using activity. (T-3).

1.2.3.3. Designate a unit Report of Survey (ROS) monitor. To maintain impartiality, the MTF ROS Monitor shall not be a member of the Medical Logistics Flight. (T-3).

1.2.3.4. Appoint disinterested investigating officers for ROS as required IAW AFMAN 23-220, *Reports of Survey for Air Force Property*. This authority may be delegated to the Medical Squadron Commanders. (T-3).

1.2.3.5. Appoint an MTF Vehicle Control Officer (VCO) and/or Vehicle Control Noncommissioned Officer (VCNCO) IAW AFI 24-302, *Vehicle Management*. (T-3).

1.2.4. The ABMSO will:

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

1.2.4.2. Maintain physical accountability of all AFWCF/MDD-owned assets (operating inventory and WRM) and in-use equipment. (T-0).

1.2.4.3. Approve the acquisition and issue of all medical supplies and equipment for medical and non-medical organizations on base. (T-3).

1.2.4.4. Procure and maintain all AFWCF/MDD materiel in DMLSS. (T-0).

1.2.4.5. Issue medical materiel to non-medical units with the approval of the MTF Commander (or designated representative). Approval is not required for AF units designated as a Theater Lead Agent for Medical Materiel (TLAMM) when supporting other DoD requirements. (T-3).

1.2.4.6. Ensure appropriate and auditable management controls are in place to minimize occurrences of fraud, negligence, theft, etc. This includes, but is not limited to: (T-0).

- 1.2.4.6.1. Completing all inventories within required timeframes and adjusting accountable records as necessary. (T-0).
 - 1.2.4.6.2. Maintaining adequate levels of security for stored assets (operating inventory, WRM, and controlled items). (T-0).
 - 1.2.4.6.3. Complying with procurement processes that minimize opportunity for fraud (i.e., the same individual shall not order, receive, and issue materiel). (T-0).
 - 1.2.4.6.4. Maintaining auditable financial records to include: signed copies of contracts, invoices, inventories, etc. Record copies serve as audit evidential matter and must be organized and readily retrievable. (T-0).
 - 1.2.4.6.5. Ensuring deficiencies noted during Unit Effectiveness Inspections (UEIs), The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), and other official inspections/assessments have been corrected or a plan for correction has been implemented to address them. (T-3).
 - 1.2.4.6.6. Validating and adjusting business processes (as necessary) based on recommendations from AFMOA site visit teams and other management assistance visit teams. (T-3).
 - 1.2.4.7. Provide job qualification training for Medical Logistics personnel not assigned to a stock record account (e.g., Air Reserve Component personnel). (T-0).
 - 1.2.4.8. Appoint an NCO or a GS-04 or higher civilian as the MTF Linen Supply Officer. (T-3).
 - 1.2.4.9. In the ANG, the assistant USPFO will only fulfill those responsibilities described in this AFI 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. Neither the USPFOs nor assistant USPFOs are the ABMSO for AFWCF/MDD (medical WRM) assigned to ANG units. (T-0).
- 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 in the using activity, as well as resupply frequency for required medical and non-medical supplies. (T-0).
 - 1.2.5.3. Prepare requests for equipment, supplies, and services needed by using activity. (T-3).
 - 1.2.5.4. Designate personnel as authorized representatives to request and receive materiel. (T-3).
 - 1.2.5.5. Notify Medical Logistics whenever contacted by vendors for procurement or maintenance issues. (T-3).
- 1.2.6. The VCO/VCNCO will manage the MTF vehicle program IAW AFI 24-301, *Vehicle Operations*, and AFI 24-302. (T-3).

1.3. Medical Stock Record Accounts. (Medical Logistics Guide, paragraph 1.2.)

1.3.1. Major Commands or Combatant Commanders (COCOMs) will submit requests to establish a new Stock Record Account Number (SRAN) to AFMOA/SGAL for approval.

1.3.2. Prior to a permanent change of station, the ABMSO must transfer the stock record account. If the ABMSO is absent for an extended period of time, the MTF Commander will determine when re-appointment is necessary. When transferring accountability: (T-0).

1.3.2.1. The in-coming and out-going ABMSOs will sign a certificate of transfer. (T-0).

1.3.2.2. The in-coming ABMSO will retain the original certificate until accountability is transferred to a successor. (T-0).

1.3.2.3. A copy of the transfer certificate will be provided to the out-going ABMSO upon relief of accountability. (T-0).

1.3.3. The MLFC will notify AFMOA/SGAL when officially notified by the MAJCOM that an account will be deactivated. (T-3).

1.3.4. IAW Title 32 CFR, Part 174, *Revitalizing Base Closure Communities and Addressing Impacts of Realignment*, Subpart E, Personal Property, paragraph 174.13, when an account is to be deactivated, the MLFC will schedule an inventory of medical property items, including an assessment of asset condition, within six months of approval of closure. (T-0).

1.4. Clinical Engineering Programs. Clinical Engineering programs will be managed IAW AFI 41-201, *Managing Clinical Engineering Programs*. (T-1).**1.5. Linen Supply.** The MTF Linen Supply Officer will ensure the linen and laundry programs are managed IAW AFI 44-108, *Infection Prevention and Control Program*. (T-3).**1.6. Support to Detached Medical Units.** (MLG, paragraph 1.4.)

1.6.1. Detached medical units will enter into a support agreement with the host base IAW AFI 25-201, *Support Agreements Procedures*. (T-3).

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

1.6.3. Independent Duty Medical Technicians (IDMTs) and personnel who support squadron medical elements/remote sites will obtain required medical materiel from their assigned host Medical Logistics activity. These activities will use the same storage, issue, accounting, and inventory procedures and precautions required for drugs/equipment as an MTF activity (see AFI 44-103, *The Air Force Independent Duty Medical Technician Program*). (T-0).

1.6.4. Aeromedical Evacuation Squadrons (AES) will receive required medical materiel from their assigned host Medical Logistics activity. They will use the same storage, issue, accounting, and inventory procedures and precautions required for drugs/equipment as an MTF activity (see AFI 10-2909, *Aeromedical Evacuation Equipment Standards*, and AFI 11-2AEV3, *Volume 3, Aeromedical Evacuation (AE) Operations Procedures*). (T-0).

1.7. Customer Service Program. (MLG, paragraph 1.5.) Medical Logistics will:

1.7.1. Provide initial training for property custodians and their representatives designated to request and receive materiel (see paragraph 3.8.). Follow-on training is required at least annually for custodians and their designated representatives. (T-0).

1.7.2. Provide orientation for newly assigned MTF personnel. Options include: formal orientation, written hand-outs/tri-folds, or MTF intranet page access. Mandatory topics will include: (T-0).

1.7.2.1. Electrical safety training. (T-0).

1.7.2.2. Personnel responsibilities and liabilities for the proper care of AF property.

1.7.2.3. The implications of unauthorized obligations (see AFI 65-608, *Antideficiency Act Violations*). (T-0).

1.8. Reports of Survey. (T-0).

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

1.8.1.1. There is evidence of abuse, gross negligence, willful misconduct, or deliberate unauthorized use, fraud, theft, or if negligence is suspected in the case of supply system stocks or property book items. (T-0).

1.8.1.2. Adjustments for operating, WRM, MC-CBRN, PI, and Patient Movement Item (PMI) supplies with unit costs exceeding \$16,000 or total inventory adjustments exceeding \$50,000. (T-0).

1.8.1.3. All validated losses of equipment, including in-use, WRM, MC-CBRN, and PMI assets. The Wing/Installation Commander (normally delegated to the MTF Commander for medical ROS) may disregard processing a ROS if the value of the loss, damage, or destruction of the equipment is \$500 or less IAW AFMAN 23-220, paragraph 2.3.18. This option must be tempered by the situation pertaining to each case, and does not preclude MTF Commanders from processing a ROS where the loss, damage, or destruction is less than \$500. (T-3).

1.8.1.4. All validated losses of controlled items. (T-0).

1.8.1.5. As directed by the MTF Commander, applicable Medical Squadron Commander, the designated Inventory Adjustment Approval Authority (IAAA), or MLFC. (T-3).

1.8.2. For all validated losses, Medical Logistics will:

1.8.2.1. Forward information required to complete blocks 1-8 of DD Form 200 to MTF ROS Monitor within ten duty days of loss validation. (T-3).

1.8.2.2. Adjust accountable property records no later than 50 calendar days of discovery of the loss(es). (T-1).

1.8.2.3. Maintain file copies of information provided to the MTF ROS Monitor as source documents for inventory adjustments processed as a result of ROS actions. (T-0).

1.9. Funds. For the purposes of this AFI, Operations and Maintenance (O&M) and Other Procurement (OP) funds refer to Defense Health Program (DHP) appropriations, unless stated otherwise.

Chapter 2

DOCUMENTATION, CODES, AND RECORDS

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. Data Records. (MLG, paragraph 2.3.) The ABMSO will:

2.2.1. Account for materiel recorded on the property records of 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. A separate property accounting record will be maintained for each item on record. (T-0).

2.2.2.2. Medical materiel records will be maintained and disposed of IAW AFRDS. (T-0).

2.3. Documents. (T-0). (MLG, paragraph 2.4.).

2.3.1. A medical materiel record is an authorized property accounting document detailing a property action such as a requisition, receipt, shipment, issue, transfer, or adjustment. These source documents will be maintained for inspection and/or audit purposes. Each record must contain sufficient information to enable inspectors/auditors to trace the listed property and verify the validity of the transaction. Record dispositions that need to be updated, deleted, or added in the AFRDS will be accomplished IAW Chapter 11 of AFI 33-364, *Records Disposition—Procedures and Responsibilities*. (T-0).

2.3.2. Backup or explanatory material will be filed with the document to which it pertains, and will be retained as long as the related document is retained. (T-0).

2.3.3. Materiel documents will be assigned document numbers according to specific transactions being processed (i.e., issues, requisitions, destructions). The purpose of a document number is to identify the document, establish an audit trail, and aid in filing and retrieval. Document numbers for the purchase of services and rentals will be manually assigned using a single AF Form 36, *Materiel Document Register (Manual)*, or equivalent form. (T-0).

2.3.4. Medical Logistics will ensure the validity and completeness of all documents before filing. Specific documents appearing on the Inventory Management and Equipment Management Source Document Control Reports will be compared to supporting documents for accuracy (i.e., quality controlled) prior to filing in the permanent document file. At a minimum, transactions resulting in receipts, gains and losses, or affecting fund balances, will be quality controlled (QC). (T-0).

2.3.5. If invalid documents are discovered during the QC process, Medical Logistics will hold them in suspense pending completion. (T-0).

2.3.6. Medical Logistics will maintain central files for numbered documents in a manner that will ensure timely retrieval for research or audit purposes. (T-0).

2.3.7. If a document cannot be located, Medical Logistics will request a duplicate copy from the initiating activity or prepare a facsimile. The document number assigned to the original document will be reassigned to the facsimile or duplicate copy. (T-0).

2.3.8. A property custodian file for each custodian account will be maintained containing (at a minimum): (T-0).

2.3.8.1. A copy of the custodian appointment letter signed by the MTF Commander or authorized Squadron Commander. (T-0).

2.3.8.2. A current, signed Customer Receipt/Location list (CRL). (T-0).

2.3.8.3. All current, signed Custodian Action Lists (CAL) adding/removing equipment to/from the custodian's account (as required). (T-0).

2.3.9. Upon receipt and issue to the requesting activity, MEMO will transfer associated source documents (see paragraph 2.3.9.2) to a permanent document file for audit trail purposes and will maintain document file for six years and three months or the life of the equipment (whichever is longer) IAW AFRDS Table 23.05, Rule 05.00. This requirement applies regardless of source and/or procurement method (e.g., local procurement, central procurement, transfer from another MTF). (T-0).

2.3.9.1. Documentation stored in the AFMOA/SGAL equipment request/funding application (located on the AFML website) and/or the medical maintenance electronic data file, does not have to be duplicated. (T-3).

2.3.9.2. The permanent document file will include, at a minimum: (T-0).

2.3.9.2.1. The signed original equipment request approved by either the MTF Commander, Deputy Commander, or Administrator. Signed Equipment Review and Approval Authority (ERAA) minutes can be used in lieu of individual equipment requests. (T-0).

2.3.9.2.2. The purchase request (if used) and all required attachments.

2.3.9.2.3. The copy of the signed contract awarded by a DoD Contracting Agency or an external contracting agency (such as the General Services Administration). The contract copy must bear the ink or digital signature (i.e., via CAC) of the Contracting Officer. A draft copy of the contract, or a copy bearing the words “//signed//” will not suffice as an official copy for audit purposes. Copies of all signed contract modifications must also be maintained. (T-0).

2.3.9.2.4. Receipt documentation. Quality control and file the signed and dated receiving document, normally the DD Form 1155, *Order for Supplies or Services*, Standard Form (SF) 1449, *Solicitation/Contract/Order for Commercial Items*, or DD Form 250, *Material Inspection Receiving Report*. Receiving reports must be approved by an authorized government official who is in a position to know whether goods/services were actually received per contractual requirements. Receiving reports maintained in the contract folder must reflect the name of the individual who received the goods/services, and the date the goods/services were received. (T-0).

- 2.3.9.2.5. Acceptance documents for gains of centrally procured equipment, to include OP and other purchases processed by AFMOA/SGAL. Quality control and file with permanent equipment document records, the signed and dated DD Form 1155 or SF 1449. If multiple contract line item numbers (CLINs) are included on the contract, indicate the CLINs that apply. (T-0).
- 2.3.9.2.6. Receipts resulting from MEMO-to-MEMO transfers. The DD Form 1149, *Requisition and Invoice/Shipping Document* or DD Form 1348-1A, *Issue Release/Receipt Document* provided by the losing MTF will be used as the source document for the gain. Quality control and file with permanent equipment document records. (T-0).
- 2.3.9.2.7. 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. Quality control and file with permanent equipment document records. (T-0).
- 2.3.9.2.8. Original, signed/date Equipment Inventory Adjustment Documents (IADs) and documentation of ROS initiation for Unable to Locate (UL) equipment for maintenance actions. (T-0).
- 2.3.10. Disposition of equipment. A DD Form 1348-1A will be used as the source document for the transfer of equipment to DLA Disposition Services, other AF or DoD MTFs, etc. For transfers to DLA Disposition Services, the document will be signed and dated by the DLA Disposition Services representative. Quality control, file, and maintain for two years IAW AFRDS Table 23-08, Rule 01.00. (T-0).
- 2.3.11. Medical equipment rental and lease documents will be maintained with the approved equipment request and filed centrally. (T-0).
- 2.3.12. The MEMO will maintain all documents associated with the accountability of personal retention items. (T-0.)
- 2.3.13. Maintain MEMO document files IAW:
- 2.3.13.1. AFRIMS Table 23-03, Rule 01.00, *Active Unit Property Records*; includes shipping and receiving documents—destroy six years and three months after transactions occur.
- 2.3.13.2. AFRDS Table 23-03, Rules 15.00 and 15.02, *Unit Records*; includes daily document registers and project fund management reports—destroy after six years and three months.
- 2.3.13.3. AFRDS Table 23.05, Rule 05.00, *Allowance Authorization Change Requests and Custodian Request/Receipt Validated and Signed CL*; includes CALs and CRLs—destroy when obsolete or when superseded by a new CAL/CRL.
- 2.3.13.4. AFRDS Table 23-08, Rule 01.00, *Exception, Error, and Control Automated Data Processing Equipment (ADPE) Listings*; includes all source documents for adjustments of equipment records (i.e., losses, gains, disposition of equipment)—destroy two years after date of action taken or date of posting.

2.3.13.5. AFRDS Table 41-04, Rule 13, *Source Documents Local Purchase Receiving Records*; includes all equipment receiving reports (i.e., DD Form 1155, SF 1449, DD Form 250, etc.)—destroy six years and three months after close of FY in which final payment is made.

2.4. Reports. (MLG, paragraph 2.5.)

2.4.1. AFMOA/SGAL will analyze all financial reports with the assistance of the MLFCs (as required).

2.4.2. The Medical Materiel Management Report will be reconciled monthly to the Balance List by Account Requirement Code and Stratification Report to ensure the correct financial state of the AFWCF/MDD is being reported by DFAS. The MLFC will accomplish this reconciliation and will notify the responsible DFAS field site of any discrepancies. (T-3).

Chapter 3

INVENTORY MANAGEMENT

3.1. Purpose. This chapter provides guidance on management and accounting for AFWCF/MDD owned inventories.

3.2. Responsibilities. The MLFC will ensure inventory is appropriately stratified into one of the following inventory stratification categories: (T-1).

