



THE AFMLL

The Air Force Medical Logistics Letter

Delivering Customer Focused Global Integrated Logistics



AFMLL 11-97
Current Index: 02-97

Air Force Medical Logistics Office
Fort Detrick, Maryland 21702-5006
<http://140.139.13.36/afmlo/>

November 1997

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MEDICAL MATERIEL

USAF Medical Logistics Directory - *November 1997 Edition*

Attachment 6 is the November 1997 issue of the USAF Medical Logistics Directory. You may reproduce additional copies as needed. The directory is also available on the AFMLO WWW home page. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

Suggestion for Dental Panoramic X-ray Radiation Probe Holder

Any calibration of panoramic dental x-ray systems requires measurement of radiation output during operation. For these panoramic systems, location of the tube head during operation poses special problems for attachment of the radiation measurement probe to the cassette holder. Unless special care is taken to ensure rigid attachment of the probe to the cassette holder, the probe can fall

off and become damaged during tube rotation. A suggestion proposes fabrication of a device that firmly attaches to a slit-type cassette holder and provides a means for securing the radiation measurement probe. The proposed device also provides for attachment of additional filtration if required. This device may expedite collection of radiation output measurements during operation of the panoramic dental x-ray machine. It can also reduce chances of damaging a radiation probe. If your Medical Equipment Repair Center (MERC) is interested in fabricating and using this device, **Attachment 1** contains a detailed drawing. Additional information on fabrication can be obtained from SrA Dallas T. Sutton Jr., of the 384th Training Squadron.

We thank SrA Dallas T. Sutton, Jr. of the 384th Training Squadron, Sheppard AFB, Texas for developing and submitting this suggestion for a radiation probe holder for panoramic dental x-ray units.

If your facility benefits from this suggestion, complete an AF Form 1000-1, Suggestion Evaluation and Transmittal, citing the suggestion number (SHE 970138) and forward to the originating base suggestion program office (82 TRW/MQS, Sheppard AFB TX 76311). (AFMLO/FOM-E, Mr. Dave Baker, DSN 343-7487).

Material Obligation Validation (MOV) Cycle 97-04

MOV Cycle 97-04 began on 20 October 1997 and is scheduled to end on 5 December 1997. If you have outstanding requisitions from any Defense Logistics Agency (DLA) that qualify for the MOV cycle (see AFMAN 23-110, Chap 8, Attachment 6 for criteria), you should have received an MOV Cycle within 5 days of 20 October.

There have been many problems with the MOV Cycles in the past few years, most of them related to non-receipt of the images into MEDLOG.

Successfully processing a cycle results in a MOV Transaction List. *The superintendent or materiel manager* should review the list to determine the requirement for all items listed. This review is required because numerous old requisitions, mostly WRM, were canceled by the account without the knowledge of the superintendent or materiel manager. Canceled requisitions cannot be reinstated. Once the appropriate action is determined, responses are processed using the "AVD" transaction.

Even if you lose the MOV Transaction or confirm that MEDLOG received the cycle correctly with an "AP9" on the AUTODIN Transaction List Part II, you can still use the "AVD" transaction to screen print each document, or process on line.

If you did not receive an MOV cycle, contact the Logistics and Readiness Analysis Team at AFMLO and we will get a copy of the cycle and forward it to you. You can then enter your responses using the "AIT" screen. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Negative Operating Balances

Medical logistics accounts are reflecting an increasing number of negative balances in operating inventory on the Base Medical Supply Office/Base Accounting and Finance Office (BMSO/BAFO) Financial Reconciliation List. Although the balance does not appear as a negative, it is easily identifiable when the operating balance on page 2 is larger than the operating balance on page 1. Three bases reported a negative operating inventory balance at the end of the fiscal year.

The negative balance occurs when accounts do not promptly process summary prime vendor receipts (PND). Account managers must make this an item of primary interest. Check the Prime Vendor Trouble List, Part II daily. Part II shows all the prime vendor receipts for which you need to process a summary receipt (PND). You must take aggressive action to resolve the delinquencies

appearing on this list and process the summary receipt.

We continue to process individual receipts and issues in MEDLOG on a daily basis. We routinely pass the issues to finance, but receipt information is not passed until you process the summary receipt. Do not wait until you have to justify a negative inventory balance in finance before you take the appropriate actions. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

War Reserve Materiel (WRM) Obligation Authority and Purchasing Capability

Congratulations to all accounts for an excellent job of spending FY 97 WRM Obligation Authority. We hope everyone used the Standard Materiel Inquiries (SMI) available to purchase maximum "capability." Our schedule is to distribute FY 98 WRM Obligation Authority in early January. Imagine that! Just when you thought things would be slow after the holidays.

