



THE AFMLL

The Air Force Medical Logistics Letter

Delivering Customer Focused Global Integrated Logistics



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Air Force Medical Logistics Office
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MEDICAL MATERIEL

Outdated War Reserve Materiel (WRM) Policy Revision

Some time ago, each account should have received a letter through the USAF Surgeon General's office outlining the new outdated items WRM policy revision, along with implementation instructions. Feedback from the Air Force Medical Inspector General's office indicates some accounts are not adhering to, or are procrastinating, implementation of this policy. Timely implementation is extremely important for numerous reasons:

1. Real-world deployments necessitate that usable items be shipped in the assemblage. When you arrive is a bad time to find out many of your dated items are unusable.
2. Real shortages need to be identified and funded for replacement. Not identifying bad items for replacement, or funding usable expired items when you could replace unusable items is a waste of limited WRM funds.
3. Unusable items take up space in the assemblage, waste maintenance, quality control, and inventory time.
4. Disposal of outdated items and acquisition of replacements is a whole lot simpler now, than when deployed.
5. Clinical expertise is readily available for outdated WRM disposition. In a contingency operation, we do not want to take time to determine whether an item is usable.

6. SORTS reports will give your hospital commander, wing commander, and major command (MAJCOM) a more accurate representation of your true wartime readiness and capability.

We recognize the outdated item review, Medical Logistics System (MEDLOG) transactions, and physical item disposition take significant initial man-hours. However, the time you take now will save the AF money in replacement costs, trouble with unusable items on deployment, time on yearly inventory, and give the AF an accurate representation of the WRM project capability. This policy revision is a positive step forward in identifying true WRM project readiness.

The soon-to-be published AFMAN 23-110, Volume 5, Amendment 1, Chapter 15, paragraph 15, subparagraph 16 restates the guidance outlined in the attachment to the USAF Surgeon General's letter. *Given that WRM funding will be released this fall, it is critical this tasking be completed by 1 December 1996.* Please contact Capt Don Faust, DSN 240-3963, with any comments or concerns regarding this matter. (HQ AFMSA/SGSL, Col Tim Morgan, DSN 240-3946)

Accountability Versus Maintenance Requirements

Recently, we changed the definitions in Volume 5 to reflect the accountable equipment threshold alignment with the micropurchase threshold. We gave Log Flight Chiefs the flexibility of carrying other items as expendability code 2 when they required additional visibility. We also authorized use of new item requests/local purchase requests in lieu of AF Forms 601 for items under the threshold even if they were to be carried as expendability code 2 assets.

In our effort to keep Volume 5 at a reasonable size, we try to keep implementation details minimal. As a result, a number of valid implementation questions have been raised. This article is aimed at addressing the most common questions.

The decision authority for items under the threshold must consider whether or not each item requires medical maintenance and/or additional visibility. The decision authority had that responsibility before the change, but it is a bigger issue now because more items will fall under the threshold.

Coordination with the medical maintenance and MEMO functions will be required to ensure a process is in place that gets all the required tags, initial inspections, and Custodial Action List signatures accomplished.

Accountability and maintenance requirements are two different issues. Coding an item for maintenance, does not make it "accountable." Items should only be coded for maintenance if they really require maintenance. Coding an item under the threshold as expendability 2 doesn't make it maintenance significant. Although both codes currently result in the item printing on the Custody Receipt Locator list, only the items coded as equipment are truly accountable. When inventory adjustments are processed against expendability code 2 and 3 items, inventory adjustment documents are produced. When losses are processed against maintenance significant supply items, no inventory adjustment documents are produced. Both requirements must be considered, and records coded appropriately. In other words, you can have medical items under the micropurchase threshold coded several ways:

- Exp Code 1, expendable, no maintenance
- Exp Code 1, maintenance required
- Exp Code 2, maintenance required
- Exp Code 2, no maintenance

Items we previously identified as equipment that have migrated to expendability code 1, will no longer appear on equipment replacement forecast products generated by MEDLOG. Ensure custodians realize this change and do not depend on MEDLOG forecasts to consider replacement action as the end of an item's useful life approaches.