3.2.1. Operating. (T-1).

3.2.2. Special projects. (T-1).

3.2.3. Repairable and suspended. (T-1).

3.2.4. Excess. (T-1).

3.2.5. War Reserve Materiel. (T-1).

Section 3A—Funds

3.3. Air Force Working Capital Fund Medical/Dental Division (AFWCF/MDD) Accounts. (MLG, paragraph 3.3.)

3.3.1. The AFWCF/MDD is a revolving fund that is designed to operate on a breakeven basis. If a customer has O&M funds available and purchases materiel from the MDD, those funds will be used to replenish the AFWCF/MDD, and become available to purchase replacement materiel.

3.3.2. Losses to the fund are recovered through application of a surcharge.

3.3.3. The MDD is authorized contract authority to incur expenses when replenishing inventory; however, an obligation ceiling is present that cannot be exceeded.

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

3.4. Operations and Maintenance Funds.

3.4.1. The Resource Management Office (RMO) and Medical Logistics will reconcile financial targets between DMLSS and the General Accounting and Finance System (GAFS). Medical Logistics cannot exceed the targeted amounts loaded into GAFS. (T-0)

3.4.2. The RMO will establish applicable DMLSS targets and provide those targets to Medical Logistics. Either RMO or Medical Logistics personnel will accomplish O&M fund loads in DMLSS for medical activities. In either case, Medical Logistics will perform QC of fund loads IAW paragraph 2.3.4. (T-3)

Section 3B—Issues and Due-Outs

3.5. Control of Issues from the Air Force Working Capital Fund/Medical-Dental Division (AFWCF/MDD). Medical Logistics will:

3.5.1. Ensure all issues of AFWCF/MDD 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 MTF DHP O&M funds to issue expendable medical supplies to DoD 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 RMO will provide direction when establishing or revising a Project Center or Expense Center in DMLSS. Air Force activities designated as TLAMMs will coordinate establishment or revision of a Project Center or Expense Center in support of other DoD requirements with DFAS. (T-3).

3.6. General Issue Instructions.

3.6.1. Medical Logistics will only issue pharmaceutical items to accounts with authorized drug lists approved by the MTF Commander on the recommendation of the Pharmacy and Therapeutics Function (PTF). The only authorized exception is for Force Health Protection Prescription Products (FHPPP) for deploying personnel (see paragraph 8.25.4.). (T-3)

3.6.2. Equipment items will not be issued unless properly authorized IAW paragraph 6.4. (T-0).

3.6.3. Medical Logistics will provide procurement support for medical materiel to detached units IAW local support agreements. Activities which are sufficiently removed from a host base may be authorized to purchase emergency medical requirements. (T-3).

3.6.4. Medical Logistics will issue medical kits to activities only to satisfy allowance standard (AS), technical order (TO), or local requirements. The MTF Commander may grant authorizations after considering the availability of other medical services and supplies. At the time of receipt or issue, the MLFC will ensure the kits and sets are examined and in compliance with TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*. Issue of kits is unit funded. (T-3).

3.6.5. Warehouse refusals will be immediately researched and reconciled. (T-3).

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 cancel 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 source of supply before cancelling the customer due-out. (T-3).

3.8. Authorization to Request and Receipt for Materiel.

3.8.1. Medical Logistics will obtain signature receipt from property custodians for the following types of issues:

3.8.1.1. Controlled items (notes code Q and R). (T-0).

3.8.1.2. Equipment. (T-0).

3.8.2. Property custodians will designate military and civilian personnel as authorized representatives to request and receipt for materiel as required. (T-0)

3.8.2.1. Property custodians will make the delegation of authority in writing, to include printed names and signatures of the individuals authorized to request/receipt for materiel. (T-0).

3.8.2.2. The original designation letter will be maintained in Medical Logistics. (T-3).

3.8.2.3. Original designation letters will be maintained for a period of two years for audit purposes. (T-0).

3.9. Outpatient Support. The clinic in which the patient receives care will provide in-home medical materiel support. (T-3).

3.10. Medical Supplies and Equipment for First Responders.

3.10.1. The MTF will utilize Defense Health Program (DHP) O&M funds for procurement of expendable supplies and equipment for Civil Engineering (CE) first responders. Service Customer/Expense Center XX5890 will be used. (T-1).

3.10.2. Items to be purchased out of this account will be limited to expendable supplies and equipment used for on-base response to medical emergencies as designated on the Emergency Medical Response and Emergency Medical Technician supply and equipment lists located on the AFMS Knowledge Exchange at <https://kx2.afms.mil/kj/kx9/NREMT/Pages/emr-emt.aspx>. (T-1).

3.10.3. Durable supplies (electronic thermometers, etc.), equipment (other than that identified on the supply and equipment list), vehicles, and manpower will be funded with CE O&M funds, not DHP. (T-1).

3.10.4. Items procured with DHP funds will not be utilized for training or exercises, including MC-CBRN training or exercises. (T-1).

Section 3C—Receipts Resulting from Requisitions

3.11. General.

3.11.1. One hundred percent of all orders (including PV orders) will be inspected to include verifying the quantity received, item identity (part number, nomenclature, etc.), and condition. A copy of the receiving document will be annotated by receiving personnel as follows: actual quantity received, signature, and date. Quality control the document and file IAW paragraph 2.3.4. (T-0).

3.11.2. Secure controlled items immediately upon receipt. (T-0).

3.11.3. List all discrepancies, shortages, overages, or condition on the receipt document. (T-0).

3.12. Receiving Hazardous Materiel (HAZMAT). Medical Logistics will:

3.12.1. Develop a plan to function as a HAZMART IAW AFI 32-7086, *Hazardous Material Management*, Chapter 2, using the standardized AF HAZMAT tracking system to properly track the ordering, receiving, handling, storing, inspection, and distribution of MTF HAZMAT. (T-0).

3.12.2. Record the receipt of HAZMAT against the correct Safety Data Sheet (SDS) the standardized AF HAZMAT tracking system IAW AFI 32-7086. (T-0).

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

3.12.4. Verify the labeling and markings on each container agree with the manifest on the shipping document. (T-0).

3.12.5. Ensure proper HAZMAT labeling is present on all units of issue (unit containers, intermediate containers, and exterior packs) when breaking down units of purchase to smaller units of issue. (T-0).

3.12.6. 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. Discrepancies in Shipment. (MLG, paragraph 3.22.) 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 (i.e., manufacturer, vendor, or contractor) and coordinate with the contracting officer when necessary. (T-0).

3.14. Reporting Discrepancies. (MLG, paragraph 3.23.)

3.14.1. Discrepant shipments fall into two major categories: consequential and inconsequential. (T-0).

3.14.1.1. Inconsequential discrepancies are those below the reporting threshold for DLA and GSA shipments, and do not require submission of a SF 364, *Report of Discrepancy (ROD)*. (T-0).

3.14.1.2. The threshold for consequential discrepancies is currently \$100 for GSA and \$250 for DLA. (T-0).

3.14.1.3. All PV discrepancies must be reported regardless of dollar value IAW paragraph 3.14.4. (T-0).

3.14.2. For consequential discrepancies other than PV, the receiving activity will submit a SF 364 to report/document the discrepancy IAW AFJMAN 23-215, *Reporting of Supply*

Discrepancies. A SF 364 will also be used for the following discrepancies regardless of dollar value: (T-0).

- 3.14.2.1. 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).
- 3.14.2.2. Shipments containing classified or controlled items. (T-0).
- 3.14.2.3. Duplicate shipments or shipments of erroneous materiel or unacceptable substitutes. (T-0).
- 3.14.2.4. Materiel valued in excess of \$100 received against a confirmed cancelled requisition. (T-0).
- 3.14.2.5. Shipped materiel not received or received in a damaged condition. (T-0).
- 3.14.2.6. Materiel, regardless of value, invoiced or shipped to the wrong activity. (T-0).
- 3.14.2.7. Incorrect items received. (T-0).
- 3.14.2.8. Repetitive discrepancies, regardless the dollar value; or when conditions not listed materially affect item serviceability, usability, or identification. (T-0).
- 3.14.2.9. 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).
- 3.14.2.10. Supply documentation is missing, incomplete, or improperly prepared. (T-0).
- 3.14.3. Lost Shipments. Submit a lost shipment report when a shipment has not been received within contract/supplier timeframes. Complete follow-up/tracer actions prior to submission. (T-0).
- 3.14.4. For discrepancies involving PV shipments Medical Logistics will: (T-0).
 - 3.14.4.1. Within two business days of receipt, document all confirmed lines not received, partial lines, and any credit/rebills using the PV Discrepancy Report spreadsheet. Use only one discrepancy report spreadsheet per call number. (T-0).
 - 3.14.4.2. Forward a copy of the discrepancy report to DLA Troop Support (pvdiscrpancy@dla.mil), the PV customer service POC, and AFMOA/SGAL. (T-0).
 - 3.14.4.3. File a copy of the completed discrepancy report in the MTF call file. (T-1).
- 3.14.5. Maintain all discrepancy documentation for two years IAW AFRDS Table 23-08, Rule 01.00.

Section 3D—Gains and Losses of Inventory

3.15. General.

- 3.15.1. Loss or damage caused by fire, theft, natural disasters, or other causes not associated with normal supply activities will be documented by ROS IAW paragraph 1.8. (T-0).
- 3.15.2. Only serviceable materiel will be stocked in using activities IAW the Food and Drug Administration (FDA) *Safe Medical Device Act* (SMDA). Unneeded, unserviceable, and

suspended items will be turned in to Medical Logistics and will become the property of the AFWCF/MDD. (T-0).

3.16. Customer Turn-ins to the AFWCF/MDD. (T-0).

3.16.1. 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. Spreadsheets can be used to list multiple line items. (T-3).

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

3.16.3. Credit determination.

3.16.3.1. Credit may be granted for:

3.16.3.1.1. Serviceable supplies (including MC-CBRN assets) that can be resold to other activities. (T-0).

3.16.3.1.2. Specified unserviceable and repairable items for which a known credit is to be received (e.g., items suspended by DoD Medical Materiel Quality Control (DoD MMQC) message where the return credit is specifically cited in the message). (T-0).

3.16.3.2. Credit will not be allowed for:

3.16.3.2.1. Serviceable turn-ins with no MTF requirements. (T-0).

3.16.3.2.2. Materiel to be destroyed, or turned in to DLA Disposition Services or commercial credit returns vendor. (T-0).

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

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

3.16.3.2.5. Expired drugs. (T-0).

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

3.16.3.2.7. Customer returns restratified into WRM projects. (T-0).

3.17. Destructions.

3.17.1. Destroy medical materiel in the following categories: (T-0).

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

3.17.1.2. Suspended stock. (T-0).

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

3.17.1.4. 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).

3.17.1.5. Drugs requiring refrigeration that have been out of refrigeration beyond the manufacturer's specifications. (T-0).

- 3.17.1.6. Excess or unserviceable property dangerous to public health and safety. (T-0).
- 3.17.1.7. Materiel directed to be destroyed by higher headquarters, the manufacturer, or DoD MMQC message. (T-0).
- 3.17.2. Do not destroy: (T-0).
 - 3.17.2.1. Pharmaceutical items undergoing FDA SLEP testing (see paragraph 8.7.). (T-0).
 - 3.17.2.2. Materiel suspended due to a materiel complaint. (T-0).
- 3.17.3. The MTF has three options to dispose of destructions: commercial credit returns companies, base-wide hazardous materiel removal contract, or in-house. (T-3).
- 3.17.4. For workload and liability reasons (destructions of controlled items, HAZMAT, etc.), the commercial credit return option will be used whenever possible to dispose of materiel. Disposal of materiel using commercial credit return vendors will be IAW paragraph 3.18. (T-3).
- 3.17.5. Destructions performed by the base-wide hazardous materiel removal contractor.
 - 3.17.5.1. Coordinate disposal of HAZMAT with the BCE Environmental Manager IAW DoD 4160.21-M, *Defense Materiel Disposition Manual*, Chapter 10; AFJI 23-504, *Radioactive Commodities in the DoD Supply System*, Chapter 8; AFJMAN 23-209, *Storage and Handling of Hazardous Materials*, Chapter 11; and AFI 40-201, *Managing Radioactive Materials in the US Air Force*. (T-0).
 - 3.17.5.2. Destructions will be processed in DMLSS using destruction transactions or credit returns losses. (T-0).
 - 3.17.5.3. The vendor must provide a signed and dated record of receipt, documenting the transfer of materiel from Medical Logistics. (T-0).
- 3.17.6. Destructions performed in-house.
 - 3.17.6.1. The MTF Commander will appoint one or more disinterested destruction officers to be responsible for the destruction of Code Q and Code R (DEA Schedule II-V) items. Destruction officers must be MSgt or higher, or a GS-07 (or WG equivalent) or higher civilian. In addition, two disinterested individuals will witness the destruction. These witnesses will also be MSgts, GS-07 (or WG equivalent) or higher. (T-0).
 - 3.17.6.2. The MLFC will appoint a SSgt or higher, or GS-05 (or WG equivalent) or higher civilian, to destroy other than code Q and code R items. There is no requirement for these individuals to be disinterested. (T-3).
 - 3.17.6.3. Medical Logistics will consult the BCE Environmental Manager to ensure environmentally safe destruction methods are used. The BCE Environmental Manager will sign and date the Destruction Report certifying the method of destruction is environmentally safe. Subsequent destructions of the same item do not require BCE Environmental Manager review. (T-0).
 - 3.17.6.4. The materiel will be destroyed in a manner that precludes the use of any portion of the item for any purpose. 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-0).

3.17.7. Documentation will be retained for one year for destructions of non-controlled materiel IAW AFRDS Table T 41-04, Rule 14.00; and two years for controlled materiel IAW 21 CFR, Section 1304.04. (T-0).

3.18. Commercial Credit Returns. See paragraph 5.11. for additional guidance on commercial credit returns for controlled items (applies to DEA registrants only). (MLG, paragraph 3.30.)

3.18.1. All Medical Logistics accounts will utilize the appropriate vendor participating in DLA Troop Support's multiple-award Pharmaceutical Reverse Distribution Contract. (T-1).

3.18.2. Peacetime credits expire 120 calendar days after they are posted to the prime vendor (PV) credit account; credits in WRM accounts expire 180 calendar days after they are posted. Medical Logistics will review credit account balances to preclude expiration of credits. (T-1).

3.18.3. All returns for credit will be made from the AFWCF/MDD and will be processed through DMLSS. (T-0).

3.18.4. Medical Logistics will establish two separate credit accounts with their pharmaceutical PV to manage and utilize credits: one for operating materiel credits and a second for WRM credits. (T-1).

3.18.5. Medical Logistics accounts will process WRM returns through centrally managed PV accounts, and will only execute WRM credit orders when authorized by AFMOA/SGAL. This does not apply to accounts supported by Dakota Drug. (T-1).

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

3.18.7. Transferring materiel to the commercial credit returns vendor. (T-0).

3.18.7.1. Not earlier than three duties 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.

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

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

3.18.7.4. Medical Logistics will QC the inventory list provided by the vendor with the DMLSS Destruction Reports/1348-1As and file both sets of documents. (T-0).

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

3.18.9. Maintain all documentation IAW AFRDS Table 41-04, Rule 14.00.

3.19. Inventorying Medical Operating Supplies. (MLG, paragraph 3.26.)

3.19.1. Operating supplies will be inventoried 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 3.19.7. are complete and documented. (T-0).

3.19.2. The MDSS/CC may waive the 12-month requirement for up to 90 days when unforeseen or unavoidable conditions prevent completion of an inventory. (T-3).

3.19.3. The only approved exceptions to the 12-month requirement are controlled items, which are inventoried monthly. (T-1).

3.19.4. 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, to include excess, suspended stock, and assets in special projects (i.e., zero balances in all columns on line 11 of the BO report with the exception of "WRM Balances," "WRM Suspended Balance," and "WRM Repairable"). (T-0).

3.19.4.1. 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).

3.19.4.2. The ABMSO will sign a memo for record certifying no stock is on record or on hand, and document the results of the complete walk-through. The entire package (BO report, results of the complete walk-through) will be retained IAW paragraph 3.19.8. (T-0).

3.19.5. Blind counts using DMLSS IM-produced Inventory Count Lists or hand-held terminals (HHTs) will be completed for inventories of operating supplies. Medical Logistics will ensure count lists do not contain inventory balance data. However, items found that are not on the count list should be added to the list or put on a separate count document. (T-1).