Attendees at the FY 98 WRM Funding Conference reached consensus on how to best spend FY 98 funding to maximize AFMS capability. The plan is presently in the approval stage. This year the group enhanced the process used in FY 97 by identifying and funding the requirements down to the project level at every base. For instance, if you have three Air Transportable Clinics (ATCs), the plan may fund two while not funding the other.

Are you ready to execute when you receive your money? Spend plans are an important part of the

formula, and are required by AFMAN 23-110, Vol. 5, paragraph 15.3.4.3. Now is the time to prepare or update your spend plans. Research the items to ensure they are available. You must buy items with a routing identifier of F** (another division of the stock fund) through local purchase channels; so now is the time to obtain complete item descriptions and sources. You cannot buy Brooks & Perkins containers for your Air Transportable Hospital (ATH) or ATC this year. Also, gas masks for Patient Decontamination programs were centrally purchased last year for direct delivery to your base; hence, ignore these shortages.

If you receive 100 percent of the money required for your program, it's relatively easy to spend. If you receive only a portion of your money, it becomes much harder to spend wisely. Various SMIs are available to assist you with your spend plans and the actual spending of money to buy capability. Save them as Report Extract Programs (REP) to allow revisions - the SMIs cannot be revised. Properly coded records in MEDLOG are necessary for the SMIs to provide valid information. For instance, critical item codes where appropriate, valid deferred procurement codes, prime/substitute links, and accurate quality assurance records. We will cover the most important of these SMIs.

Q26, WRM Redistribution

The Q26 report identifies overages and shortages between your programs. You should run Q26 to ensure you use present inventory properly, thus eliminating the possibility of buying excess inventory. The report lists them next to each other. For instance, an excess quantity of five in one program and a shortage of five in another program

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published monthly to provide medical materiel support data to Air Force medical activities worldwide. Our mission is to ensure all Air Force medical facilities receive the highest level of medical logistics support. In that regard, we solicit your articles for inclusion in the AFMLL to relay information for use by other activities. For additional information concerning this publication, call (301) 619-4158/DSN 343-4158 or write to the AIR FORCE MEDICAL LOGISTICS OFFICE/FOA, ATTN: Rita Miller, 1423 SULTAN DRIVE, SUITE 200, FORT DETRICK, MARYLAND 21702-5006. Articles may be data faxed to (301) 619-2557 or DSN 343-2557.

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

Matters requiring AFMLO action after normal duty hours may be referred to the AFMLO Staff Duty Officer. The Staff Duty Officer may be reached at DSN 343-2400 or (301) 619-2400 between the hours of 1630 and 0700 weekdays, and anytime on weekends and holidays.

will be identified. Prime/substitute relationship established or the program will possibly recommend restratification of an item that should not be restratified.

Q19, OA Expiration Date Value

The Q19 report allows you to identify items expiring in a specific time by WRM project using the information in your quality assurance records. You must save this report as a REP to allow you to use it for individual programs. You use this program for budgeting purposes and to enhance your purchasing plan. You need to enter the project and greater than, and less than, expiration dates. For instance, to identify those items expiring in FY 98, the greater than date is 9709, and the less than date is 9810. It provides a list of the items going outdated in that time period.

Q28, WRM Dollars Report

The Q28 report reflects a dollar figure to raise a project to a specific percentage of capability. The default is 100 percent; so save it as a REP to use various percentiles. Regardless of the percentage entered, it calculates critical items and equipment to 100 percent. The rationale is: (1) you must have all critical items to deploy, and (2) equipment is normally a long lead-time item, thus hard to get immediately. It does not include items coded as investment equipment, centrally procured, or with a deferred procurement code. It takes into account items linked as prime/substitutes. Run this REP against each project you have at various percentages to establish a purchasing plan, such as 80, 90 and 100 percent. (Hint: save the REP with a good name after you run it and simply run the report the next time you need it.) When you receive your funding, you have a starting point to define a valid capability percentage (Do not forget to add the amount from Q19!). For instance, the REPs indicate you need \$30,000 to get to 80 percent and \$40,000 to get to 90 percent. If you get \$35,000 in obligation authority, you would know to run your REPs between those two percentages. You may eventually find that for \$35,000 you can get to the 87 percent figure. Because of Q19 it's not an exact science, but it is better than anything we had in the past.