Finally, there are funding issues. The threshold change gives custodians the ability to buy more items with Element of Expense Investment Code

(EEIC) 604 (supply) funds, but they may not have any more money to spend. If the Log Flight Chief elects to code an item for additional control, EEIC 624 (equipment) funds must be loaded to initiate the purchase. To address both issues, we recommend coordination with your Resource Management staff to include additional information to custodians about watching spend rates, and to set up a simple process that allows custodians to have funds moved quickly from EEIC 604 to EEIC 624 to cover purchase of items under the threshold, but coded for additional control.

When DoD changed the policy, it was intended to reduce effort spent tracking low cost assets. Properly implemented, it should result in better business practices and more flexibility for all concerned. (AFMSA/SGSL, Lt Col James Moreland, DSN 240-4125)

Materiel Obligation Validation (MOV) Cycle 96-04

MOV cycle 96-04 began on 20 October 1996 and is scheduled to end on 5 December 1996. 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 five 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.

If you receive a cycle, successfully processing it results in an MOV Transaction List. The

superintendent or materiel manager should review the list to determine the current requirement for all items listed. This suggestion is made because in the last three MOV cycles, numerous very old requisitions (mostly WRM) were canceled by the account without the knowledge of the superintendent or materiel manager. Once canceled, they can not be reinstated. Once the appropriate action is determined, responses are processed using the "AVD" transaction.

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

If you did not successfully receive an MOV cycle, but feel you should have, look at your AUTODIN Transaction Lists Part II from 15-26 October to see if the cycle was rejected due to garbled information, or an incorrect image count. MEDLOG automatically produces an "APX" transaction when this occurs. (Someone should be reviewing this list daily anyway.) If that happens, contact the Logistics/Readiness Analysis Team at AFMLO so we can contact the appropriate DLA component to determine the items that were included in the MOV cycle. We will then contact you so you can action them properly using the "AIT" screen. (AFMLO/FOC-A, Mr. Dale Lyons, DSN 343-4017)

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published every two weeks to provide timely 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, ATTN: FOA, Building 1423, Fort Detrick, Frederick, 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.

Table of Allowance (TA) Update

Attachment 1 reflects updates to a number of medical TAs. Some changes were a result of cataloging action to replace Acquisition Advice Code (AAC) “V” and “Y” NSNs, while other changes were generated by the various offices of primary responsibility. These changes are provided to update your WRM and Medical Equipment Management Office (MEMO) records. Don’t forget to establish prime-substitute relationships (PSRs) where applicable; failure to do this will cause your records to reflect inaccurate overages and shortages. (AFMLO-FOC-T, Ms. Anne Newcomer, DSN 343-4118)

AFMLO Orientation

The AFMLO orientation is scheduled for 13-17 Jan 97, and 21-25 Apr 97. If you are interested in attending an orientation, send your full name, work address, telephone and fax numbers, and e-mail address to Barbara Smith, e-mail: smithb@ftdetrckccmail.army.mil, or fax to DSN 343-2557, commercial 301-619-2557. (AFMLO/FOA, Mrs. Barbara Smith, DSN 343-2154)

AFMLO Manager Coded Item Requisition Process

Did you ever wonder what happens to requisitions for manager coded items generated by the Medical Logistics System (MEDLOG) and sent to the Defense Personnel Support Center (DPSC)? This is how the process works.

1. DPSC receives the requisition(s) and checks to see whether the item is Manager Coded. Manager codes allow the review of selected items, i.e., Acquisition Advice Code (AAC) W/J equipment for WRM, or influenza virus vaccine. DPSC passes requisitions for manager coded items to the Air Force Medical Logistics Office (AFMLO) directly for review using an (A3*). At that point, DPSC

forwards a status of ‘BM’ to the account which changes the Routing Identifier Code (RIC) to **F04** in MEDLOG.

2. AFMLO reviews and approves or disapproves the requisition. AFMLO appends requisitions to a file for three fiscal years, enabling AFMLO to research requisitions for past history. Reasons for disapproval are: invalid or missing project code, ordering AAC ‘J’ (sub), centrally procured (CP), or spare parts kits (6545).

- a. Disapproved requisitions will be returned to the base using AE* ‘CA’ status. AFMLO will also fax the base with the reason(s) for disapproval. Previously, ‘BQ’ status was sent for all cancellations back to the base, regardless of the reason. ‘BQ’ status will *now* only be used to confirm a *requested cancellation*. Nothing can be sent to DPSC to change their status, even though AFMLO has canceled the requisition. *DPSC still reflects the status as ‘BM’, F04.*

- b. Approved requisition(s) are passed to DPSC. Confirmation is also sent to the originating base indicating that the requisition has been passed to DPSC (AE* ‘BM’ status, **S9M**).