3.19.6. The Installation Commander is responsible for approving inventory adjustments. (T-2).

3.19.6.1. The responsibility may be delegated for inventory of assets owned by the Medical Group (operating supplies, in-use equipment, WRM, MC-CBRN, PI, and PMI). However, delegation is strictly limited to the MTF Commander, Deputy Commander, Administrator, and/or MDSS Commander. (T-3).

3.19.6.2. For accountable materiel managed in support of non-MTF account supported medical units, the owning unit commander will act as the IAAA after inventory adjustments are certified by the host ABMSO. (T-3).

3.19.7. The ABMSO will document the results of the inventory in a locally developed Operating Inventory Summary Report. If the ABMSO is not the MLFC, forward to the MLFC. The report will include: total units counted, overall inventory accuracy, dollar amount of overages, and dollar amount of shortages. (T-3).

3.19.7.1. If inventory adjustments are required, and any discrepancies require a ROS, initiate ROS action IAW paragraph 1.8. (T-0).

3.19.7.2. The MLFC will act as the approval authority for the inventory. Therefore, the inventory is complete when the MLFC signs the summary report. (T-1).

3.19.8. Post inventory actions.

3.19.8.1. Inventory Adjustments Vouchers (IAV) will be processed, certified, and approved within 50 calendar days of the discovery of the loss IAW AFMAN 23-220, Chapter 5. (T-0).

3.19.8.1.1. The ABMSO will certify the IAV. (T-1).

3.19.8.1.2. The IAAA will approve the IAV and return it to Medical Logistics for filing.

3.19.8.2. Upon completion of all required actions, Medical Logistics will file and maintain the following inventory documents: (T-0).

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

3.19.8.2.2. The Operating Inventory Summary Report. (T-0).

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

3.19.8.2.4. Copies of documents forwarded to the MTF ROS 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 ROS actions. (T-0).

3.19.8.2.5. Original copies of all IAVs, signed and dated by the ABMSO and IAAA. (T-0).

3.19.9. All inventory documents must be retained for two years IAW AFRDS 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).

3.20. Gifts/Donations. Process acceptance of gifts of property from any source IAW AFI 51-601, *Gifts to the Department of the Air Force*. (T-0). (MLG, paragraph 3.28.).

3.21. Materiel Withdrawn from the Defense Logistics Agency (DLA) Disposition Services.

3.21.1. Property may be withdrawn from DLA Disposition Services when authorized by the MLFC or designated representative. (T-0).

3.21.2. Materiel withdrawn from DLA Disposition Services is U.S. Government property. (T-0).

3.22. Transfers to DLA Disposition Services.

3.22.1. Medical materiel that cannot be redistributed and does not meet the criteria for destruction will be turned in to DLA Disposition Services. (T-0).

3.22.2. Condemned medical equipment will be disassembled or cannibalized to remove needed usable parts before turn-in to DLA Disposition Services. Biomedical equipment repair technicians (BMETs) will pick these parts up on bench stock record as needed. (T-3).

3.22.3. 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).

3.22.4. Medical Logistics will process disposal of HAZMAT IAW DoD 4160.21-M; AFJI 23-504; AFJMAN 23-209; and AFI 40-201. (T-0).

Section 3E—Storage (MLG, Section 3G)

3.23. General. The MLFC will ensure adequate storage is available to support all environmental, space, and security requirements as defined by the local mission. (T-3).

3.24. Controlled Medical Items. Controlled medical items will be stored IAW paragraph 5.10. (T-0).

3.25. Deteriorative Items. (MLG, paragraph 3.37.)

3.25.1. Medical Logistics will ensure deteriorative items are stored IAW manufacturer specifications. (T-0).

3.25.2. Refrigerators and freezers used for storage of medical supplies will have alarm systems installed. Alarm checks will be conducted no less than every 90 days. Results will be documented using AF Form 2530, *Alarm System Test Record*, or in DMLSS FM. (T-3).

3.25.3. 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).

3.26. Dangerous Materiel. Dangerous materiel will be maintained IAW the special storage and handling requirements outlined in AFI 91-203, *Air Force Consolidated Occupational Safety Instruction*, National Fire Prevention Association (NFPA) 101, *Life and Safety Code*, MIL HDBK 1191, *Military Standards*, and AFI 24-203, *Preparation and Movement of Air Force Cargo*. (T-0).

3.27. Access. Unescorted access to all Medical Logistics storage areas will be limited to individuals authorized by the MLFC. (T-3).

Section 3F—Shipping

3.28. Shipment Funding. (MLG, paragraph 3.42.)

3.28.1. Transportation Account Codes (TAC) F7MD and F7WR will not be utilized without the prior approval of AFMOA/SGAL. When approved: (T-1).

3.28.1.1. Use TAC F7MD to ship AFWCF/MDD excess shipped to other AFWCF/MDD stock record accounts, DLA Disposition Services, DLA Troop Support, or other sources of supply. (T-1).

3.28.1.2. Use TAC F7WR to ship AFWCF/MDD WRM from one MDD account to another. (T-1).

3.28.1.3. To utilize these TACs, the transportation office requires Medical Logistics have written approval from AFMOA/SGAL. Request use by email verifying assets being shipped are AFWCF/MDD owned. For F7WR requests, the following additional information will be provided: purpose for shipment, destination of shipment, estimated shipping costs, and actual shipping costs (when available). (T-1).

3.28.2. The receiving activity will fund transportation of AFWCF/MDD excess being shipped to other services or non-AFWCF/MDD activities. (T-1).

3.28.3. Operations and Maintenance-funded property shipments (MEMO equipment, repair and returns, and other MTF materiel) will be funded with local O&M funds. Use appropriate O&M exercise funds to transport AFWCF/MDD materiel being moved for exercises. (T-0).

3.28.4. An assigned Emergency and Special Programs code will be provided by the RMO and added to the O&M TAC or O&M Fund Citation ID for materiel shipped in support of active contingency operations. (T-2).

3.29. Shipping Controlled Medical Items, Hazardous Materiel, and Temperature-Sensitive Items. (MLG, paragraph 3.43.)

3.29.1. All controlled items (Code R, Code Q, and precious metals) will be shipped by traceable means. (T-0).

3.29.2. Medical Logistics will ship HAZMAT items IAW DTR 4500.9-R-Part II, Chapters 204 and, Chapter 208; AFJI 23-504; AFJMAN 23-209; AFI 24-210, *Package of Hazardous Material*; AFMAN 24-204, *Preparing Hazardous Materials for Military Air Shipments*; and AFI 40-201.

3.29.3. Medical items requiring freeze or refrigerated environment will be handled and prepared for shipment IAW DLA Regulation (DLAR) 4145.21, *Preparation of Medical Temperature-Sensitive Products Requiring Freeze or Refrigerated (Chill) Environments for Shipment*. (T-0).

Section 3G—Excess (MLG, Section 31) (T-0)

3.30. General.

3.30.1. Report and process local excess materiel according to AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*, Chapter 5. (T-1).

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

3.30.3. AFMOA/SGAL will offer all reported excess to AF and DoD MTFs.

3.30.4. Total minimum line item value is \$3,000.

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

3.30.6. Shelf life dated items must have a minimum of 120 days until expiration.

3.30.7. Turn in all excess non-medical materiel, serviceable or unserviceable, except WRM SG Managed equipment, to DLA Disposition Services IAW DoD 4160.21-M. (T-0).

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

3.30.8.1. Report excess medical equipment items to the ANG Readiness Center Surgeon's Office (NGB/SGASL) for possible redistribution within the ANG.

3.30.8.2. Turn in all other medical materiel (including equipment determined by the ANG to be excess) to the host medical stock record account.

3.31. Base Realignment and Closure (BRAC) Excess. AFWCF/MDD assets at bases closing as a result of BRAC actions are not subject to BRAC actions. DoD 4165.66-M, *Base Redevelopment and Realignment Manual*, contains additional guidance for BRAC procedures. (T-0).

Chapter 4

PROCUREMENT

4.1. General.

4.1.1. The Air Force Medical Service (AFMS) strategy for medical materiel procurement maximizes electronic sourcing to ensure the greatest efficiency of available manpower and supports enterprise materiel standardization. If required items are available, utilize sources in the following priority:

- 4.1.1.1. Enterprise standardized items, if lower in price than items available from the sources listed in paragraphs 4.1.1.2. through 4.1.1.5. (T-1).
- 4.1.1.2. Defense Logistics Agency medical PV contracts. (T-1).
- 4.1.1.3. The DLA Electronic Catalog program. (T-1).
- 4.1.1.4. Defense Logistics Agency depot stocked items. (T-1).
- 4.1.1.5. GSA. (T-1).

4.1.2. Manual sourcing, such as Decentralized Blanket Purchase Agreements and Government-Wide Purchase Card (GPC) orders will only be utilized if the required items are not available from electronic sources. (T-1).

Section 4A—Purchasing

4.2. Responsibilities.

4.2.1. The MTF Commander will:

- 4.2.1.1. Support clinical and logistical participation in the Office of Secretary of Defense/Health Affairs-directed DoD materiel standardization efforts IAW DoDI 5101.15, and DoDI 6430.02, *Defense Medical Materiel Program*. (T-0).
- 4.2.1.2. Appoint individuals or committees to review and approve requests for local purchase of categories of supplies and equipment not mandated by other AF instructions or manuals. (T-3).
- 4.2.1.3. Designate GPC 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. (T-3).

4.2.2. The MLFC will administer the Service Contract Management program for the MTF and serve as the Functional Commander. (T-1).

4.2.3. The ABMSO will implement business processes to execute the AFMS strategy outlined in paragraph 4.1. (T-3).

4.3. Authorization. (MLG, paragraph 4.2.)

4.3.1. MTF procurement is authorized for supplies and services when approved by the appropriate authority (see paragraph 4.2.1.2.).

4.3.2. MTF procurement is not authorized for:

4.3.2.1. Drugs that do not meet the definition of approved drugs in AFI 44-102, *Medical Care Management*. For exceptions, see AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*. (T-0).

4.3.2.2. Centrally managed items. (T-1).

4.4. Air Force Green Procurement Program.

4.4.1. In accordance with FAR subpart 23.1, *Sustainable Acquisition*, “Federal agencies, for new contract actions (including those for construction) contain requirements for products that are designated as energy-efficient, water efficient, bio-based, environmentally preferable (e.g., Electronic Product Environmental Assessment Tool-registered, non-toxic or less toxic alternatives), non-ozone depleting, or those that contain recovered materials.” (T-0).

4.4.2. Green procurement training is mandatory for anyone in the MTF who makes purchases, or develops and processes product specification requirements, to include: GPC holders, resource advisors, Contracting Officer’s Representatives (COR), and all individuals responsible for procuring goods and services. (T-0).

4.5. New Item Requests (NIR).

4.5.1. Property custodians will submit new item requests for non-drugs and biologicals to the MLFC. (T-3).

4.5.2. Medical Logistics will function as a HAZMART IAW AFI 32-7086, *Hazardous Material Management*, Chapter 2, using the standardized AF HAZMAT tracking system to properly track the ordering, receiving, handling, storing, inspection, and distribution of MTF HAZMAT. (T-0 40 CFR, Protection of Environment, Parts 239-282)

4.6. Funds. All purchases made by Medical Logistics will be executed with AFWCF/MDD funds with the following exceptions: (T-0).

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

4.6.2. Operations & Maintenance funds will be used to procure all service contracts (personal, non-personal, maintenance, etc.) rentals, and leases. (T-0).

4.7. Follow-Up Procedures. Follow-up is the responsibility of the activity that issues the purchase order.

4.8. Emergency Medical Purchases. (T-3). (MLG, paragraph 4.8.).

4.8.1. When necessary to save life or prevent suffering, the MTF Commander or other competent medical authority may direct purchase of emergency medical materiel.

4.8.2. Do not use this authority when there is time to process emergency requisitions or coordinate urgent requirements with the Procurement Contracting Officer (PCO). Purchase only the minimum quantities required for the emergency.

4.9. Prime Vendor. (MLG, paragraph 4.9.)

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

4.9.2. Service Level Election Function changes will be approved by the MTF Commander, Deputy Commander, or Administrator and submitted to AFMOA/SGAL. AFMOA/SGAL will validate the request and forward to DLA Troop Support for implementation. (T-3).

4.10. Government-Wide Purchase Card.

4.10.1. Use of the GPC will be IAW AFI 64-117. (T-3).

4.10.2. Purchase Card Adjustments (PCA) will only be used to record transportation costs on GPC buys when items are purchased for multiple users on the same call and the transportation costs cannot be logically divided between the RC/CCs. All other differences between the billed and received price will be corrected by means of a price correction transaction.

4.11. Transactions Involving Exchange for Replacement Purposes. Exchange (trade-in) processing of eligible items will be used to the maximum extent possible when such transactions provide an advantage to the government. The property being acquired must be designed and constructed for the same specific purpose as the property being replaced. DoD 4140.01-R, DoD *Supply Chain Materiel Management Regulation*, Chapter 9.5., lists items by federal supply groups that are not eligible without prior approval of GSA. (T-0).

4.12. Centrally Procured Vaccines. (MLG, paragraph 4.14.)

4.12.1. AFMOA/SGAL manages the AF Influenza Vaccine program.

4.12.2. The MLFC will appoint a logistics POC for vaccine programs. (T-3).

4.12.3. Monthly Inventories. The logistics POC will perform a monthly inventory of all anthrax and smallpox vaccine and post results to the AFML website no later than the first Friday of each month. (T-0).

4.12.4. Influenza Vaccine requirements for the ANG are requested through the host MTF.

4.13. Medical Gases. (MLG, paragraph 4.16.)

4.13.1. Medical gases will be stored, handled, and maintained IAW AFI 91-203, NFPA 55, *Compressed Gases and Cryogenic Fluids Code*, NFPA 99, *Health Care Facilities Code*, and NFPA 101. (T-0).

4.13.2. Use AFWCF/MDD funds for both gases and services when required services, such as pickup and delivery, are included in the price of the gas. Use O&M funds when services, such as rental of cylinders, are listed as separate line items and are separately billed. (T-0).

4.13.3. Medical gases will not be maintained in operating inventories. Immediately issue the total quantity received to the requesting activity. (T-3).

4.13.4. For medical gases in bulk liquefied form, Medical Logistics personnel will: (T-0 NFPA 55, NFPA 99, Chapter 5, and NFPA 101)

4.13.4.1. Ensure contracts specify the appropriate type of gas desired (i.e., oxygen United States Pharmacopeia Standard (USP), nitrous oxide USP, carbon dioxide USP, helium-oxygen, nitrogen USP, helium USP, nitrogen NF, etc.). The supplier is required to provide a Certificate of Purity documenting the concentration for each container. (T-0).

4.13.4.2. Receive and test bulk liquid oxygen (LOX). (T-0).

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

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

4.13.5. 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. When prescribed by a medical officer, Medical Logistics will obtain orthopedic shoes and orthopedic adjustments for authorized personnel. (T-3). (MLG, paragraph 4.18.).

4.15. FDA Validation of Third Party Single Use Medical Devices (SUDs).

4.15.1. In accordance with Office of the Assistant Secretary of Defense (Health Affairs) (OASD(HA)) Policy Memorandum 06-013, "MTFs shall not be obligated to use reprocessed SUDs. MTFs shall not reprocess SUDs internally for their own use, or any other facility. However, MTFs shall have the option of utilizing FDA-approved reprocessed SUDs."

4.15.2. If an MTF chooses to procure reprocessed SUDs, Medical Logistics will ensure the third party vendor is FDA-approved and their performance is FDA-validated. (T-0).

4.16. National Contract List and Best Pharm Report Reviews. Medical Logistics will support the pharmacy's monthly formulary reviews IAW AFI 44-102. (T-3).

4.17. Non-medical Materiel.

4.17.1. Non-medical supply support will only be provided to the host MTF and medical activities assigned the same resource management system responsibility center code as the host MTF. (T-3).

4.17.2. Funds.

4.17.2.1. AFWCF/MDD funds will not be used for peacetime non-medical supply procurement. Non-medical supplies for peacetime operations will be purchased using DHP O&M funds. (T-1).

4.17.2.2. Purchases of non-medical supplies for WRM and MC-CBRN assemblages will be funded with AFWCF/MDD funds. Non-medical supplies in MC-CBRN AS will be issued to the customer owned assemblage account with Line AF O&M funds. (T-1).

4.17.2.3. Furniture purchases will be funded with AFWCF/MDD funds and issued as medical expense equipment. (T-1).

4.18. Purchase of Incentive Items for Health-Related Programs. The use of DHP O&M funds to procure low-value incentive items (e.g., t-shirts, coffee mugs, pens) is authorized for specific programs outlined in AFI 65-601, Volume 1, *Budget Guidance and Procedures*. (T-1). (MLG, paragraph 4.21.).