Q18, Project Requirements

The Q18 report lists all item requirements to arrive at the selected percentage. It uses the same criteria as the Q28 report. Use this report to refine your purchasing plan. For instance, run this report for each program at the 80, 90, and 100 percent figures. You will have a complete list of what to buy to get to those percentages (Do not forget to add in Q19!). Use these lists to do up-front research so you are ready to buy when the funding arrives. To procure, simply run this product at the desired percentage. Report Q18 provides a list of items and quantities to order.

Refinement of the WRM spending criteria ensures we maximize materiel in place overseas, and for first deployers. Each and every account must use the process described here to ensure we buy maximum capability. If you have any questions or comments, contact MSgt Shelia Brown, TSgt Cliff Green, SSgt Glenn Blackshear, Joyce Hope, or Dale Lyons in the Logistics and Readiness Analysis Team of AFMLO. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

Correction to Table of Allowance (TA) Changes

Correction to AFMLL 08-97, Attachment 4, page 3:

- TA 903, NSN 6515-00-308-9100, Bag Wet Dressing Arm, A-H - the correct replacement is 6515-01-334-8791.

The TA Allowance Changes, Attachment 4 could not be published due to printing problems. Attachment 4 will be included in AFMLL Supplement 11-97. (AFMLO/FOM-OT, Mrs. Anne Newcomer, DSN 343-4118)

Contracting Corner

Confidentiality of Contractor-Specific Information

Lt Col Parkes recently asked some very thought-provoking questions regarding the appropriateness of government publication of contractual information on the web, and other public access venues. We have the ability to proliferate information with ever-increasing ease which makes the question, "Should we share certain types of data and if so how freely," even harder to answer...

The rapid expansion of outsourcing and privatization efforts virtually assures that everyone in medical logistics will have access to contractor data at some point. This access may take the form of participation as a source selection technical or cost team member, development of an independent government cost estimate (IGCE), corporate data analysis for informed management decisions, or for a variety of other purposes. Source selection involvement will necessitate access to contractor(s) detailed financial, technical, and cost information. The rule here is simple: **never** disclose any such information, verbally or otherwise, to anyone outside the team responsible for the review. This includes personnel in your own chain of command. Do not make copies of sections of the proposal you are evaluating. The Contracting Officer is responsible to provide the technical team with enough copies to do their job, and must keep the total number of copies strictly accounted for. Contractors hold their proprietary data very close for obvious reasons.

After contract award, the landscape changes somewhat, although it is still the purview of the contracting officer regarding what is, or is not releasable. When a contract is awarded, the contracting officer will debrief (dollar value warranting; usually over \$100K in total) all unsuccessful bidders explaining, essentially, why they did not get the award and why the winning proposal was "better". The FAR says we have to do this. The more subjective the evaluation factors, the

more necessary this debriefing becomes. If the buy was a "straight" price competition, the debrief of unsuccessful bidders is usually short and sweet - you were not the low bidder. If more subjective factors are used, such as the degree to which the proposal demonstrated an "intrinsic understanding" of the requirement, the debriefing may be very involved. All of this notwithstanding, the debriefing will almost always include the exact price of the winning proposal which will be published along with other "vital statistics" of the award. Even for non-bidders this information is essentially public domain. Anyone interested can submit a request under the Freedom of Information Act (FOIA) and glean most of the particulars of a given award. The contracting officer will edit (known as redact) the proposal before turning it over to remove any proprietary information; but the aggregate price, and price per unit, is almost never considered proprietary (the elements of cost or profit that *make up* that price however may be). The entity that files the FOIA is responsible for government cost to collect and compile the data, but the use of the information otherwise carries no prohibitions.

In today's technology rich environment, the ability and ease with which we are able to compile and utilize historical contractual information is unparalleled, and extremely useful as a management tool to project trends, analyze/control cost, etc. Data bases such as our professional service data base on the *Medical Logistics Home Page* provide ready access to very useful information concerning historical cost and use of Air Force-wide medical service contracts to just about anyone - including contractors. In a sense, by posting cost information on preexisting contracts on the web, what we're really doing is saving the contractors the trouble and expense of obtaining this information, and the government the time to compile it. You can certainly make the argument that we are giving contractors ready access to information they may not otherwise have bothered to acquire, but we are not giving away anything that they are not entitled to by law. On the flip side, the government also benefits from the accessibility of this information.