3. DPSC receives approved requisitions and fills or initiates procurement action. DPSC provides status from that point.

That is how the process is supposed to work. There are exceptions, such as lost requisitions. Documents get bounced numerous times in a loop between DPSC and AFMLO. Bases re-requisition items that have been canceled without researching the item ordered (AAC J/V/X/Y, or spare parts kits 6545) placing the item in a terminal loop.

When processing the WRM requirements list, ensure you research all items carefully. Don’t wait for WRM money to do this step. Buy smartly, using common sense and don’t forget to apply substitutes when appropriate. (AFMLO/FOC-A, SSgt Glenn Blackshear, DSN 343-4050)

Acquisition Advice Codes “W” and “J”

This article provides guidelines to assist you in managing Acquisition Advice Code (AAC) “W” and “J” medical items. Familiarity with these guidelines and use of PSRs will prevent confusion and result in earlier receipts of critically required WRM.

There are three different circumstances where you may get involved in the “W” and “J” arena: Provisioned Equipment, Spare Parts Kits, and Consumable Support Items.

AAC “W” and “J” Provisioned Equipment

AAC “W” items are authorized in TAs and should be requisitioned. AAC “W” National Stock Numbers (NSNs) are generic descriptions that include special characteristics normally required for WRM (e.g., dual voltage, reusable containers, unique spare parts kits, etc.). Requisitions for AAC “W” NSNs are sent to the DPSC. **AAC “J” equipment items cannot be ordered unless a brand name/sole source justification is provided and approved.** At this point, the process gets a little confusing. The AAC “W” item is never actually purchased. As contracts are awarded, AAC “J” NSNs are assigned to the particular manufacturer and model. That is the equipment you will receive at your activity. Receive the AAC “J” item by processing a receipt of substitute (RSD) transaction, (there must be a master record for the substitute NSN or the transaction will reject) and process a PSR transaction to establish a relationship to the AAC “W” item.

Example: AAC “W” NSN 6515-01-187-6606 is authorized in the Air Transportable Clinic (TA 889A). You order this NSN from DPSC but actually receive 6515-01-313-6242 (AAC “J”). You run the RSD and then establish a PSR (ratio 1 to 1), citing the AAC “W” NSN as the prime (leveled item) and the AAC “J” (non-leveled item) as the substitute.

AAC “W” and “J” Spare Parts Kits

AAC “W” spare parts kits are authorized in TAs, but cannot be ordered by the kit NSN. Spare parts

kits are only available when the end-item of equipment is purchased. At that time AAC “J” brand specific kits are provided. The kits are normally provided in the same shipment as the piece of equipment when purchased centrally. Upon receipt, establish a PSR with the AAC “W” kit as the prime (leveled item) and the AAC “J” (non-leveled) as the substitute (ratio 1 to 1). If a kit is required after the initial central buy, you must requisition each spare part separately. Ensure you requisition the parts for the correct make and model of equipment. The components of each kit can be found with the initial kit paperwork. They are also available from AFMLO/FOM-E, SSgt Stephen Walker at DSN 343-4039.

AAC “W” Consumable Support Items/Kits

These items are authorized in TAs but should not be ordered. You must requisition the individual items required to support the specific end item on-hand (AAC “J”). The information should be available in the manufacturer’s literature provided with the end item. Remember, while most support items are listed in the TA, ensure you purchase items compatible with equipment you have.

Example: Medical staples are required to support a medical stapler; however, not all staples fit all staplers. Order staples compatible with the brand on-hand. This is why Quality Assurance Records are critical, and why they need to be meticulously annotated with correct information.