4.19. Price Challenge and Verification Program. The MLFC will be the MTF price monitor and will forward: (MLG, paragraph 4.22.)

- 4.19.1. Defense Logistics Agency Troop Support challenges to DLA Troop Support-PPI. (T-3).
- 4.19.2. Challenges for items from other DLA Centers and GSA to AFMOA/SGAL. (T-3).
- 4.19.3. Challenges for items bought through the PCO using the Price Verification Program using AF Form 1046, *Zero Overpricing Challenge/Referral*, IAW AFI 23-101, *Air Force Materiel Management*, Chapter 8. (T-0).

Section 4B—Service Contracts

4.20. General.

- 4.20.1. Professional Services determination shall be IAW 29 CFR 541, *Defining and Delimiting the Exemptions for Executive, Administrative, Professional, Computer and Outside Sales Employees*. (T-0).
- 4.20.2. Licensure, certification, credentialing, and insurance requirements for healthcare providers shall comply with AFI 44-119, *Medical Quality Operations*. (T-0).
- 4.20.3. Personal Services Contracts. Personal services contracts for healthcare are authorized by 10 USC 1091, *Personal Service Contracts*, subject to terms and restrictions as stipulated in DFARS Subpart 237.104 (b) (ii) and DoDI 6025.5, *Personal Services Contracts for Health Care Providers*. (T-0).
 - 4.20.3.1. Only DoD contracting offices are authorized to award personal services contracts. (T-0).
 - 4.20.3.2. Requests to enter into personal services contracts for direct health care services must be approved by the MTF Commander. (T-0).
 - 4.20.3.3. The total amount of compensation paid to an individual in any year under a personal services contract shall not exceed annual compensation as specified in Title 3 USC, Section 102. (T-0).

4.21. Funds. Purchase services with MTF O&M funds. Do not process the transaction in DMLSS. (T-0, AFWCF Supply Management Activity Group-Retail Charter)

4.22. Service Contract Management.

- 4.22.1. The MLFC administers the MTF Service Contract Management program IAW paragraph 4.2.2. (T-1).
 - 4.22.1.1. The MLFC will appoint a Service Contract Manager (SCM). (T-3).
 - 4.22.1.2. Service Contract Managers will be nominated/designated as primary CORs for all local contracts. (T-1).
- 4.22.2. Medical Logistics will coordinate with the requiring activity, PCO, and pertinent functional areas to ensure timely submission of a “procurable package.” (T-3).
- 4.22.3. Functional Requirements Evaluator Designees (FREDs). The government is required to address and document its plan for evaluating contractor performance for services exceeding the Simplified Acquisition Threshold IAW DFARS Subpart 246.401, *Government*

Contract Quality Assurance, General. Medical Logistics will ensure evaluation plans (i.e., QASP) are documented in the contract files. (T-0).

4.22.3.1. Consistent with functional requirements, Medical Squadron Commanders will designate individuals to carry out inspection and surveillance duties. FRED will be appointed in writing to the SCM/COR prior to contract start date. (T-0).

4.22.3.2. In accordance with DoD acquisition ethics policy, FREDs will complete DAU Course, CLM 003, *Overview of Acquisition Ethics*, prior to commencing duties. This training is required annually. (T-0).

4.22.3.3. At a minimum, FRED(s) shall:

4.22.3.3.1. Monitor schedule compliance (days/hours worked). (T-0).

4.22.3.3.2. Inspect deliverables (work performance). (T-0).

4.22.3.3.3. Submit monthly surveillance documentation to the COR IAW specific contract terms. The COR will notify the applicable Medical Squadron Commander of surveillance documentation not submitted within required timeframes. (T-0).

4.22.3.3.4. Reports of nonconformance must be forwarded to the COR within three business days of the incident (or notification of the incident having occurred, whichever is earlier). (T-0).

4.22.4. For locally written contracts, to include local task orders written against Medical Commodity Council contracts, Medical Logistics will create and maintain the contract management folder upon receipt of the contract from the PCO. (T-0).

4.22.5. Designated COR personnel are responsible for contract compliance. (T-0).

4.22.5.1. The SCM/COR must review contractor performance documentation prepared by FRED personnel on a regular basis to ensure performance is compatible with contract and mission objectives. (T-0).

4.22.5.2. Medical Logistics will notify the PCO immediately upon receipt of a deficiency notice or a valid customer complaint. (T-1).

4.22.6. For centrally administered contracts, Medical Logistics responsibilities are limited to:

4.22.6.1. Ensure FREDs are identified in writing. (T-1).

4.22.6.2. Ensure FREDs receive required training. (T-1).

4.22.6.3. Maintain documentation of FREDs training. (T-1).

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 using Controlled Item Inventory Codes (CIIC). The following categories are included:

5.2.1. Drugs or other substances designated by the Drug Enforcement Administration (DEA) as Schedule II (CIIC R), and Schedule III, IV, or V (CIIC Q) controlled substances. (T-0).

5.2.2. Precious metals such as gold, silver, and platinum (identified as CIIC R). (T-0).

5.2.3. Items designated by the MLFC or ABMSO to be accounted for and stored as CIIC Q items. (T-3).

5.3. Responsibilities.

5.3.1. The MTF Commander, Deputy Commander, or Administrator will:

5.3.1.1. Appoint a disinterested inventory officer, MSgt or above, or GS-07/WG equivalent or higher civilian, to perform a monthly inventory of AFWCF/MDD owned items. (T-1).

5.3.1.2. Grant Power of Attorney (POA) to individuals designated as approving officials for the procurement of Schedule II controlled substances. This only applies to MTFs in the 50 United States and its Territories (see paragraph 5.4.). The authority will be limited to the following individuals: the ABMSO, MLFC (if not appointed as the ABMSO), and assigned pharmacists. (T-0).

5.3.2. The ABMSO will designate a maximum of three individuals as primary and alternate controlled medical item custodians to receive, store, and deliver items; and maintain accountable stock control records as prescribed by this chapter. Controlled medical item custodians will be a 5-level SrA or higher, civilian employee in the grade of GS-05/WG or higher, or qualified contractor IAW AFI 23-111. (T-1).

5.3.3. Controlled medical item custodians will:

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

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

5.3.3.3. Act as MTF Precious Metals Recovery Program Monitors IAW AFI 23-101, Chapter 5. (T-3).

5.4. Drug Enforcement Administration (DEA) Registration

5.4.1. AF medical activities in the 50 United States and its Territories must have DEA registration for procurement of Schedule II drugs IAW 21 CFR, Section 1301, *Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances*. (T-0).

5.4.2. Procurement of 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 granted POA IAW 5.3.1.2. (T-0).

5.4.2.1. Maintain the completed order forms for two years (including unaccepted or defective forms) IAW 21 CFR, Section 1305.17. (T-0).

5.4.2.2. Report lost or stolen order forms to the DEA registration section and the Office of Special Investigations (OSI). Include the serial numbers or date of issuance if an entire book is lost or stolen. (T-0).

5.5. Item Management. The following physical products will be maintained in the controlled item storage area for a period of two years IAW 21 CFR, Section 1304.04, *Maintenance of Records and Inventories*. Separate files will be maintained for Schedule I and II (Code Q), and Schedule III-V (Code R) records. (MLG, paragraph 5.3.) (T-0).

5.5.1. Hard copies of the monthly Transaction Register (TR), report type “Controlled Items,” used to perform monthly and biennial disinterested inventories. (T-0).

5.5.2. Delivery Lists used to account for all issue transactions of code Q and code R items. The vault custodian and using activity custodians (or their authorized representative) will print their name and rank; and will sign and date to validate all issue transactions on these listings. (T-0).

5.5.3. Documentation of DEA-mandated biennial inventories. If the TR is used to document the inventories, ensure 24 months of TRs are on hand. If a certificate is utilized, maintain the current and most recent certificates to ensure 24 months of history are available. Drug Enforcement Agency-mandated biennial inventories are not required outside the 50 United States and its Territories. (T-0).

5.5.4. Completed DEA Forms 222s (if registered with the DEA). (T-0).

5.6. Receiving Controlled Medical Items. (MLG, paragraph 5.4.)

5.6.1. The Controlled Medical Item Custodian(s) will secure controlled items immediately on receipt, and annotate “No. of Packages Received” and “Date Received” for each line item on Copy 3 of the DEA Form 222. The annotated Copy 3 will be filed IAW paragraph 5.5.4. (T-0).

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

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

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

5.6.2.3. 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 Pharmaceuticals. Medical Logistics will only issue Schedule II-V pharmaceuticals to the MTF pharmacy with the following exceptions:

5.7.1. Requests from non-MTF medical units with the written approval of the PTF IAW AFI 44-102, *Medical Care Management*. This includes requests from supported Army Veterinary Clinics for human use drugs (issues of non-human use drugs do not require PTF approval). Subsequent requests for PTF-approved items can be added to the customer's catalog and issued on a recurring basis. (T-1).

5.7.2. Controlled medical items on an AF/SG3X-approved AS. (T-1).

5.7.3. Controlled medical items on an ANGB/SG-approved AS when the unit mission is tasked and the unit is a DEA registrant. (T-1).

5.7.4. Theater Lead Agent Support to AF and other Service units with approval by a Medical Commander.

5.8. Inventory of Controlled Medical Items. (MLG, paragraph 5.5.)

5.8.1. The MTF commander will appoint a disinterested officer to perform a monthly inventory of controlled drug items in Operating and WRM inventories. (T-1).

5.8.1.1. The disinterested inventory will be completed NLT than the 10th calendar day of each month. If local circumstances dictate a later inventory date, the MDSS/CC may extend the inventory date beyond the 10th calendar day. (T-3).

5.8.1.2. The ABMSO may conduct the monthly inventory for medical stock record accounts that exist solely for the support of pre-positioned WRM. However, every six months (to include the DEA biennial inventory), the inventory must be conducted by a disinterested inventory officer. (T-1).

5.8.1.3. The controlled item custodian will produce controlled item TRs (or AFMOA – designated facsimiles) for use by the disinterested inventory officer. The TR(s) must be generated on the day of the disinterested inventory. (T-1).

5.8.1.4. The inventory officer will compare the on-hand inventory counts to the inventory record balances on the TR and annotate each copy of the TR utilized for the inventory as follows: (T-1).

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

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

5.8.1.4.3. Print their name, rank, date, and sign. (T-1).

5.8.1.5. The ABMSO will annotate each TR with the following information:

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

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

5.8.1.5.3. Printed name and rank. (T-1).

5.8.1.5.4. Signature. (T-0).

5.8.1.6. The inventory officer will report the inventory results in writing to the MTF commander. Discrepancies that were satisfactorily resolved during the inventory will not be reported. (T-1).

5.8.2. Title 21 USC, *Food and Drugs*, Section 1304.11 requires an inventory of all controlled substances no less frequently than every 24 months. This requirement only applies to MTFs within the 50 United States and Territories of the United States. All requirements of Title 21 USC, Section 1304.11, *Inventory Requirements*, are satisfied when the monthly disinterested inventory is completed and documented IAW paragraph 5.8.1.4. and 5.8.1.5. (T-0).

5.9. Reporting Loss or Theft of Controlled Substances. When a loss or theft of controlled substances is determined, the ABMSO will:

5.9.1. Immediately notify the MTF Commander. (T-3).

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

5.9.3. Submit DEA Form 106, *Report of Loss or Theft of Controlled Drugs*, to the nearest DEA Diversion Field Office (if in the 50 United States and its Territories). (T-0).

5.9.4. Report the loss to the unit MTF ROS Monitor, and ensure ROS action is initiated IAW paragraph 1.8. (T-3).

5.10. Storage of Controlled Medical Items. (MLG, paragraph 5.7.)

5.10.1. Controlled medical items will be maintained in storage areas that meet the criteria mandated by 21 CFR Section 1301.75, *Physical Security Controls for Practitioners*, (Hospitals, Clinics, and Pharmacies) or 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*, Chapter 4. (T-2).

5.10.3. For secure storage areas equipped with intrusion detection systems or duress alarm systems, the ABMSO will ensure the system is checked quarterly IAW AFI 31-101. Document the results on AF Form 2530, *Alarm System Test Record*, or in DMLSS. (T-3).

5.10.4. The ABMSO will take the following minimum precautions for safeguarding the storage and issue of code Q and code R controlled items (except alcohol and alcoholic beverages):

5.10.4.1. Code Q and code R controlled items will be stored IAW 21 CFR, Section 1301.72. (T-0).

5.10.4.2. Only the controlled medical item custodian, their alternate(s), and the ABMSO will know the combination to vault/caged storage areas. A copy of the combination will be placed in a sealed envelope and kept 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 (Applies Only to DEA Registrants). (MLG, 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. (T-3).

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

5.11.3. Separate call numbers will be processed for controlled medical items and non-controlled medical items. (T-0).

5.11.4. Schedule II and III narcotics. A fully annotated DEA Form 222 will be provided by the contractor for all Schedule II and III items. This form will be used to document the turn-over of Schedule II and III 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 2. The annotated Copy 2 will be filed IAW paragraph 5.5.4. (T-0).

5.11.5. Document filing. All documents associated with commercial credit returns of controlled items, (i.e., documentation of customer turn-ins, initial and adjusted inventory reports from the vendor, DEA Forms 222 for Schedule II returns, and Commercial Return Reports and/or Destruction Reports) will be available for two years for inspection and copying by the DEA, IAW 21 CFR, Section 1304.04. (T-0).

5.12. Controlled Medical Item Management for Non-FM Account Logistics Activities. Non-FM account supported medical unit commanders will ensure controlled medical items are stored and accounted for IAW this Chapter; AFI 44-102, Chapter 9; and 21 CFR, to include monthly disinterested inventories. (T-0).

Chapter 6

MEDICAL EQUIPMENT MANAGEMENT

6.1. Purpose. The AFMS equipment management program provides a system for in-use equipment control and reporting based on a single organizational MEMO at each medical stock record account.

6.2. Accountable Equipment.

6.2.1. The following categories of organizational equipment will be accounted for on MEMO records. (T-0).

6.2.1.1. All medical equipment that meets:

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

6.2.1.1.2. “Nonexpendable items (equipment)” 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.” (T-0).

6.2.1.2. If any of the following criteria are met, regardless of acquisition cost: (T-0).

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 6.27.2.3. (T-0).

6.2.1.3. Any item, regardless of unit cost may be maintained on accountable records at the discretion of the MLFC or the MTF Commander. (T-3).

6.2.2. Computers will be accounted for on base communications computer system records. (T-2).

6.2.3. Medical Logistics will ensure a Memorandum of Agreement (MOA) is completed with supported units IAW AFI 25-201, *Support Agreements Procedures*. (T-3).

6.2.4. Non-MTF AF units will be responsible for their medical equipment maintained on the host DMLSS equipment management and/or maintenance records. (T-1).

6.2.4.1. This responsibility will include:

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

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

6.2.4.1.3. Maintaining inventory documentation IAW paragraph 6.19.8.2. with the exception of approved (i.e., signed and dated) IADs which will be returned to the certifying official (the host ABMSO).

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

6.2.4.2. Responsibility for updating DMLSS records will be IAW the MOA. (T-0).

6.2.5. Medical equipment owned by non-AF units are excluded from MEMO management and will be accounted for on Service/Agency equipment records-not in DMLSS unless otherwise specified in an MOA between the host and supported unit. (T-1).

6.3. Responsibilities.

6.3.1. AFMOA/SGAL will:

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

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

6.3.1.3. Maintain records of all OP requests and procurement actions.

6.3.2. The MTF Commander will act as the medical ERAA. (T-3).

6.3.2.1. This authority may be delegated to the Deputy Commander or MTF Administrator.

6.3.2.2. The ERAA may be a single individual or committee at the discretion of the MTF Commander.

6.3.3. The MLFC will:

6.3.3.1. Manage the MTF medical equipment management program. (T-3).

6.3.3.2. Maintain in-use equipment records to include all supported detached facilities (as defined in support agreements). (T-3).

6.3.3.3. Order equipment using sourcing and procurement guidance provided by AFMOA/SGAL. Ensure appropriate technical recommendations from biomedical equipment maintenance, the facility manager, and information systems (when applicable), are incorporated into the equipment requirement. (T-1).

6.3.3.4. Ensure equipment inventories are performed and documented IAW paragraph 6.19. (T-1).

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, *Management of Government Property in the Possession of the Air Force*. This responsibility includes pecuniary liability for negligent loss, damage, or destruction. (T-0).