I hope it is apparent in the few issues we raised here (and the many we did not!!) how technology

complicates the issue of protection of confidential contract data. In the end, the best answer is to play it safe. Seek advice from your base contracting office (BCO) before releasing contractor-specific information of any kind outside the government. (HQ AFMSA/SGSLC, Mr. Albert Jacob, DSN 240-4944)

Cost Saving Suggestion - Alcohol Tax Free Permit/Certificate

Facilities that purchase NSN 6505-00-105-0000, 200 proof alcohol from sources other than the Defense Personnel Support Center (DPSC) (i.e., Prime Vendor) and do not have an Alcohol Tax Free Permit, are charged federal alcohol tax on their purchases. This charge increases the cost significantly, from \$1.22 per pint to \$7.42. To correct this overcharge, you must apply for an Alcohol Tax Free Permit/Certificate from the Alcohol, Tobacco and Firearms (ATF) Department. The ATF point of contact is Ms. Mary Wood, (202) 927-8210 or 8230.

If your facility benefits from this suggestion, complete an AF Form 1000-1, Suggestion Evaluation and Transmittal, citing the suggestion number (KEE 970040A) and forward to the originating base suggestion program office (81st TRW/MOS, Keesler AFB MS 39534-2546). (HQ AFMSA/SGSL, Mr. Randy Fontana, DSN 240-4128)

Life Without the Medical Logistics System (MEDLOG)

On 20 July 1997, the Medical Logistics located at Andrews AFB lost its main computer system, MEDLOG. For the 9 days without MEDLOG, processing routine and emergency orders for a 150-bed Medical Center would prove to be a great challenge. Considerable effort was required to develop and execute a plan to provide uninterrupted service to customers. It required team effort within the Medical Materiel sections (Acquisitions, Forward Customer Services, Distribution/Warehouse Management, Inventory/Mission Support) to make it happen. We extend a hearty "Thank you" to the 89th for the following article. It outlines the innovative procedures they developed and used in the crisis. They also included suggestions for prevention and lessons learned.

By day 2, it was obvious the system would not be available for a while. An emergency meeting was convened to discuss operating procedures. The Director of Medical Logistics (DML) briefed the executive staff and our customers were informed of system status over the Local Area Network. The "Big Five" (i.e. Pharmacy, Surgery, Emergency, Radiology and Lab) were notified directly. Ordering activity was limited to direct patient care emergencies until MEDLOG was back on-line. This notification did not stop requests from coming in. Local Purchase Requests forwarded to Medical Logistics Customer Services were prioritized and staged. Clinics closed over the weekend were least affected and attention focused on the more vital areas (Wards, ER, ICU). All other areas were encouraged to borrow supplies as needed. It was stressed to customers that stockpiling or bulk ordering would hinder our ability to resupply. Turn-ins were highly discouraged and overtime became our standard.

Since MEDLOG was the only system down, we were not in full "manual operation" mode. Automation was still available through the Prime Vendor (PV) terminals and the MEDLOG peripheral systems (AIMS, SIFA, STAR, etc.). However,

many “manual” operations helped us get through the next 9 days.

Our primary concern was transmitting the orders to our prime vendors, Bindley Western (PVP) and Owens & Minor (PVM). This required the development of an accurate requirements list. SIFA (Stock In Forward Area) and AIMS (Advanced Inventory Management System) contained stock numbers and levels for the forward logistics accounts. Although AIMS was replaced by SIFA, the AIMS system better suited our needs because our people were able to enter what was required. The Forward Customer Support (FCS) module of the Defense Medical Logistics Standard Support (DMLSS) system accomplished the same for all other accounts.

The next challenge was matching each item with the source of supply. This was accomplished by changing file format; we changed the Routing Identifier (RID) to “PV” and deleted the header record to ensure PV interface compatibility. The translation table (TT) served as a filter. Items recognized by the TT were ordered, the remainder printed on the cancellation report. These items were subsequently ordered through other acquisition channels. For the non-forward accounts, the A0A details were manipulated to “ammc2x” format to interface with the Medical/Surgical PV.

The next challenge was receiving and distributing shipments. Initially, we printed a copy of the due-out file (luckily it was the most current listing) from the DP directory (Compac PC) into an Excel file. However, it only contained details already in MEDLOG and the Streamline Automated Receiving (STAR) computer system. Our stockless business practice would begin to hurt us around day 3.