Understanding the different classes of AAC “W” and “J” items; what and how to order; knowing how to receive the items; and establish PSRs is essential for good WRM program management. Without this knowledge, there is an increased potential for having requisitions canceled, ordering and receiving incorrect items, or losing prior fiscal year WRM money. Refer to AFM 167-230, Section 6 for more detail on PSRs and Section 9 for more detail on processing receipts. (AFMLO/FOC-A, SSgt Glenn Blackshear, DSN 343-4050)

Disposal of MEDLOG Listings

It's time to dispose of old, obsolete MEDLOG listings filed during the course of the last fiscal year. The question is - where to go for proper guidance? AFMAN 37-139, Records Disposition Schedule (formally AFR 4-20, Volume 2) provides tables for making the proper decision. To be specific, Table 41-4, gives detailed instructions on exact numbers of days/months/years to retain MEDLOG products. (AFMLO/FOC-A, MSgt Richard Prout, DSN 343-4015)

Prime Vendor (PV) Information

Q. It takes three to four hours to load the PPC. Can this time be improved?

A. A systems change request has been submitted to put the PPC on CD-ROM. Not only will this eliminate the long load time, but it will involve less cost than disk updates.

Q. Can we get a copy of another base translation table?

A. Yes, several bases have used the Medical/Surgical (Med/Surg) translation table of a larger base as a guide to what they can obtain from the PV. An advantage is that items on the translation table have already been identified and many items used by a larger facility are also used by you.

Q. How often should PV credits be used, and how are they processed?

A. Use credits throughout the year, as often as possible, but at least quarterly. Most accounts use credits once they accumulate enough to equal an order. Some PVs provide monthly updates indicating how much credit is in your account. If your PV does not, call your PV to find out how much credit you have. Use the following steps to use PV credits:

- Place an off-line order with the PV
 - Place order by fax or telephone
 - Do not use the PV interface to place order
 - Do not exceed dollar amount in your credit account
- Take the following MEDLOG actions
 - Process an ESD
 - Use N in the RQN field (this prevents a requisition being created to send to the PV)
 - Use F04 as the RID and Z0 as the PS & M code
 - Use a refund code of "N"
- To pass credit on to customer
 - Process receipt
 - Process issue with refund code "N"
- To credit the Stock Fund
 - Process receipt

Using RID F04 will cause credit action to show up on line 3 of the management report. When this happens, add a footnote explaining it was the result of using PV credits. Because PV credits will show up on line 3, it is a good way of showing how much your account has saved by using credits.

Q. We recently purchased new computers and want to install the PV Interface (PVI) on one. Can we do this?

A. No, EDS policy is that PVI must reside on their standard platform. There are subtle differences among PCs and they would have a hard time troubleshooting variables remotely. Presently, calls made to the help desk are quickly solved because they know what computer it is on, how it is set up, and how it works. If bases were allowed to purchase their own computers, the help desk would have to figure out these items before addressing problems. Presently, problems solved on one computer will work on all other computers. This would not be the case if bases had different platforms, the solution would only benefit that base. Listed below are some of the concerns we have received and solutions:

1. Not enough disk space to hold Pharmaceutical, Med/Surg, and the PPC.

The DMLSS office is in the process of procuring additional hard drives to solve this problem.

2. *The DASH computer is always tied up while doing research, making it difficult to do Med/Surg and pharmaceutical orders.*

Load the PVs electronic order entry software on any computer. That computer can then be used for research purposes.

3. *The Pharmacy wants a computer to do PV research.*

Again you don't need the complete package in order to do research on the PV's system. You can ask your PV to load their order entry software on any computer so that research can be accomplished.

Q. The PV says records indicate they shipped a certain amount of an item to us. We did not receive the quantity they say they shipped. I went ahead and ran a KRD and an RRD for the quantity that we received, but the PV is confident they shipped out the correct quantity. They reboxed the whole order and the weight matched what they originally sent. What am I to do?

A. You are correct in what you did. You are only required to pay for what you received. Just because a certain quantity goes out of the door doesn't mean it all makes it to your receiving dock. Most prime vendors ship in multiple boxes by means of a courier. One of the boxes could have been lost or delivered to the wrong location. Process your PND for the amount that you received.

As always we welcome any questions, concerns or problems you have concerning PV. We will publish them in this section so that all may benefit. (AFMLO/FOM-P, TSgt Bryan Matthews, DSN 343-4172)

Current Status of Decentralized Blanket Purchase Agreements (DBPAs)

The quarterly updated list of DBPAs will be in AFMLL 23-96.