6.3.4.2. Transfer custodial responsibility IAW paragraph 1.2.3.2.2. The MEMO will process gains and losses as required, and will produce an updated copy of the CRL, which the assuming custodian will sign and date. (T-1).

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

6.4. Review and Approval of Equipment Requirements. The medical ERAA (see paragraph 6.3.2.) will:

6.4.1. Approve or disapprove equipment requests to meet budget call suspense dates. (T-3).

6.4.2. Prioritize all approved/unfunded investment and expense equipment requirements. (T-3).

6.5. In-Use Equipment Accountability.

6.5.1. The MEMO will maintain all data records, document files, and property custodian files IAW paragraphs 2.3.8. through 2.3.13. (T-0).

6.5.2. Equipment requiring an extended period before installation or acceptance will remain the custodial responsibility of Medical Logistics until installation and acceptance are completed. (T-0).

6.6. Relationship Between the Host Medical Equipment Management Office and Detached MTFs.

6.6.1. The host MEMO is responsible for all supported unit equipment on the MEMO account. As the responsible office, MEMO maintains files and provides access to reports and listings. (T-3).

6.6.2. Air National Guard units are responsible for ensuring their equipment is properly accounted for and maintained. Support agreements should be in place to define roles and responsibilities for required maintenance. (T-3).

6.7. Budgeting for Equipment. AFMOA/SGAL provides unfunded requirements to AFMOA/SGAR (for expense equipment) and AF/SGY (for OP equipment) based on input taken from the AFMOA/SGAL equipment request/funding application.

6.8. Authorization/Funding.

6.8.1. The approved equipment request is the source authorization document for in-use equipment. Signed ERAA minutes can be used in lieu of the approved equipment requests. (T-1).

6.8.2. With the exception of Dental, Pharmaceutical, Radiological, Picture Archiving Communications System (PACS), or Air Force Medical Modeling and Simulation Training (AFMMAST) (simulator and manikin) equipment, the MTF Commander (or designated ERAA) has final approval/funding authority for all MTF expense equipment (requirements under \$100,000). All Dental, Pharmaceutical, Radiological, PACS, or AFMMAST (simulator and manikin) equipment will have SG Consultant and AFMOA/SGAL approval in writing prior to initiation of procurement action. Medical expense equipment for non-MTF organizations is funded with requesting organization O&M funds. (T-1).

6.8.3. AFMOA/SGAL is the approval authority for all medical investment equipment and high cost expense medical equipment. Investment medical equipment (over \$250,000) is funded with OP funds (fund code 2F). High cost expense medical equipment (\$100,000 to \$250,000) is funded with either local MTF or central AFMOA/SGAL O&M funds (fund

code 2X). All high cost expense medical equipment and investment medical equipment will have SG Consultant and AFMOA/SGAL approval prior to initiation procurement action. (T-1).

6.9. Requesting Equipment. (See MLG, paragraph 6.3.)

6.9.1. All equipment requirements will be loaded in the AFMOA/SGAL equipment request/funding application. (T-1).

6.9.2. Initial and replacement requests for X-ray systems will be prepared IAW AFI 41-201. (T-1).

6.9.3. 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/or stores Health Insurance Portability and Accountability Act protected data. (T-1).

6.10. Validating Equipment Due-ins/Due-outs. Every 180 days, the MEMO will take the following actions to follow-up on active due-ins and due-outs:

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

6.10.2. Follow up with either PCO or the vendor to ascertain the current status of the order. (T-1).

6.10.3. Document the customer validation and current status of the order in the DMLSS Due-In Record using the Notes functionality. (T-1).

6.11. Processing Medical Equipment Receipts. Medical equipment will be received IAW AFMAN 41-216, Chapters 5 and 9. (T-0).

6.12. Issuing Equipment. The MEMO will obtain the custodian's signature on a CAL or CRL for all equipment items issued. (T-0). (See MLG, paragraph 6.5.).

6.13. Management of Computer and Communications Systems.

6.13.1. 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 FDA regulated medical devices. (T-1).

6.13.2. Medical Logistics will initiate the AF and local level certification and accreditation process during the system planning and development stage IAW DoDI 8510.01, *DoD Defense Information Assurance Certification and Accreditation Process (DIACAP)*, and AFI 33-210, *Air Force Certification and Accreditation (C&A) Program (AFCAP)*. (T-0).

6.14. Non-Medical Equipment.

6.14.1. The ERAA is the approval authority for all non-medical furniture and furnishing requests. Acquisition of furniture items must comply with AFI 91-203, NFPA 101, *Life Safety Code*. (T-0).

6.14.2. Medical Logistics will ensure required reviews are completed for select non-medical equipment such as radios (communications squadron); filing systems (MTF records

custodian and/or base records manager); audio visual equipment (base expense and investment equipment manager); and copiers (Defense Automated Printing Service). (T-3).

6.15. Equipment Rental or Lease. Rental or lease of equipment for use in MTFs is authorized for valid medical emergencies, or when the rental or lease is determined to be more advantageous or cost effective to the government. (T-1).

6.15.1. Equipment leases are O&M funded and ordering actions will not be processed in DMLSS. (T-0).

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

6.15.2.1. Capital leases are agreements that substantially transfer all benefits and risks of ownership to the activity leasing the asset (see DFARS 207.4, *Equipment Lease or Purchase*).

6.15.2.2. Operating leases are agreements in which the MTF does not assume the risks of ownership of the equipment.

6.15.3. The MLFC will ensure ERAA review/approval for all lease requirements. (T-3). If approved, the requirement will be entered in the AFMOA/SGAL equipment request/funding application. (T-1).

6.15.4. Contract Services will process purchase requests (PR) for leased equipment. The PR must clearly define ownership and maintenance responsibilities. (T-0).

6.15.5. The MEMO will maintain a copy of the rental/lease contract with the approved equipment request IAW paragraph 2.3.11. (T-0), and provide a copy to the using activity property custodian for contract surveillance. (T-3).

6.15.6. Rented/leased equipment will be maintained in DMLSS for accountability and maintenance tracking purposes. Process an Inventory Gain Equipment transaction in DMLSS to properly pick up equipment on record. 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 6.27.4. (T-0, Statement of Federal Financial Accounting Standards (SFFAS) No. 6)

6.15.7. Maintain rental/lease records IAW:

6.15.7.1. AFRDS Table 23-05, Rule 07.00, *Allowance Authorization Change Requests and Custodian Request/Receipt*; destroy upon termination of rental agreement. (T-0).

6.15.7.2. AFRDS Table 23-11, Rule 27.00, *Warranty or Guarantee Records*; destroy after the expiration of the warranty/guaranty period. (T-0).

6.16. Equipment Loans as a Component of a Consumable Item Price.

6.16.1. Programs that provide equipment as a component of consumable item pricing are authorized. The property custodian will complete a cost/benefit analysis that compares the total cost per procedure under the loan arrangement to the cost per procedure if equipment is purchased. Cost/benefit comparisons should be validated by PCO prior to entering into any loan agreements. (T-3).

6.16.2. A contract that includes the use of equipment as part of the consumable item cost must state that the equipment remains the contractor's property, and must clearly define any

government responsibility to repair or replace damaged equipment. Use transaction reason “Cost Per Test” for the Inventory Gain Equipment transaction to properly establish accountability in DMLSS. (T-0).

6.16.3. This policy does not prohibit consumable contracts in which the government not only receives the use of the equipment but builds equity towards eventual ownership of the equipment. The contract must clearly define the equity provisions. (T-0).

6.16.4. Cost per procedure agreements that provide equipment as a component of supply item pricing are consumable contracts (not leases or rentals), and do not have to be loaded in the AFMOA/SGAL equipment request/funding application.

6.16.5. Use of consumable contracts to avoid justifying and funding capital investment equipment is prohibited.

6.16.6. The MLFC will ensure ERAA review/approval for all equipment requirements. (T-3). If approved, the requirement will be entered in the AFMOA/SGAL equipment request/funding application. (T-1).

6.17. Gifts/Donations. Gifts or donations of equipment items will be approved IAW AFI 51-601. (T-0).

6.17.1. Donations of investment equipment must be approved through AFMOA/SGAL using the same approval process as purchased equipment. (T-1).

6.17.2. Use an Inventory Gain Equipment transaction, transaction reason “Donated Property,” to properly establish accountability for donated medical equipment. (T-1).

6.18. End User Evaluations/Tests. (See MLG, paragraph 6.10.).

6.18.1. Individual MTFs are not authorized to participate in formal user evaluations of medical equipment items for potential utilization AF-wide. (T-1).

6.18.2. Informal user tests may be used by MTFs to determine if an item meets the requirements of a specific MTF. (T-1).

6.18.3. 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. (T-1).

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

6.18.5. Coordinate informal user testing with the PCO and base legal office prior to entering into any agreement with the vendor. (T-3).

6.18.6. 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).

6.19. Inventorying In-Use Medical Equipment.

6.19.1. In-use equipment will be inventoried 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 6.19.4. are complete and documented. (T-0).

6.19.2. The MDSS/CC may waive the 12-month requirement for up to 90 days when unforeseen or unavoidable conditions prevent completion of an inventory. (T-3).

6.19.3. Inventories of in-use equipment will be completed using DMLSS Equipment Management (EM) module-produced Equipment Inventory Lists (EILs), CRLs, or HHTs. (T-1).

6.19.4. The ABMSO will document the results of the inventory in a locally developed In-Use Equipment Inventory Summary Report. If the ABMSO is not the MLFC, forward to the MLFC. The report will include the number of units counted, the number of units not located, and the dollar amount of overages and shortages. (T-3).

6.19.4.1. All validated losses of equipment require a ROS, therefore initiate ROS action IAW paragraph 1.8. (T-0).

6.19.4.2. The MLFC will act as the approval authority for the inventory. Therefore, the inventory is complete when the MLFC signs the summary report. (T-1).

6.19.5. Post inventory actions.

6.19.5.1. Inventory Adjustment Documents (IADs) will be processed, certified, and approved within 50 calendar days of the discovery of the loss (see AFMAN 23-220, Chapter 5). This requirement applies to all validated equipment losses.

6.19.5.1.1. Adjustment reason "Equipment Inventory Adjustment Loss" will be used to ensure equipment IADs are produced for certification/approval by the MLFC and IAAA. (T-0).

6.19.5.1.2. Inventory Adjustment Documents must be printed within 15 days of processing the loss in DMLSS. After that time period they are archived and cannot be retrieved for printing.

6.19.5.1.3. The ABMSO will certify the IAD. (T-0).

6.19.5.1.4. The IAAA will approve the IADs and return them to MEMO for filing. (T-0).

6.19.5.2. Upon completion of all required actions, MEMO will file and maintain the following inventory documents:

6.19.5.2.1. The In-Use Equipment Inventory Summary Report. (T-0).

6.19.5.2.2. Annotated copies of all EILs or CRLs used to complete the counts (if the inventory was accomplished manually). (T-0).

6.19.5.2.3. Copies of documents forwarded to the MTF ROS Monitor for initiation of ROS actions generated as a result of the inventory. These documents will be maintained as the source documents for losses processed due to ROS actions. (T-0).

6.19.5.2.4. Original copies of all IADs signed and dated by the ABMSO and IAAA. (T-0).

6.19.5.3. All inventory documents must be retained for two years IAW AFRDS 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).

6.19.6. If equipment is discovered after the loss is processed in DMLSS, MEMO will ensure the loss transaction is properly reversed. (T-0).

6.20. Equipment Unable to Locate (UL) for Maintenance.

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

6.20.2. If the equipment is not on accountable records, no further action is required.

6.20.3. If the equipment is on accountable records, see paragraphs 6.19.4.1. through 6.19.6.

6.21. Marking Equipment and Durable Supplies.

6.21.1. A marking program will be initiated 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-130J, *Identification Marking of U.S. Military Property*. (T-0).

6.21.2. The requirement to mark materiel is limited to accountable (i.e., materiel listed on a CRL/CAL) and maintenance significant assets only. (T-0).

6.21.3. Use of the DMLSS Equipment Control Number label satisfies the requirements of MIL-STD-130J. (T-0).

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

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

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

6.23. Loan of Property. (See MLG, paragraph 6.8.).

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

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

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

6.23.4. During the annual MEMO equipment inventory, MEMO 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).

6.23.5. Returned equipment must be inspected by a BMET before being returned to service. (T-0).

6.23.6. When an individual with loaned equipment moves to an area that is the responsibility of another MTF, the MTF Commander of the losing MTF may approve a MEMO-to-MEMO transfer of the loaned equipment to the MTF assuming patient care responsibility.

6.24. Transfers of In-Use Equipment.

6.24.1. Equipment may be relocated between property custodians within the MTF. MEMO will perform the transfer IAW AFMAN 41-216, Chapter 9. (T-1).

6.24.2. Process assets transferred to another MTF as a MEMO-to-MEMO transfer according to AFMAN 41-216, Chapter 9. (T-1).

6.24.2.1. Losing MTFs must process an Inventory Loss Equipment transaction, transaction reason "Shipped to Another MTF." This transaction passes all data required for financial reporting (i.e., original acquisition cost, date, and accumulated depreciation). (T-0).

6.24.2.2. Gaining MTFs must process an Inventory Gain Equipment transaction, transaction reason "Gain from Another MTF," to ensure the correct acquisition cost, date, and accumulated depreciation is received from the losing MTF and properly recorded. (T-0).

6.25. Disposition/Disposal. When the using activity no longer requires MEMO controlled equipment, it will be turned in to Medical Logistics after it has been condition coded by the medical equipment repair activity. If the equipment is not required locally and it meets the criteria for excess in Section 3G, MEMO will transfer the item to the MEMO excess account and report it as excess. If not, MEMO will transfer the equipment to DLA Disposition Services IAW paragraph 3.22. (T-3).

6.26. Automated External Defibrillators (AED) for Non-MTF Organizations.

6.26.1. As a piece of medical equipment, procurement of AEDs for non-MTF units must be approved by the MTF's designated ERAA IAW paragraph 6.4. This requirement applies whether Medical Logistics procures the AED or the owning unit procures directly. (T-3).

6.26.2. Approved AED requirements for non-MTF organizations procured by Medical Logistics will be issued to non-DHP Responsibility Centers/Cost Centers (RC/CC) funded with O&M dollars provided by the requesting unit. (T-1).

6.26.3. Base-owned AEDs will not be accounted for in DMLSS. However, this equipment will have a maintenance record in DMLSS for maintenance actions and quality assurance tracking. (T-0).

6.26.4. Completion of the BMET acceptance inspection is the responsibility of the purchasing unit. (T-1).

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

6.27. Accountability and Financial Reporting of Investment Equipment.

6.27.1. Assets defined as investment (capital) equipment are required to be accounted for and reported for capitalization and depreciation IAW with SFFAS No. 6. Depreciation data is automatically calculated by DMLSS and forwarded to the General Accounting and Finance System-Rehost during end-of-month processing. (T-0).

6.27.2. 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/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).

6.27.2.1. For medical expense equipment, the acquisition cost will include the total unit price plus AFWCF/MDD surcharge. This cost is accurately populated in DMLSS in the EM record when the receipt is processed. (T-0).

6.27.2.2. For OP equipment and high cost medical expense equipment centrally procured by AFMOA, the acquisition cost will include the total contract price plus contracting agency surcharge and/or AFWCF/MDD surcharge. AFMOA/SGAL will notify MTF MEMOs of total acquisition costs prior to receipt. (T-0).

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

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

6.27.3. The equipment acquisition date (in service date) is the date the title for the equipment passes to the AF. 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. (T-0).

6.27.4. Leased or rented equipment.

6.27.4.1. Acquisition price.

6.27.4.1.1. 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. (T-0).

6.27.4.1.2. Operating leases. The equipment acquisition price for operating leases is zero. Title for this equipment remains with the lessor and will not be depreciated. (T-0).

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

6.27.4.2. Original acquisition date. Leased/rented equipment is recorded when the equipment is accepted by the Air Force. (T-0).

6.28. Acquisition of Refurbished Equipment and Repair Parts.

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

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

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

6.28.2.2. An OEM-approved source or subsidiary. (T-1).

6.28.2.3. Department of Defense or VA depot services. (T-1).

6.28.3. Equipment or parts used in the AE system must be purchased directly from the OEM or their authorized distributor. (T-1).

6.29. Manufacturer Procured Training. Medical Logistics will ensure manufacturer-provided training included as a separate CLIN on equipment procurement contracts is completed within 12 months of equipment acceptance. Failure to complete the training within the 12 month period will result in a de-obligation of funds. (T-1).