Approximately 80 percent of PV items are stockless. One determining criteria was if average pipeline time (PLT) is three days or less. With full implementation of the credit card program, stock turn over ratio is approximately 20 times a month which means within 2-3 business days, the due-out listing is obsolete. For 2 days, backorders were identified by manually writing the RC/CC on the original requirements lists and forwarding a copy to the warehouse. This was very time consuming

(approximately 3 hours with 5 people) and frustrating. A solution was finally discovered when the location code field of the A0A requisition accepted the RCC as legitimate data. Fortunately, it worked and cut the overall receipt time in half.

As the days went by, we made many adjustments to improve the performance of the system. Our PVs allowed us to use separate calls for our orders. This decreased PLT by decreasing man-hours required to separate one large order. We were able to annotate the area on the invoice and deliver directly to the big and forward logistics accounts. We were also given permission to assign purchasers blocks of manual document numbers for input to the system once it came back on line. RC/CCs were added to the LPD for BPA and credit card orders while supplementary address or the location codes were added to depot orders.

As each day without MEDLOG passed, we gained confidence in our new system and survivability became more probable. The system became smoother and customers saw results.

Now, for some lessons learned.

Operating on-hand stock quantities were sacrificed. Without MEDLOG, there was not enough time to check the shelves for possible fills. The same problems existed with “adjusted unit of issue” items. Most of these items have high turnover ratio and will eventually be used by customers. We had to disregard fill rate due to our stockless concept.

Small non-forward owned accounts were less affected while clinics and sections offering extended (24-hour) service (e.g. ER, Radiology, Lab, Wards, ICU, etc.) needed substantial attention. These areas have adjusted their stock availability based on business practices of the Medical Treatment Facility (MTF) and due to their high turnover, can cause problems when supplies become scarce.

Communication is vital. The MTF commander/executive staff must be updated daily of the situation (more often if necessary). Close coordination with your PV(s), Defense Personnel Support Center (DPSC), Base Contracting Office

(BCO), and finance offices must be a high priority. Remember, the PV forwards his bill to DPSC upon confirmed delivery of order(s). These orders accrue interest if not paid within 15 days. Without the system, you are setting yourselves up for a lot of work reconciling for DPSC. Try to coordinate with the PV(s) about paying debts. Identify your situation to DPSC immediately and provide day-to-day notification as necessary. The same applies to the BCO and finance. In accordance with AFMAN 23-110, Vol. 5, notification to your command and HQ/AF may be required depending upon how long the system is down. Always keep customers and teammates within Medical Logistics aware and up-to-date. It can be very aggravating to be at work stoppage not knowing the status of the system.

Adjusted unit of issue items were a serious initial challenge, however, the problem was identified and corrected. You must have a working idea (preferably a monthly copy) of what stock numbers are adjusted. As orders were received from individual accounts, they were added to the AIMS, SIFA, or FCS modules for conversion to requirements list backorders. Without MEDLOG, there was no consolidation of orders for adjusted units of issue. Instead of 15 rolls of paper sheeting, we received 15 cases of 12 rolls each. Keeping everyone informed of limitations will help.

It is imperative all documents be controlled by one individual who accounts for all documents at the close of each business day. You must know how many separate documents you have, so mark them and keep up with who has what documents. If possible, have everyone process each document completely until a smooth system is established. This may be difficult for documents having over 200 line items.

Also, link the orders when processing the due-ins. The account number is on the document. This will prevent old backorders from releasing, and causing future warehouse refusals. Remember, you have already delivered the items. Even if stock is on-hand, warehouse refusals and inventory losses are inevitable. Linking the details is crucial.

As each day passed, the confidence of being able to operate grew. Customers never experienced any change in service, but they often disregarded our “emergency only” status and turned in normal requests. Set up a process to prioritize incoming requests. If you decide on “emergencies only”, stick with it until things are back to normal. Although the majority of our customers never felt the impact of the MEDLOG outage, the crisis resulted in countless documents that need EMR, LPD, ESD, RRD and EVD transactions. Don’t worry about image; SURVIVE!!

One of the most critical lessons learned was the need for sound contingency plans. As we become more and more reliant on technology, it is vital we have a process in place should the system crash. Historically, system downtime was limited to 1-2 days, with a few exceptions. As we become more accessible due to technological advances, we also become more vulnerable to power outages, communication network link disruptions, and acts of nature. All of these challenge our ability to fulfill mission requirements.

Instead of just delivering disaster carts, litters and straps, Medical Logistics needs to develop an emergency operations plan and checklists. In exercises, logistics practices our role in a contingency rather than in a flood, power outage, lightning strike, fire, or other problem. The success of the medical facility depends on the ability of Medical Logistics to function during contingencies affecting only logistics.