New and Renewed Agreements

DD Form 1155 is provided on page 1 of **Attachment 3**. To use the DBPA, copy pages 16 through 37 of the basic agreement, and pages 38 through 40 for MODS 1 and 2 from AFMLL 21-96 and combine with this DD Form 1155. Newly negotiated agreements are:

<u>SP0200-97-A</u>	<u>Vendor Name</u>	<u>RIC</u>
8563	Gold Coast Medical Supply	LGS

Agreement Modifications

A copy of the modifications listed below are provided on pages 2 through 4 of **Attachment 3**.

<u>(SP0200-97-A)</u>	<u>DLA-120-97-A</u>	<u>Vendor Name</u>	<u>Mod for</u>
	9141	Eastman Kodak Co.	Revert name and "remit to" address back to Eastman Kodak
	9143	Hoechst Marion Roussel	Canceled
	9305	Allegiance Healthcare	Change DBPA number

Did You Know?

Many of the Finance and Accounting Operating Locations (OPLOCs) now have toll free 800 numbers (see below). As a reminder when your payment office changes over to an OPLOC, make sure you tell AFMLO as well as the DBPA vendor of this change.

DFAS-DY/FPD (Dayton)	(800) 373-3184
DFAS-OM/FPB (Omaha)	(800) 330-8168
DFAS-OR/FPV (Orlando)	(800) 950-9784
DFAS-LI-FPS (Limestone)	(800) 337-0371
DFAS-SB (San Bernardino)	(800) 779-1903

You Asked?

Q. With so many vendors merging and creating all these changes to the DBPA, is there a list to cross reference the old DBPA name to the new?

A. Yes. A copy is provided on pages 5 and 6 of **Attachment 3**.

SP0 Agreement Conversions

The following agreements have been converted to SP0200-97-A.

8501	8502	8503	8504	8505	8506	8507
8508	8509	8510	8511	8512	8513	8514
8515	8516	8517	8518	8519	8520	8521
8522	8523	8524	8525	8526	8527	8528
8529	8530	8531	8532	8533	8534	8535
8536	8537	8538	8539	8540	8541	8542
8543	8544	8545	8546	8547	8548	8549
8550	8551	8552	8553	8554	8555	8556
8557	8558	8559	8560	8561	8562	8563
9002	9005	9006	9009	9013	9014	9017
9018	9019	9020	9021	9022	9026	9027
9028	9029	9030	9032	9035	9038	9042
9048	9049	9050	9051	9052	9056	9057
9059	9061	9068	9072	9073	9074	9077
9081	9084	9085	9086	9088	9093	9094
9095	9099	9105	9107	9108	9110	9111
9112	9114	9116	9117	9122	9125	9127
9128	9129	9130	9131	9132	9133	9134
9135	9136	9138	9139	9141	9143	9144
9147	9149	9150	9152	9153	9154	9155
9158	9159	9160	9162	9166	9170	9171
9172	9177	9182	9184	9189	9194	9196
9204	9207	9209	9210	9211	9213	9214
9215	9217	9219	9220	9221	9222	9225
9226	9227	9228	9231	9232	9233	9235
9236	9237	9238	9239	9242	9243	9244
9245	9246	9247	9250	9251	9252	9253
9255	9256	9259	9261	9265	9266	9267
9269	9270	9274	9275	9276	9278	9281
9283	9284	9285	9287	9288	9289	9290
9293	9294	9296	9298	9299	9300	9301
9303	9304	9305	9308	9309	9310	9311
9314	9316	9317	9319	9320	9321	9322
9323	9325	9327	9329	9334	9338	9342
9349	9350	9353	9354	9356	9360	9363
9367	9369	9370	9377	9378	9380	9383
9385	9390	9391	9403	9405	9409	9411
9414	9416	9420	9423	9425	9433	9434
9435	9436	9438	9441	9458	9459	9462
9463	9464	9465	9466	9467	9468	9469

9471	9472	9473	9474	9475	9476	9477
9478	9479	9480	9481	9482	9483	9484
9486	9487	9488	9489	9490	9491	9492
9493	9494	9495	9496	9497	9498	9499
9500						

(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)

1st Medical Group Langley AFB VA

CMSgt Harry W. Ames was awarded the Meritorious Service Medal for duty performance while assigned to the 1st Medical Group, Langley AFB VA. **SrA Terri Jones** was awarded the Air Force Achievement Medal for duty performance while assigned to the 1st Medical Group, Langley AFB VA. **SrA Michael Mingo** received an Associate Degree in Logistics Management from the Community College of the Air Force.