Chapter 7

QUALITY ASSURANCE

7.1. Purpose. To provide policy and procedures necessary for the effective quality control of medical supplies and equipment.

7.2. Responsibilities. Medical Logistics will:

7.2.1. Ensure the quality of medical supplies and equipment through inspection, classification, and surveillance as materiel is received, issued, stored, or shipped. (T-0).

7.2.2. Take action IAW FDA *Safe Medical Device Act* when death or injuries occur as a result of product, equipment, or device use. (T-0).

7.2.3. Manage all actions on suspended stocks. (T-3).

7.3. Action on Recalls and Alerts. DMLSS is the system of record for all recall/alerts regardless of the source. To ensure timely and complete action within the MTF, Medical Logistics will:

7.3.1. Notify all affected using activities, including biomedical equipment repair (for medical equipment related recalls/alerts), all supported medical satellites, and other applicable base activities. (T-0).

7.3.2. Inspect all Medical Logistics storage locations for affected materiel including all contingency assemblages and PMI. (T-0).

7.3.3. Ensure all suspended materiel located in using activities is turned in to Medical Logistics. Turn-ins will be for no credit unless the DoD MMQC message specifically states otherwise (see paragraph 3.16.3.1.2.). (T-0).

7.3.4. Place all suspended materiel in segregated storage. Tag materiel with a completed DD Form 1575, *Suspended Tag - Materiel*, or DD Form 1575-1, *Suspended Label - Materiel*, IAW AFMAN 23-122, *Materiel Management Procedures*, Chapter 5. (T-0).

7.3.5. Document all actions taken on medical materiel by Medical Logistics and the using activities. Materiel actions such as customer turn-ins, or transfers of inventory to stratification state "Suspended," will include quantities and document numbers for audit trail purposes. Negative replies will also be documented. (T-0).

7.3.6. Process medical equipment recalls IAW AFI 41-201, and document work order numbers (if applicable) in DMLSS. (T-0).

7.3.7. Initiate collaboration with the MTF Patient Safety Manager (PSM) and Risk Manager (RM) by notifying them on a monthly basis of all actions taken as a result of recalls/alerts. Notification will include: the date of the recall/alert, source (DoD MMQC, ECRI, FDA, etc.), item description, quantities removed from use; and for medical equipment, the work order number and work order completion date for any resulting maintenance actions. (T-0).

7.3.8. Hold suspended materiel until disposition instructions are received and appropriate actions are complete. (T-0).

7.4. Medical Materiel Complaints. (MLG, paragraph 7.4.)

7.4.1. Medical staff, PSM, RM, and Medical Logistics personnel will evaluate the credibility, validity, and potential harm of an item before a materiel complaint is submitted. The RM will make the final determination if a materiel-related incident warrants processing a complaint. (T-3).

7.4.2. AFMOA/SGAL will issue instructions for disposition of suspended items.

7.4.3. Materiel complaints involving vaccines will be reported to the Vaccine Adverse Event Reporting System (<https://vaers.hhs.gov/esub/step1>). (T-0).

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

7.4.4.1. 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).

7.4.4.2. Complete the Product Quality Deficiency Report at <https://www.medical.dla.mil/Portal/Custom/Products/QualityDeficiency.aspx>. (T-0).

7.4.4.3. Do not dispose of the item, release it to the manufacturer, or attempt to repair without first receiving authorization from AF Legal Operations Agency (AFLOA)/JACC. (T-0).

Chapter 8

CONTINGENCY MEDICAL MATERIEL AND PATIENT MOVEMENT ITEM MANAGEMENT

8.1. Purpose. To provide policy and procedures to manage contingency medical materiel (including WRM, MC-CBRN and PI programs), and the PMI program.

Section 4A—General Management

8.2. General. Section 8A provides guidance that applies to all components of contingency medical materiel and PMI management.

8.3. Responsibilities.

8.3.1. The AF/SG will:

8.3.1.1. Develop policy for managing medical contingency materiel programs.

8.3.1.2. Consolidate WRM requirements and coordinate Program Objective Memorandum (POM) requirements.

8.3.2. The AF/SG Functional Area Manager will:

8.3.2.1. Designate Manpower and Equipment Force Packaging Responsible Agencies (MRA) to develop and maintain detailed data IAW AFI 10-401 on AF Unit Type Codes (UTC).

8.3.2.2. Publish medical WRM and MC-CBRN contingency materiel requirements on an annual basis through the AFMS Medical Resources Letter (MRL). This does not include PMI requirements.

8.3.3. AFMOA/SGAL 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 MRAs.

8.3.3.2. Develop the POM, manage and distribute WRM funds (AFWCF/MDD and line O&M) required for the procurement and sustainment of AFMS WRM assemblages in coordination with the MRAs.

8.3.3.3. Provide oversight, management, and publication of medical AS.

8.3.3.4. Designate an AF SLEP manager.

8.3.3.5. Manage the SG-managed materiel program.

8.3.3.6. Develop in-garrison maintenance procedures for WRM Information Management/Information Technology (IM/IT) hardware and software.

8.3.4. Major Commands will provide contingency materiel mission requirements to their assigned units.

8.3.5. The MRAs will:

8.3.5.1. Identify vehicle requirements to support existing and newly created WRM UTCs managed under their control.

8.3.5.2. Ensure vehicles required to support WRM assemblages are added to the War and Mobilization Plan.

8.3.6. The AMC/SG will:

8.3.6.1. Provide program management policy and guidance for PMI.

8.3.6.2. Coordinate with COCOMS and theater medical/AE planners on theater plans regarding PMI support to OPLANs.

8.3.6.3. Develop the PMI POM in conjunction with AF/SG8P and execute financial plans in support of procurement and sustainment of the global PMI program.

8.3.6.4. Coordinate AS levels with AFMOA/SGAL.

8.3.6.5. Act as the primary point of contact for PMI Unit Line Number (ULN) sourcing to support all contingency operations and exercises.

8.3.6.6. Provide instructions on the use of tracking equipment.

8.3.6.7. Provide management assistance to PMI Centers/Cells, Aeromedical Evacuation Squadrons (AES), and other medical units using PMI assets.

8.3.6.8. Coordinate with the USTRANSCOM/SG and Global Patient Movement Joint Advisory Board (GPMJAB) on the materiel standardization of PMI.

8.3.7. The AFFOR/SG will:

8.3.7.1. Provide a list of deployed Medical Logistics POCs to AFMOA/SGAL.

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

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

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

8.3.7.5. Provide management oversight to theater MTFs, PMI Cell(s), PMI nodes, and other medical units to ensure PMI is not used to augment organic capability.

8.3.8. The Air Force Medical Logistics Operations Center will:

8.3.8.1. Monitor the Class VIII supply chain process.

8.3.8.2. Request activation, revision, or deletion of medical contingency DoDAACs.

8.3.8.3. Provide guidance for selling off deploying UTCs.

8.3.9. The MTF Commanders will:

8.3.9.1. Appoint a medical WRM Project Officer. This will normally be the ABMSO, but can be a MSgt or above, or civilian GS-09/WG equivalent or higher working in the Medical Logistics Flight. (T-3).

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

8.3.10. The MLFC at bases with PMI Centers will:

8.3.10.1. Manage PMI assets IAW Section 8D. (T-1).

8.3.10.2. Annually provide AMC/SG a copy of the PMI Center DMLSS Equipment Replacement Report. (T-1).

8.3.10.3. Twice annually provide AMC/SG a report validating that PMI Center DMLSS AM and CRL records have been validated against PMITS records. The signed report detailing inventory results will be forwarded to hqamcpmi@us.af.mil. (T-1).

8.3.11. The WRM Project Officer will:

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

8.3.11.2. Ensure all assigned contingency medical materiel assemblages are inventoried IAW paragraphs 8.16.4. and 8.30.3. (T-0).

8.3.11.3. Provide contingency materiel status to the Medical Readiness Committee (MRC) IAW AFI 41-106, *Medical Readiness Program Management*. (T-3).

8.3.11.4. Provide medical logistics support to MC-CBRN team chiefs. (T-3)

8.3.11.5. Identify a primary and alternate SLEP monitor to AFMOA/SGAL. (T-0).

8.3.11.6. Annually review and validate assigned assemblages on the AFMS MRL to ensure proper reporting in the Defense Readiness Reporting System. (T-1).

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

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

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

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

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

8.3.11.12. Ensure all assigned deployable UTCs 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).

8.3.11.13. Ensure LRS vehicle management element WRM 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 WRM vehicles without prior coordination of MRA, AFMOA/SGAL and/or MAJCOM Medical Logistics representative. (T-2).

8.3.12. Shelf Life Extension Program (SLEP) monitors will:

8.3.12.1. Ensure materiel candidates for SLEP testing are loaded into the SLEP/FDA website. (T-0).

8.3.12.2. Take all actions prescribed by DoD/FDA SLEP messages and MC-CBRN equipment SLEP messages with the exception of physically relabeling MC-CBRN assets (see paragraph 8.3.13.4.). (T-0).

8.3.12.3. Take all necessary actions to ship lot sample requests to the FDA within five days of request. (T-0).

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

8.3.13.1. Ensure inventories of their MC-CBRN assemblages are scheduled and completed IAW the frequency and procedures outlined in paragraph 8.30.3. (T-0).

8.3.13.2. Be responsible for the oversight and maintenance of their assigned materiel IAW AFI 41-106. (T-3).

8.3.13.3. Identify assemblage resupply requirements to the Medical Logistics Flight. (T-3).

8.3.13.4. Relabel all expiration dated items extended in SLEP.

8.4. Selecting Contingency Medical Materiel. (MLG, 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 MTF 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 submitted through the appropriate MRA. (T-1).

8.5. Assemblage IDs. (MLG, paragraph 8.3.).

8.5.1. The AS number is used as the DMLSS Assemblage ID for contingency assemblages where materiel requirements are authorized by AS. (T-1).

8.5.2. For medical WRM programs without an AS use the following assembly IDs:

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

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

8.5.2.3. Clinician-administered BW/CW: 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. When multiple quantities of the same assemblage are assigned, the Assemblage ID will be the same for identification and visibility purposes. (T-1).

8.5.4. SG99 is reserved for WRM excess. This excess will be managed IAW Section 3G. (T-1).

8.5.5. Major Command 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. All locally developed and authorized contingency medical materiel programs must have a MAJCOM directed Assemblage ID. (T-1).

8.6. Deferred Procurement (DP) Programs. (MLG, paragraph 8.4.)

8.6.1. The DP program provides MTFs 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 DP 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. AFMOA/SGAL centrally manages designated assemblages in DP programs.

8.6.5. Participation in any DP program, locally or centrally managed, will be approved by the MRC. (T-3).

8.6.6. MTFs choosing to utilize local DP 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 DP plans.

8.6.8.1. Centrally managed DP programs will be exercised by AFMOA/SGAL annually to evaluate vendor capabilities to provide the contracted materiel. AFMOA/SGAL will generate an after action report (AAR) and forward copies to all WRM project officers and applicable MRAs. A copy of the AAR 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 DP plans. Maintain documentation of exercise results and problem resolution. (T-3).

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

8.7. Shelf Life Extension Program and Expiration Dated Items. (MLG, paragraph 8.5.)

8.7.1. The purpose of the SLEP program is to reduce replacement costs of selected pharmaceuticals by extending their expiration dates.

8.7.2. Retain pharmaceuticals undergoing FDA testing until the SLEP program releases FDA test results and final disposition instructions. (T-0).

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

8.7.4. All pharmaceuticals extended by the FDA 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/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 SLEP items while in storage prior to outshipment. (T-3).

8.7.7. Ensure all outdated materiel (including assets being retained for SLEP testing) are tagged with DD Form 1575 IAW AFMAN 23-122, Chapter 5. (T-3).

8.8. Chemical, Biological, Radiological, Nuclear (CBRN) Defense Equipment Shelf Life. (MLG, paragraph 8.6.)

8.8.1. The AF SLEP 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 DoDI 4140.01-R. Units of issue will be re-marked upon opening container. (T-0).

8.9. MTF Responsibilities for SG Managed Assets.

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

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

8.10. Quality Assurance. Quality assurance records will be maintained for contingency materiel, unless they are commingled with peacetime stock. Record all available QA data as outlined in AFMAN 41-216, Chapter 8. (T-0). (MLG, paragraph 8.7.)

8.11. Applying Peacetime Operating Stock (POS). (MLG, 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 POS will consistently be available. Do not apply POS against mobility WRM programs or shelter kits. (T-1).

8.11.2. The MRC must approve the application of POS. Medical Logistics will validate the availability of POS annually, or when an AS changes. Document all POS applied against

contingency programs and maintain the documentation in the contingency assemblage continuity file. (T-1).

8.11.3. Determine POS as follows:

8.11.3.1. Consumable and durable supplies: daily demand rate times days of safety level recorded for applicable 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/project will be maintained. Continuity files for deployable UTCs will be provided to the deploying team chief upon mobilization. The project files will include: (MLG, paragraph 8.8.)

8.12.1. Activation/distribution/deactivation checklists and DP plans. For WRM assemblages, this includes transportation information, Logistics Module-Logistics Detail, shipper's declarations, and applicable copies of SDS. (T-3).

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

8.12.3. Any applicable POS calculations. (T-3).

8.12.4. Approved and proposed level adjustments. (T-3).

8.12.5. Active recalls/alerts awaiting action. (T-3).

8.12.6. For WRM SG-managed assets: include open due-in notifications, TOs, operation manuals, and any other essential product information. (T-3).

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

8.13.1. Medical Logistics will enter the MRL Record Number (MRL Recnum) in the BCN field in DMLSS AM (Assemblage Description Change) for all contingency assemblages authorized by the MRL. (T-1).

8.13.2. In conjunction with the Medical Readiness Flights annual review of the MTF DOC statement review, Medical Logistics will document review of assigned assemblages and update AM Assemblage Description information. Ensure any MRL or DOC statement disconnects are identified and corrected. (T-1).

8.13.3. If a funded assemblage is not authorized on the MRL, Medical Logistics will ensure it is included on the DOC statement and input the funding number as the BCN. (T-1).

8.14. Detached Medical Unit WRM Support. (T-0).

8.14.1. War Reserve Materiel for detached active, AF Reserve and ANG units assigned to the host unit on the MRL will be accounted for on host medical supply account records.

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

Section 8B—WRM Management

8.15. Purpose. Provide policy and guidance to manage WRM, which includes deployable and permanent base non-deployable assemblages. For guidance on interfaces between medical

WRM programs and non-medical support systems, see AFI 25-101, *WRM Program Guidance and Procedures*.

8.16. Control and Accountability. (MLG, paragraph 8.12.)

8.16.1. All contingency medical materiel assets will be accounted for in DMLSS AM, regardless of the source of funding. (T-0).

8.16.2. 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).

8.16.3. Funds generated from issuing WRM assets are not available for use locally. These funds will be redistributed centrally by AFMOA/SGAL. Medical Logistics will:

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

8.16.3.2. Request replacement funding for Force Health Protection assets as items are issued. AFMOA/SGAL will consolidate requirements and provide AFWCF/MDD authority or PV credits as they become available. (T-1).

8.16.4. Inventory.

8.16.4.1. WRM will be inventoried 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 8.16.4.5. are complete and documented. (T-0).

8.16.4.2. Assemblages must be re-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).

8.16.4.3. 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).

8.16.4.4. Blind counts are not required for inventories of contingency materiel.

8.16.4.5. The ABMSO will document the results of the inventory in a locally developed WRM Inventory Summary Report. If the ABMSO is not the MLFC, forward to the MLFC. For each project inventoried, the report will include: the project code/instance, number of units counted, inventory accuracy, the dollar value of overages, and the dollar value of shortages. (T-3).

8.16.4.5.1. If inventory adjustments are required and any discrepancies require ROS, initiate ROS IAW paragraph 1.8. (T-0).

8.16.4.5.2. The MLFC will act as the approval authority for the inventory. Therefore, the inventory is complete when the MLFC signs the summary report. (T-1).

8.16.4.6. Post inventory actions.

8.16.4.6.1. Inventory Adjustment Vouchers will be processed, certified, and approved within 50 calendar days of the discovery of the loss IAW AFMAN 23-220, Chapter 5.