Another lesson learned was the need for a dedicated power source and backup systems. As with CHCS, MEDLOG is critical to the operation of the MTF. Every few years, each account should have electrical requirements reviewed and updated for future requirements and crisis prevention. All associated processing equipment should be centrally located. Consider using lap tops to continue the documentation trail during Medical Logistics system outages.

The final lesson learned: You can survive without MEDLOG with dedication and commitment from everyone at every level. Over the years, Medical

Logistics has separated into individual sections (e.g. Acquisitions, Warehouse/Distribution, Inventory Management/Stock Records/Customer Service/Forward Customer Services, WRM). In the nine days without MEDLOG, we became a Medical Logistics Team. All members realized success was all about teamwork, to include contribution and impact to the entire process.

Not only did Andrews survive without MEDLOG, it survived without compromising or interrupting service to the medical treatment facility. All members of the 89th Medical Logistics Team should be proud of their performance. (89th Medical Logistics, Andrews AFB)

Current Status of Decentralized Blanket Purchase Agreements (DBPAs)

Pages 1 and 2 of **Attachment 3** is a list of pen and ink changes to the consolidated list provided in Attachment 3 of AFMLL 10-97.

Agreement Modifications

The modifications listed below established an indefinite expiration date of 15 Oct 2002. At the same time, the DBPAs were modified to authorize open market and Federal Supply Schedule Contracts. A copy of the modifications listed below are provided on pages 3 through 38 of **Attachment 3**.

<u>DBPA #</u>	<u>Vendor</u>
DLA120-98-A9121	Allegiance Healthcare
DLA120-98-A9165	Allergy Laboratories
DLA120-98-A9176	Anesthesia Associates, Inc.
DLA120-98-A9328	Oxis International, Inc.
DLA120-98-A9332	Fitzco, Inc.
DLA120-98-A9335	Level 1 Technologies
DLA120-98-A9339	Infolab, Inc.
DLA120-98-A9340	K-Art X Ray Supply Co.
DLA120-98-A9346	Trimline Medical Products
DLA120-98-A9348	Organon Pharmaceuticals

DLA120-98-A9352	Products for Surgery, Inc.
DLA120-98-A9358	Solvay Pharmaceuticals, Inc.
DLA120-98-A9368	ReMedPar, Inc.
DLA120-98-A9384	Preventive Care, Inc.
DLA120-98-A9386	Dey Laboratories, Inc.
DLA120-98-A9389	Medical Research Labs, Inc.
DLA120-98-A9392	Medical Records Unlimited
DLA120-98-A9398	Dow Hickam Pharm, Inc.

The modifications listed below were issued to cancel the DBPA in its entirety effective 29 Sep 97. Copies of these modifications can be found on pages 39 through 43 of **Attachment 3**.

DLA120-97-A9191	3M Pharmaceuticals
DLA120-97-A9330	T-Plex Industries, Inc.
DLA120-97-A9333	Stone Medical Supply Corp.
DLA120-97-A9347	Ortho Biotech
DLA120-97-A9355	Granutec, Inc.

SP0 Agreements

The following agreements have been converted to SP0200-98-A.

8502	8503	8504	8505	8506	8510	8511
8512	8513	8514	8516	8517	8518	8519
8520	8521	8522	8523	8524	8525	8526
8527	8530	8531	8532	8533	8534	8538
8539	8540	8542	8544	8545	8547	8548
8549	8550	8551	8552	8553	8554	8555
8556	8557	8558	8559	8560	8561	8563
8564	8565	8566	8567	8568	8569	8570
8572	8573	8574	8575	8576	8577	8578
9013	9018	9019	9022	9026	9027	9028
9029	9030	9038	9048	9052	9056	9057
9061	9068	9073	9074	9077	9081	9084
9085	9086	9088	9094	9095	9099	9105
9107	9112	9114	9117	9125	9127	9128
9129	9130	9131	9133	9135	9138	9139
9141	9144	9147	9149	9150	9153	9154
9158	9159	9166	9171	9172	9177	9184
9189	9194	9196	9209	9213	9214	9215
9217	9226	9227	9231	9232	9233	9235
9236	9238	9242	9243	9244	9245	9246
9250	9252	9255	9259	9265	9266	9267
9270	9274	9275	9276	9281	9283	9284
9287	9288	9289	9294	9298	9299	9300
9303	9304	9308	9310	9314	9319	9321
9322	9329	9349	9353	9360	9363	9367

9369 9370 9377 9380 9383 9385 9390
 9391 9403 9411 9416 9420 9425 9459
 9463 9465 9466 9467 9468 9469 9472
 9474 9475 9476 9477 9478 9479 9480
 9481 9482 9483 9486 9487 9488 9490
 9491 9497 9499 9500

VA0 Agreements

4000 4003 4004 4006 4011 4013 4014
 4017 4018 4019 4021 4022 4023 4024
 4025 4026 4027 4028 4029 4030 4031
 4032 4033 4034 4036 4038 4044 4049
 4051 8501 8507 8508 8509 8528 8535
 8536 8537 8543 8546 8562 9002 9005
 9006 9009 9014 9017 9020 9021 9032
 9035 9042 9049 9050 9052 9059 9072
 9090 9093 9104 9108 9111 9122 9132
 9134 9136 9152 9155 9156 9160 9161
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 9187 9195 9198 9202 9204 9207 9210
 9211 9212 9215 9219 9220 9221 9225
 9228 9237 9239 9247 9253 9256 9261
 9269 9271 9278 9285 9290 9293 9296
 9301 9309 9311 9316 9317 9318 9320
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 9388 9397 9402 9405 9409 9413 9414
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(AFMLO/FOM-P, Mrs. Charlotte Christian, DSN 343-4164)

Information

Medical Logistics in Action

Headquarters, Air Force Medical Support Agency (HQ AFMSA) and the Air Force Medical Logistics Office (AFMLO) extend sincere congratulations to the personnel named below for their outstanding achievements. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

30th Medical Group Vandenberg AFB CA

Steve Kuiper was promoted to **Staff Sergeant**. **Cindy Lokken** was selected as the 30th Medical Group Civilian of the Quarter for the period Jul - Sep 97. **Edith Miller** was selected as the 30th

Medical Group Volunteer of the Quarter for the period Jul - Sep 97

5th Medical Group Minot AFB ND

Jennifer Henson was promoted to **Senior Airman** below-the-zone. **SSgt Megan St. Clair** was selected for the second consecutive time as the 5th Medical Support Squadron Noncommissioned Officer of the Quarter for the period Jul - Sep 97. She was awarded an Associate degree in Applied Science, Logistics, from the Community College of the Air Force. **MSgt Mike Dornish** was selected as the 5th Medical Support Squadron Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 97.

14th Medical Group Columbus AFB MS

Carolyn S. Starkweather was promoted to **Technical Sergeant**, and was awarded an Associate degree in Logistics Management from the Community College of the Air Force. **SSgt Oscar L. Butler, Jr.**, was awarded an associate degree in Aircraft Systems Maintenance Technology from the Community College of the Air Force. **SSgt Jeffrey N. Thompson** was awarded the Air Force Commendation Medal for duty performance while assigned to the 14th Medical Support Squadron, Columbus AFB MS.

36th Medical Support Squadron Andersen AFB GU

The Medical Logistics Flight received PACAF's Medical Logistics Outstanding Special Team award for FY 97. **SrA Judith S. Santa Ana** was awarded the Air Force Achievement Medal for duty performance while assigned to Osan AB KO during the period Jul 96 - Jul 97. **SSgt Anthony K. Nanes** and **TSgt William (Skip) Mace** were awarded the Air Force Achievement Medal for duty performance

during Operation PACIFIC HAVEN. **MSgt Ron Ottem** was awarded the Air Force Commendation Medal for duty performance during Operation PACIFIC HAVEN.

**31st Medical Support Squadron
Aviano AB IT**

Rachael Kulinski was promoted to **Airman**. **Stephen M. Wright** was promoted to **Senior Master Sergeant**.

**39th Medical Group
Incirlik AB TU**

A1C Monica Weeks was awarded the Air Force Achievement Medal for duty performance while assigned to McGuire AFB NJ.

**52nd Medical Support Squadron
Spangdahlem AB GE**

SrA Richard Essick was selected as the 52nd Medical Group Airman of the Quarter for the period Jul - Sep 97. **TSgt Robert Mills** was selected as the 52nd Medical Group and 52nd Fighter Wing Noncommissioned Officer of the Quarter for the period Jul - Sep 97.

**76th Medical Support Squadron
Kelly AFB TX**

Monica Jefferies was promoted to **Airman**. **SrA Wanda Jarvis** graduated from Airman Leadership School as the Distinguished Graduate.