8.16.4.6.1.1. The ABMSO will certify the IAV(s). (T-0)

8.16.4.6.1.2. The IAAA will approve the IAV(s) and return them to Medical Logistics for filing. (T-0)

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

8.16.4.6.2.1. The WRM Inventory Summary Report. (T-0)

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

8.16.4.6.2.3. Annotated copies of all count lists (if the inventory was accomplished manually). (T-0)

8.16.4.6.2.4. Copies of documents forwarded to the MTF ROS 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 ROS actions. (T-0)

8.16.4.6.2.5. Original copies of all IAVs, signed and dated by the ABMSO and IAAA. (T-0)

8.16.4.6.2.6. In-Garrison Maintenance Contractor after action report(s) (if the inventory was completed by IGM Contractor). (T-0)

8.16.4.6.3. All inventory documents must be retained for two years IAW AFRIMS 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 WRM Requirements and Levels. (MLG, paragraph 8.13.)

8.17.1. Medical Logistics will compute WRM program requirements for population driven projects. (T-1).

8.17.2. For programs not supported by an AS, Medical Logistics will document and file the initial rationale for item selection, and evidence of annual reviews. The current Assemblage Management Allowance Status Report will reflect the results of the review. (T-1).

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 coordinated with appropriate MTF chiefs of services and approved by the MRC. (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). (T-1).

8.17.4.2. Levels are calculated every Air Expeditionary Force cycle by AFMOA/SGAL and forwarded to units. Units will process DMLSS AM updates within 30 days of notification and file the guidance document in the continuity binder. Basis of issue and allowance planning factors for these FHPPP programs can be found on the AFML website. (T-1).

8.17.4.3. MTFs in the CONUS will maintain 60 percent of their BWCW requirements. The remaining 40 percent will be stored centrally at CSDCs. AFSOC units in the CONUS will maintain BWCW 100 percent of their requirements. (T-1).

8.17.4.4. Clinician-administered BW/CW program. Only bases outside the continental United States (OCONUS) located in designated medium and high threat areas will maintain items in Assemblage BCWB (see AFI 10-2501, *Air Force Emergency Management Program Planning and Operations*, Table 4.1., Worldwide CBRNE Threat Area Table). (T-1).

8.17.5. Mass Casualty First Aid Kit Program. These kits consist of self-aid/buddy care supplies and are prepositioned at 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 OCONUS MAJCOMs will define the requirements for affected bases.

8.18. Controlled Cryptographic Items (CCI). The central CCI authority will ensure all AF CCI assets are accounted for in the appropriate inventory management system.

8.18.1. These systems must satisfy CCI accounting requirements established IAW AFI 33-201, Vol V, Attachment 4, *Controlled Cryptographic Items (CCI)*, and include the capability of tracing specific CCI equipment by serial number to a location or activity charged with accountability. (T-1).

8.18.2. Medical WRM CCI items will be accounted for in DMLSS by serial number. (T-1).

8.18.3. Control keyed CCI items will be accounted for in Communications Security Material Control System IAW AFI 33-201, Vol 5, Attachment 4, and not in DMLSS. (T-1).

8.19. War Reserve Materiel Information Management/Information Technology (IM/IT). (MLG, paragraph 8.14.)

8.19.1. Medical WRM IM/IT is any hardware and/or software that is a component of a WRM medical equipment UTC. These assets will be accounted for in DMLSS. (T-1).

8.19.2. AFMOA/SGAL 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 IM/IT equipment will be reported to AFMOA/SGAL for disposition. (T-1).

8.20. Low Unit of Measure (LUM). (MLG, paragraph 8.15.)

8.20.1. The LUM program establishes a standard for ordering, accounting, and maintaining QA 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. AFMOA/SGAL is the source of supply for WRM LUM items. War Reserve Materiel LUM items will be identified by the "UM" in position 14 and 15 of the NSN. (T-1).

8.20.3. Replenishment of LUM item shortages will be requested through AFMOA/SGAL using the AFML website. (T-1).

8.21. Non-medical WRM Items. Do not order from sources of supply funded by other divisions of the AFWCF (e.g., LRS). Non-medical WRM will be procured directly from the source of supply (GSA, DLA, A12, etc.) using WRM funds. (T-0). (MLG, paragraph 8.16.).

8.22. Loaner, Repair and Return Centers (LRRCs). (MLG, paragraph 8.17.) Designated LRRCs will maintain selected expeditionary medical equipment in customer owned assembly SG97 (Customer ID 135886). Specific guidance for maintaining historical maintenance records is outlined in AFI 41-201. (T-1).

8.23. Funding.

8.23.1. AFMOA/SGAL will identify materiel shortages for currently fielded assemblages and distribute funds for procurement action.

8.23.2. If additional shortages occur and funds are not available, the host SRAN will request additional funds from AFMOA/SGAL. (T-1).

8.23.3. When WRM equipment is determined to be uneconomical to repair, the host SRAN will request replacement funding from AFMOA/SGAL. (T-1).

8.23.4. War Reserve Materiel capital (investment) equipment will be procured using AFWCF/MDD WRM funding. (T-1).

8.24. Reporting WRM Asset Availability. Medical Logistics will provide detailed, critical, and total Materiel Availability Percentage (MAP), and other LIMFACs for all assigned contingency assemblages to the Medical Readiness Flight and supported Air Reserve Component units. The "Gross" MAP is taken from DMLSS Assemblage Status Rollup Report. Status of Resources and Training System (SORTS) and Air Expeditionary Reporting Tool (ART) calculations use critical percentages. If the assemblage does not have critical items, then use the readiness percentage. (T-3). (MLG, paragraph 8.18.)

8.25. Use of Medical WRM. (MLG, paragraph 8.19.)

8.25.1. Medical WRM 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. Equipment will have proper preventive maintenance and calibrations completed prior to deployment. (T-0).

8.25.3. Reimbursement of the medical WRM program should be accomplished at the time of issue when possible. (T-1).

8.25.3.1. Medical Logistics will not withhold required WRM assets because of insufficient local O&M funds. The Project Center/Element of Resource (EOR) will be allowed to go negative and process the transactions, IAW DoD 7000.14-R. Report negative Project Center/EOR balances as a result of mass issue of WRM to AFMOA/SGAL on a monthly basis. (T-1).

8.25.3.2. Reimbursement delays past five days must be reported to the MAJCOM/SG and AFMOA/SGAL.

8.25.4. Force Health Protection Prescription Products are pharmaceuticals maintained in the BWCW and AMCP assemblages.

8.25.4.1. Title 21 USC, Section 353(b)(1)) and DoDI 6490.03., *Deployment Health*, mandates these products be dispensed under a physician's prescription. Under no circumstances will Medical Logistics personnel issue FHPPP directly to deploying personnel. (T-0).

8.25.4.2. Bulk issue FHPPP 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 FHPPP to the medical element in theater. (T-1).

8.25.4.3. In accordance with 21 CFR, Section 1307.21, FHPPP cannot be returned to the pharmacy post-deployment. Therefore, returns of FHPPP will be processed by Medical Logistics. **Note:** This process applies to the return of FHPPP from returning deployers only. Medical Logistics will not accept returns directly from patients under any other circumstances. (T-1).

8.25.4.3.1. Document the turn-in of controlled substances using a DD Form 1348-6 or similar locally developed form. Ensure the quantity received, unit of issue, item description, and individual's printed name and signature are annotated. (T-1).

8.25.4.3.2. The vault custodian will verify the information is correct, then print, sign, and date the form. The document must be maintained in the vault for two years for audit trail purposes. (T-1).

8.26. Shipping WRM. (MLG, paragraph 8.20.)

8.26.1. Transportation of WRM assets between AF accounts is funded with AFWCF/WRM funds. (T-1).

8.26.2. When transferring WRM assemblages from one location to another, the shipping SRAN will:

8.26.2.1. Ensure the assemblage inventory is current (i.e., less than 12 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/SGAL for funding authorization. (T-1).

8.26.2.4. Process out-shipment transaction(s) IAW AFMAN 41-216, Chapter 8, to sell off the assemblage and reimburse the AFWCF/MDD. (T-1).

8.26.3. The WRM 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/substitute list. 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 LIMFACs or major equipment issues. (T-1).

8.26.3.4. The MAP and critical MAP 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 8.16.4. (T-1).

8.26.5. Loan of WRM.

8.26.5.1. 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. Prior to the loan of WRM assets, a MOA will be approved by the Status of Resources and Training System (SORTS) responsible commander, and signed by the lending organization's accountable officer and borrowing organization's commander. The borrowing unit's commander will acknowledge in the MOA that all losses or damage will be reimbursed by the borrowing unit. (T-0).

8.26.5.2. 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. Joint Use Equipment.

8.27.1. War Reserve Materiel equipment may be designated as joint use as a cost effective means of maintaining the equipment in a deployable condition. Request for designation of WRM as joint use equipment will be submitted to AFMOA/SGAL and the responsible MRA for consideration and approval. These designated WRM assets can be used in peacetime only after a MOA has been established with the using organization, and approved by the unit commander responsible for SORTS reporting the assemblage status. (T-1).

8.27.2. The MOA will 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. These assets will be maintained on WRM records for SORTS and Air Expeditionary Force UTC Reporting Tool reporting. (T-1).

8.27.3. A copy of the signed MOA will be maintained in the appropriate WRM continuity folder. (T-3).

8.27.4. The physical location of the equipment will be updated in the host account DMLSS EM and AM modules. In-use maintenance cycles will be used for generating preventive maintenance and calibration schedules. (T-0).

Section 8C—MC-CBRN and Pandemic Asset Management

8.28. Purpose. Provide policy and guidance to manage MC-CBRN and PI contingency medical materiel.

8.29. Accountability.

8.29.1. Medical Logistics will manage MC-CBRN and PI projects as customer owned assemblages in DMLSS. (T-0).

8.29.2. A property custodian for each RC/CC will be designated by the appropriate team chief and appointed IAW paragraph 1.2.3.2. (T-3).

8.29.3. Medical Logistics will utilize DMLSS AM to maintain quality assurance data, document inventory results, and replenish contingency medical materiel assemblages. (T-0).

8.30. Levels and Requirements. (MLG, paragraph 8.22.1.)

8.30.1. Levels for MC-CBRN assemblages will be established based on the published AS. Adjustments to published AS levels will be accomplished IAW AFI 41-106. (T-1).

8.30.2. Personal protection equipment (PPE), antivirals, and antibiotics assemblage levels are mandated by the OASD(HA). Levels are based on calculations of each MTF's population-at-risk and number of assigned providers. Maintenance and oversight of supplies and equipment for these PI assemblies are the responsibility of the assigned MC-CBRN Team Chiefs per AFI 41-106. The AFMS manages the PI Program in assemblages:

8.30.2.1. SG05: PI PPE. (T-1).

8.30.2.2. SG06: PI Pharmaceuticals (i.e. antivirals and antibiotics). (T-1).

8.30.2.3. SG07: PI Immunizations. (T-1).

8.30.2.4. SG08: PI SNS Stockpile. Medical Logistics will maintain materiel pre-positioned from the Centers for Disease Control Strategic National Stockpile in DMLSS AM utilizing a non-standard, customer-owned assemblage, customer ID SNS001, and expense center 3H5233. (T-1).

8.30.3. Inventory.

8.30.3.1. Inventories of MC-CBRN and PI 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 8.30.3.2.3. are complete and documented. (T-0).

8.30.3.1.1. Assemblages must be re-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).

8.30.3.1.2. 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).

8.30.3.2. Inventorying MC-CBRN and PI assemblages.

8.30.3.2.1. Equipment items on MC-CBRN assemblages are accounted for as in-use equipment, and will be inventoried as part of the annual MEMO inventory (see paragraph 6.19). (T-0).

8.30.3.2.2. Medical Logistics will provide training and technical guidance for MC-CBRN and PI inventories. (T-3).

8.30.3.2.3. The MC-CBRN/PI team chief will:

8.30.3.2.3.1. Document the results of the inventory in a memorandum to the MRC IAW AFI 41-106, paragraph 2.1.22.9. At that point, the inventory is complete. (T-3).

8.30.3.2.3.2. Initiate ROS action IAW paragraph 1.8. if any items on the IAV are not approved or any discrepancies meet the requirement for a mandatory ROS. (T-0).

8.30.3.2.4. Inventory Adjustment Vouchers will be processed, certified, and approved within 50 calendar days of the discovery of the loss IAW AFMAN 23-220, Chapter 5. (T-0).

8.30.3.2.4.1. The MC-CBRN/PI team chief will certify the IAV(s). (T-1).

8.30.3.2.4.2. The IAAA will approve the IAV(s) and return them to the MC-CBRN/PI team chief for filing. (T-0)

8.30.3.2.4.3. For MC-CBRN/PI materiel managed in support of non-MTF units, the unit commander responsible for readiness reporting the assemblage status is the inventory approval authority. (T-0)

8.30.3.3. The Medical Readiness Flight Commander will ensure all inventory documents are retained for two years IAW AFRDS 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*).

8.30.4. Storage.

8.30.4.1. Materiel will be stored to best support an immediate response. If the MTF stores MC-CBRN and PI assets in a Medical Logistics warehouse, a plan to access those assets after normal duty hours must be developed. (T-3).

8.30.4.2. Medical Countermeasures, Chemical, Biological, Radiological and Nuclear or PI assets stored in Medical Logistics warehouses must be segregated from AFWCF/MDD operating and WRM inventories. (T-3).

8.30.4.3. Controlled items will be accounted for on pharmacy records and included in monthly disinterested inventories. (T-0).

8.31. Funding. (MLG, paragraph 8.23.)

8.31.1. Medical Logistics will utilize line of the AF O&M funds (fund code 30, program element code 28036F) to procure MC-CBRN materiel. (T-1).

8.31.2. Expense centers must be established for all MC-CBRN and PI assemblages using the approved RC/CC codes. (T-1).

8.31.3. When items are used for routine healthcare mission support, replenishment will be funded with DHP O&M funds. (T-3).

8.31.4. Pandemic Influenza assets are funded with DHP funds. When PI assets are used locally for an emergency or exercise, unit DHP funds will be used for replacement. (T-3).

8.31.5. Procurement. Medical Logistics will procure, receive, and issue all required materiel identified by the MC-CBRN team property custodian based on the AS levels established in DMLSS AM. (T-3).

8.32. Use of MC-CBRN and PI Assets. (MLG, paragraph 8.25.).

8.32.1. If MC-CBRN supplies are utilized during an exercise or real-world contingency, process a non-reimbursable issue out of the appropriate assemblage in AM. (T-0).

8.32.2. Release of PI assets.

8.32.2.1. Authority to release/use PI PPE and PI antibiotics resides with the MTF Commander. (T-0).

8.32.2.2. Authority to release/use antivirals at CONUS units resides with AF/SG while geographic COCOMs have release/use authority for OCONUS units.

8.32.2.3. Medical Logistics will develop a plan to rapidly distribute PI assets in coordination with the assemblage team chief. (T-0).

Section 8D—Patient Movement Items (PMI)

8.33. Purpose. Provides logistics policies and responsibilities pertaining to the PMI program IAW JP 4-02.

8.34. The PMI Program Manager (AMC/SG) will:

8.34.1. Provide a pool of standard approved AE-certified medical equipment items for use by joint medical elements operating in a contingency environment.

8.34.2. Prevent degradation of capabilities of forward medical units due to an outflow of PMI through the En Route Care System, and/or used in support of a Critical Care Air Transport Team.

8.34.3. Provide management assistance to PMI Centers/cells, AES, and other medical units using PMI assets.

8.34.4. Sustain the patient movement system during peak casualty flow periods.

8.34.5. Coordinate with the Global Patient Movement Joint Advisory Board on the standardization of PMI for DoD.

8.34.6. Provide in-transit visibility and prompt recycling of PMI.

8.35. Medical Logisticians Supporting the PMI Program will:

- 8.35.1. Maintain PMI IAW this chapter and AFI 41-201. (T-0).
- 8.35.2. Account for equipment and durable medical/non-medical materiel in a customer owned assemblage in DMLSS AM using the appropriate AS. Expense center XX5881 will be used. (T-1).
- 8.35.3. Conduct twice-yearly scans of PMI assets and upload the data into the Patient Movement Item Tracking System (PMITS). (T-2).
 - 8.35.3.1. Enter “Global PMI Center Inventory—DDMMYYYY” in the PMITS comments field. All scans filtered for “current with all” will be reconciled with the XX5881 CRL and durable items will be validated against DMLSS AM records. (T-1).
 - 8.35.3.2. The first scan will be in conjunction with the annual inventory (see paragraph 8.36.6.), the second 180 days later. (T-1).
 - 8.35.3.3. Inventory results will be reported to the MLFC. If equipment cannot be located, the host MEMO will contact AMC/SGXM at amc.sgxm@us.af.mil for tracking assistance before initiating a ROS. (T-1).
- 8.35.4. Exchange in-kind pre-positioned PMI without degrading medical capabilities. (T-1).
- 8.35.5. Interface with patient reception centers to issue and receive PMI, perform equipment inventories, and reconcile tracking information. (T-1).
- 8.35.6. Stock supplementary items, such as batteries, shipping containers, international Red Cross stickers, and expendable shipping supplies. (T-1).
- 8.35.7. Provide maintenance support to PMI Center inventories, supported operational AE, the En Route Care System, and contingency operations. (T-1).