**82nd Medical Group
Sheppard AFB TX**

Christopher B. Galloway and **Michelle R. McWhorter** were promoted to **Senior Airman**. **Msgt Harold L. Taylor** was awarded the Air Force Meritorious Service Medal for duty performance while assigned to the 2nd Medical Support Squadron, Barksdale AFB LA.

**86th Medical Group
Ramstein AB GE**

Jenny L. Fink and **Marketta L. Oree** were promoted to **Airman**. **Kathy C. Peterson** was promoted to **Senior Airman**. **A1C Ben L. Corey** was selected as the 86th Medical Support Squadron and 86th Medical Group Airman of the Quarter for the period Jul - Sep 97. **SSgt Diego P. Cevallos** was selected as the 86th Medical Support Squadron Noncommissioned Officer of the Quarter for the period Jul - Sep 97. **Ms. Chris Bauer-Newland** was selected as the 86th Medical Support Squadron and 86th Medical Group Non-Supervisory Civilian of the Quarter for the period Jul - Sep 97. **Mr. Horst Lutz** was selected as the 86th Medical Support Squadron, 86th Medical Group, and the 86th Airlift Wing Supervisory Civilian of the Quarter for the period Jul - Sep 97.

**96th Medical Support Squadron
Eglin AFB FL**

Sgt Ronald Scott was awarded the Air Force Commendation Medal (2nd OLC) for duty performance while assigned to the 96th Medical Group, Eglin AFB FL. **TSgt John Tucker** and **SSgt Noel Cabacungan** were awarded the Air Force Commendation Medal (1st OLC) for duty performance while assigned to the 96th Medical Group. **SrA Janice Knight** was awarded the Air Force Achievement Medal (1st OLC) for duty performance while assigned to the 96th Medical Group. **SrA Bobby Phillips** was awarded the Air Force Achievement Medal (2nd OLC) for duty performance while assigned to the 96th Medical Group. **TSgt Gary Deskins** was awarded the Air Force Achievement Medal (1st OLC) for duty performance while assigned to the 96th Medical Group, Eglin AFB FL and graduated from the Noncommissioned Officer Academy a Distinguished Graduate.

**366th Medical Support Squadron
Mountain Home AFB ID**

Jason R. Bills was promoted to **Airman First Class**. **Lee A. Crouch** and **Shamekia S. Swinson** were promoted to **Senior Airman**. **Thomas E. Jackson** was promoted to **Staff Sergeant**. **Michael D. Cupito** was promoted to **Captain**. **TSgt Donna E. Foss** was selected as the 366th Medical Group and 366th Medical Support Squadron Noncommissioned Officer of the Quarter for the period Apr - Jun 97. **TSgt Alan D. Takilsky** was selected as the 366th Medical Group and 366th Medical Support Squadron Noncommissioned Officer of the Quarter for the period Jul - Sep 97. **MSgt Cladis D. Houston** was selected as the 366th Medical Group and 366th Medical Support Squadron Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 97.

**377th Medical Support Squadron
Kirtland AFB NM**

Mike Tharp was promoted to **Airman First Class**. **Michelle Richardson** and **Dwayne Baca** were promoted to **Senior Airman**. **SSgt Pamela Massey** was awarded the Air Force Commendation Medal (3rd OLC) for duty performance while assigned to the 352nd Operations Support Squadron, RAF Mildenhall UK. **TSgt Ricardo Ortiz** was awarded the Air Force Commendation Medal for duty performance while assigned to the 377th Medical Support Squadron, Kirtland AFB NM.

**384th Training Squadron
Sheppard AFB TX**

The following personnel graduated from the Medical Materiel Apprentice Course, J3ABR4A131.001.

Class: 970924
 Graduation Date: 971023
 Instructor: SSgt Joshua Mills

SrA Jeffrey Cole McGuire AFB NJ
A1C Maria Giesey Wright-Patterson AFB OH
AB Takisha Ruffin Mountain Home AFB ID

AFMLO Messages/Listings

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
DoDMMQC	97-1073	1 Aug 97	FOM-P
SLEP MMQC	97-5028	15 Jul 97	FOM-P
QA Message	7150-0007	7 Mar 97	FOM-P
Last 1996 QA Message	6353-0034	18 Dec 96	FOM-P
DBPA Consolidated List	AFMLL 07-97	July 1997	FOM-P
DBPA Message	R081245Z	8 Sep 1997	FOM-P
Shared Procurement List	AFMLL 04-97	April 1997	FOM-P