8.36. Tracking and Accountability of PMI Assets. (MLG, paragraph 8.28.)

- 8.36.1. Patient Movement Item tracking is accomplished using PMITS, which is not an accountable system. Equipment accountability is maintained in DMLSS. (T-0).
- 8.36.2. Specific instructions/training on the use of tracking equipment are located within the automated tracking system, and at <https://pmits.csd.disa.mil>. All personnel involved with oversight or support of PMI or the PMI program must complete the PMITS web-based training located at <https://mhslearn.csd.disa.mil/learn/en/learner/mhs/portal/home.jsp>. Login and search for “PMITS Overview and Basics” in the “Search Catalog.” (T-0).
- 8.36.3. Patient Movement Item Centers, AE units and other medical elements handling PMI will track assets entering and leaving their control, and enter appropriate comments in PMITS. (T-0)
 - 8.36.3.1. 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).
 - 8.36.3.2. The status code for items leaving their control is “OUT.” (T-1).
 - 8.36.3.3. Tracking of PMI will also be accomplished at enroute facilities (e.g., aeromedical staging facilities and aeromedical detachments), which temporarily hold

PMI assets, or where assets are under control of AE crews or launch/recovery teams. (T-1).

8.36.4. As MTFs exchange/receive PMI equipment, it is their responsibility to forward the equipment to the closest PMI Center. It is a Service responsibility to fund the return of PMI. (T-0).

8.36.5. All personnel in the PMI equipment recycle process will update PMITS equipment data whenever PMI is exchanged or quantities are changed. Updates and data exchanges will be processed daily at PMI Centers; weekly (at 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. The processes used in the tracking system will be the same for peacetime and/or contingency operations. (T-1).

8.36.6. Equipment inventories will be accomplished annually IAW paragraph 6.19. (T-1). If equipment cannot be located, the host MEMO will contact AMC/SGXM for tracking assistance before initiating ROS. (T-0).

8.37. Use of PMI Assets. (MLG, paragraph 8.29.).

8.37.1. Peacetime and exercise support.

8.37.1.1. The MTF Commander has PMI release authority to support urgent medical or patient movement operations. After the fact notifications will be made to the MAJCOM/SG and AMC/SG not later than the next duty day. (T-1).

8.37.1.2. Other peacetime use must be authorized by AMC/SG. (T-1).

8.37.1.3. Patient Movement Item Centers will update DMLSS equipment records and use PMITS to record the status of the items and designate the receiving unit. (T-0).

8.37.1.4. Consumable supplies used during peacetime and exercise operations will be replenished with O&M funds provided by the using activity. (T-3).

8.37.2. Contingency or wartime.

8.37.2.1. Theater execution planners will develop PMI operational execution guidance for inclusion in the OPLAN medical annex.

8.37.2.2. The Air Mobility Division of the theater air operations center directs PMI activities for that theater, to include oversight of PMI cells, distribution of PMI, and changes to operating processes. Actions will be coordinated with the AFFOR/SG and AMC/SG.

8.37.2.3. Theater commanders will request deployment of PMI for theater support from AMC/SG, through the establishment of a requirement for PMI UTC "FFQP3."

8.37.2.4. AMC/SG will coordinate PMI deployment with the host MAJCOM/SG.

8.37.2.5. Patient Movement Item Centers will use PMITS to perpetually record the status of items, and supply any accessories required to refit PMI assets. (T-0)

8.37.2.6. Biomedical equipment repair technicians will ensure all equipment is inspected and calibrated to standards. (T-0)

8.37.2.7. When contingency or wartime equipment and durable assets are received from recycling operations, PMI Centers will contact AMC/SGXM to request disposition guidance. (T-1).

8.37.2.8. AMC/SG will contact AFFOR/SG for priority disposition and provide the respective PMI Center disposition guidance (including durable items).

8.37.2.9. Peacetime and contingency operations.

8.37.2.9.1. When PMI equipment is removed from a patient, MTF clinical staff will sanitize the equipment IAW AFI 44-108, and turn it into the closest Medical Logistics activity. (T-1).

8.37.2.9.2. Medical Logistics will return the equipment to the nearest PMI Center. Contact AMC/SGXM at the number annotated on the PMITS bar code if there are any issues or questions. (T-1).

8.37.2.9.3. Patient Movement Item Centers will inspect, repair, and calibrate the equipment and coordinate with AMC/SGXM for disposition. (T-1).

8.38. Asset Accountability for Long-Term Deployments. PMI Centers out-shipping PMI for ULN-tasks deployments (greater than 120 days), will complete a MEMO-to-MEMO transfer of asset accountability and historical maintenance records (HMR) data to the deployed account AMC/SGXM establishes for the contingency (XD5881).

8.39. Consumable PMI Items. Consumable supplies are included on the PMI AS. Levels and on-hand balances are managed using DMLSS AM. (T-0).

8.40. PMI Maintenance and Repair.

8.40.1. Medical Logistics will maintain and repair PMI equipment IAW AFI 41-201. Maintenance due dates and repair status will also be entered into PMITS. (T-0)

8.40.2. Local MTF BMETs will support PMI in their MTF or supported operational or deployed AE units to their fullest capability. When local MTF BMET support is unavailable, scheduled and unscheduled maintenance will be coordinated 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 MERC, ship to the appropriate commercial repair facility based on guidance from the MERC, using the following process: (T-1).

8.40.2.1. Ship the equipment with a copy of AF Form 1763, *Medical Maintenance Manual Work Order*, by traceable means to the commercial maintenance activity. Use O&M funds for shipment and ensure Red Crosses are attached to the exterior surfaces of the boxes. (T-1).

8.40.2.2. Update the equipment location and operational status in DMLSS and PMITS. (T-0)

8.40.3. Upon receipt of the equipment, the operational unit will ensure the status is updated in DMLSS and PMITS, and the host logistics activity will ensure DMLSS HMRs are updated. (T-0)

THOMAS W. TRAVIS, Lieutenant General,
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Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

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AFI 44-108, *Infection Prevention and Control Program*, 1 March 2012

AFI 44-119, *Medical Quality Operations*, 16 August 2011

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AFJMAN 23-215, *Reporting of Supply Discrepancies*, 6 August 2001

AFPD 41-2, *Medical Support*, 28 June 2013

AFMAN 23-122, *Materiel Management Procedures*, 8 August 2013

AFMAN 23-220, *Reports of Survey for Air Force Property*, 1 July 1996

AFMAN 24-204(I), *Preparing Hazardous Materials for Military Air Shipments*, 3 December 2012

AFMAN 33-363, *Management of Records*, 01 March 2008

AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) Users Manual*, 13 February 2013

MIL-HDBK 1191, *DoD Medical Military Facilities Design and Construction Criteria*, 15 October 1991

MIL-STD-130J, *Identification Marking of U.S. Military Property*, 1 June 1997

AF TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*, 15 August 2011

NFPA 55, *Compressed Gases and Cryogenic Fluids Code*

NFPA 99, *Standard for Health Care Facilities*

NFPA 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 1575, *Suspended Tag – Materiel*

DD Form 1575-1, *Suspended Label – Materiel*

SF 364, *Supply Discrepancy Report (SDR)*

SF 1449, *Solicitation/Contract/Order for Commercial Items*

AF Form 36, *Supply Document Register (Manual)*

AF Form 538, *Personal Clothing and Equipment Record*

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*

AF Form 2530, *Alarm System Test Record*

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*

Form FDA 3500A, *Voluntary MedWatch Report*

Abbreviations and Acronyms

AAR—After Action Report

AAAHHC—Accreditation Association for Ambulatory Health Care

ABMSO—Accountable Base Medical Supply Officer

ADPE—Automated Data Processing Equipment

AE—Aeromedical Evacuation

AED—Automated External Defibrillator
AES—Aeromedical Evacuation Squadron
AFFOR/SG—Air Force Forces/Surgeon General
AFLOA—Air Force Legal Operations Agency
AFML—Air Force Medical Logistics
AFMMAST—Air Force Medical Modeling and Simulation Training
AFMS—Air Force Medical Service
AFMOA—Air Force Medical Operations Agency
AFMOA/SGAL—Medical Logistics Division, Air Force Medical Operations Agency
AFSOC—Air Force Special Operations Command
AFWCF/MDD—Air Force Working Capital Fund Medical-Dental Division
AM—DMLSS Assemblage Management Module
AMC—Air Mobility Command
AMCP—Project Code for Anti-Malaria Prophylaxis Project
ANG—Air National Guard
ART—Air Expeditionary Reporting Tool
AS—Allowance Standard
ARCOS—Automation of Reports and Consolidated Orders System
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
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
COCOMs—Combatant Commanders
CONUS—Continental United States

COR—Contracting Officer Representative
CSDC—Consolidated Storage and Deployment Centers
DEA—Drug Enforcement Administration
DHP—Defense Health Program
DIACAP—Defense Information Assurance Certification and Accreditation Process
DLA—Defense Logistics Agency
DMLSS—Defense Medical Logistics Standard Support
DOC—Designated Operational Capability
DoD—Department of Defense
DoDAAC—Department of Defense Activity Address Code
DoD MMQC—Department of Defense Medical Materiel Quality Control Message
DP—Deferred Procurement
EM—DMLSS Equipment Management Module
EOR—Element of Resource
ERAA—Equipment Review and Authorization Activity
FAEX—Project Code for Facility Bed Expansion Program
FAR—Federal Acquisition Regulation
FDA—Food and Drug Administration
FHPPP—Force Health Protection Prescription Products
FRED—Functional Requirements Evaluator Designee
GAFS—General Accounting and Finance System
GPC—Government-Wide Purchase Card
GS—General Schedule
GSA—General Services Administration
HAZMAT—Hazardous Materiel
HMR—Historical Maintenance Record
IAAA—Inventory Adjustment Approval Authority
IAV—Inventory Adjustment Voucher
IGM—In-Garrison Maintenance
IM/IT—Information Management/Information Technology
LIMFACs—Limiting Factors
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
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
NFPA—National Fire Protection Association
NIR—New Item Request
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 (PMITS)
PCO—Procurement Contracting Officer
PI—Pandemic Influenza
PMI—Patient Movement Items
PMITS—Patient Movement Item Tracking System
POA—Power of Attorney
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 (PMITS)
QC—Quality Control
RC/CC—Responsibility Center/Cost Center
RDY—Ready Status (PMITS)
RMO—Resource Management Office
ROS—Report of Survey
SCM—Service Contract Manager
SDS—Safety Data Sheet
SFAK—Project Code for Mass Casualty First Aid Kit Program
SFFAS—Statement of Federal Financial Accounting Standards
SLEP—Shelf Life Extension Program
SNS—Strategic National Stockpile
SORTS—Status of Resources and Training System
SRAN—Stock Record Account Number
TAC—Transportation Account Code
TJC—The Joint Commission
TLAMM—Theater Lead Agent for Medical Materiel
TO—Technical Order
TR—Transaction Register
UEI—Unit Effectiveness Inspection
ULN—Unit Line Number
USP—United States Pharmacopoeia Standard
UTC—Unit Type Code
VCNCO—Vehicle Control Non-Commissioned Officer
VCO—Vehicle Control Officer
WG—Wage Grade Civilian
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.

AE 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 AFWCF/MDD 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 AFWCF/MDD is vested in the Surgeon General and has been delegated to the AF Medical Logistics Division. Other directives concerning stock fund operations are DFAS-DER 7420-1, Procedures in Support of Air Force Stock Fund, and DFAS-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 Air Force publication which prescribes items and quantities (basis of issue) of equipment normally required by Air Force organizations and individuals in the accomplishment of assigned missions, functions and duties. Allowance documents are published as Allowance Standards (AS).

Base Environmental Manager—The Base Environmental Management function supervisor or designated representative, synonymous with the term environmental coordinator.

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.

Detached Medical Unit/Facility—An MTF that does not have a stock record account integral to its organization and receives medical logistics support from another host medical activity.

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.

Expense Medical 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 MTF O&M 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 MTF O&M or centrally-provided O&M funds.

Materiel—Items labeled with a specific date beyond which the product either cannot be expected to yield its specific results or retain its required potency.

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.

HAZMART—A HAZMART is the “customer service desk” for the IHMP, and is the only entity on an installation authorized to issue government-owned HAZMAT. At a minimum, a HAZMART is a facility or location where customers can receive support for obtaining HAZMAT, and where HAZMAT are managed and tracked. A HAZMART is intended to be the primary location on an installation where LRS personnel stock, store, issue and distribute HAZMAT. Each installation must have at least one primary HAZMART established by, and accountable to, the LRS commander. The HMMP team may designate additional unit-controlled supply activities as HAZMARTs, performing all the functions of the primary HAZMART. The HAZMART responsibilities include the receipt and entry of data on Government-wide Purchase Card purchases of HAZMAT and the receipt and entry of data on contractor usage of

HAZMAT.

Hazardous Material—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 HAZMAT Management Program (IHMP)—An Air Force standardized program for authorizing, procuring, issuing, and tracking of HAZMAT. This program was previously called the HAZMAT Pharmacy Program (HPP).

Investment Medical Equipment—Also referred to as capital 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. The item price does not include surcharges.

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 MEMO and WRM records.

Local Purchase—An authorized purchase, from sources outside the Department of Defense, 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, EPA Form 8700—22 (*Uniform Hazardous Waste Manifest*) and EPA Form 8700-22a (*Uniform Hazardous Waste Manifest Continuation Sheet*)—These are EPA shipping documents that are required by Federal or state regulatory agencies for transportation of HW. Manifests are signed by the installation commander or designated representative and are used to track HW to an EPA permitted or interim status treatment, storage and disposal facility, refer to 40 CFR , Section 262, Subpart B.

Material Safety Data Sheet—A written or printed material concerning a hazardous chemical that is prepared in accordance with 29 CFR 1910.1200(g).

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 MTF. The MEMO is a non-numbered account normally managed by the MLFC.

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 (WRM) management.

Medical Logistics Flight Commander—A Medical Service Corps officer or civilian equivalent assigned to manage and coordinate all logistics activities in the MTF. At most small and medium size facilities, the MLFC 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. Items listed in the federal supply catalog as medical materiel and similar non-stock listed items including non-medical items purchased through the AFWCF/MDD.

Medical Resources Letter—Document containing contingency support personnel and logistics Readiness Requirements.

Medical WRM Project Officer—An individual appointed by the MTF Commander to be responsible for the management of all WRM programs designated for the local MTF.

Obligation—An amount the government is legally bound to pay as a result of a requisition to DLA, GSA, 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.

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/command MEMO.

Patient Movement Item—Those items that are required to support a patient during aeromedical evacuation. For this program, PMI 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. PMI assets are funded with DHP O&M dollars.

Pecuniary Liabile—Those personal, joint, or corporate monetary obligation to make good any lost, damaged, or destroyed property resulting from fault or neglect.

PMI Cell—A package of limited manpower, which may include materiel, to be sent to a forward medical element or MTF to track PMI and facilitate PMI use.

PMI Center—A regional site for PMI management that includes tracking, area inventory management, maintenance and repair, communication with other PMI Centers and distribution of PMI and personnel to meet regional needs or needs of a supported center.

Population-At-Risk—The number of personnel in a MTF's catchment area. This number can be obtained from the RMO.

Prepositioned Reserves—Designated portions of the WRM, 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 MTF'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, MTF Commander or the MTF 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.

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, AFPD 25-2, AFI 65-601, Volume 1, *Budget Guidance and Procedures*, and this instruction. A support agreement can take the form of a Defense Department (DD) Form 1144, *Support Agreement*, an MOA, or an MOU.

Memorandum of Agreement—An agreement that defines areas of responsibility and agreement between two or more parties, normally at headquarters or MAJCOM level. MOAs 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.

Surcharge—A charge added to the product cost to compensate the AFWCF/MDD 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 major command or military department that is supported by a host organization or activity under the jurisdiction of a different major command 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 supplies from the Medical Logistics activity and/or equipment from the MEMO.

War Reserve Materiel—Materiel which must be on hand at the time a conflict begins. WRM, when added to peacetime operating stocks and mobility resources must be capable of sustaining combat consumption rates until resupply pipelines can become operative. WRM assets are procured with AFWCF/MDD obligation authority (with the exception of investment equipment) and maintained in AFWCF/MDD-funded inventories.