60th Medical Support Squadron Travis AFB CA

Ya Li was promoted to **Airman First Class**.

82nd Medical Group Sheppard AFB TX

Nicole D. Upshaw was promoted to **Senior Airman** below-the-zone. **SrA Guillermo Castillo** received the Commandant's Award from the Airman Leadership School.

**366th Medical Group
Mountain Home AFB ID**

Jose F. Adames was promoted to **Senior Airman** below-the-zone. **Donna E. Foss** was promoted to **Technical Sergeant**. **A1C Misty D. Makin** and **Ann Andrea L. Carroll** were awarded the Air Force Achievement Medal for outstanding achievement while assigned to the 366th Medical Support Squadron, Mountain Home AFB ID. **MSgt Cladis D. Houston** was selected as the 366th Composite Wing Logistics Professional of the Year for 1995 in the Senior Noncommissioned Officer category.

**36th Medical Support Squadron
Andersen AFB GU**

Capt Patrick Reese was awarded the Air Force Meritorious Service Medal for duty performance while assigned to Headquarters Air Combat Command, Langley AFB VA. **SrA Anthony Nanes** was awarded the Air Force Commendation Medal for duty performance while assigned to the 609th Air Support Squadron, Detachment 1, Albany GA. **MSgt Ron Ottem** was awarded the Joint Services Commendation Medal for duty performance while assigned to the 24th Special Tactics Squadron, Pope AFB NC.

**99th Medical Group
Nellis AFB NV**

MSgt Johnny D. Pedigo was awarded the Air Force Meritorious Service Medal for duty performance while assigned to the 374th Medical Group, Yokota AB JA. **SMSgt Dennis J. Gongos** was awarded the Air Force Meritorious Service Medal (3rd OLC), for duty performance while assigned to the 354th Medical Group, Eielson AFB AK.

**374th Medical Group
Yokota AB JA**

Robin A. Penney and **Erica Jimenez** were promoted to **Airman**. **Jose M. Pluguez Jr.** was promoted to **Senior Airman**. **A1C Stacey S. McMillan** was awarded the Air Force Achievement Medal for meritorious service while assigned to the 609th Air Support Squadron, Detachment 1, Albany GA. **A1C Marygail Harris** was awarded the Air Force Achievement Medal for duty performance while assigned to Maxwell AFB AL. **MSgt David M. Johns** was selected as the 374th Medical Support Squadron and Medical Group Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 96.

**384th Training Squadron
Sheppard AFB TX**

The following personnel completed the Medical Materiel Apprentice Course, J3ABR4A131.000.

Class: 960911
Graduation Date: 961016
Instructor: SSgt Joshua M. Mills

SSgt Henry R. Baird	Westover ARB MA
TSgt Letitia R. Bock*	Middletown PA
SSgt Larry D. Cochenour	Wright-Patterson AFB OH
SSgt David L. Coppock, Jr.	McGee Tyson ANG TN
Sgt Walter L. Drummonds	Andrews AFB MD
A1C Anthony L. Gales	Wright-Patterson AFB OH
A1C Carrie L. Goodnight	Will Rogers ANG OK
SSgt Latonya F. Hardy	Maxwell AFB AL
A1C Andrew D. Hornngren	Duluth MN
SSgt Carol Ann Larkins	MacDill AFB FL
A1C Iliana Maldonado	Kelly AFB TX
A1C Kevin P. Mangiantini	Pittsburg IAP ARS
MSgt Doc L. Miller	Buckley ANG CO
SSgt Leonard J. Terry	Offutt AFB NE
SSgt Dawn K. Zachary	Offutt AFB NE

The following personnel completed the Medical Materiel Craftsman Course, J3ACR4A171.001.

Class: 960909
Graduation Date: 960920
Instructor: TSgt Steve Runyon

SSgt Bill R. Anderson	Kadena AB JA
SSgt Oscar L. Butler	Columbus AFB MS
SSgt Stephanie M. Clark	RAF Lakenheath UK
SSgt Kenneth W. Dean	Moody AFB GA
SSgt Robert E. Overstreet	Pope AFB NC
SSgt Jimmy D. Sauls Jr.	Gunter AFB AL

** Denotes Honor Graduate*

AFMLO Messages/Listings

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
QA Message	6285-0028	25 Oct 96	FOM-P
Last 1995 QA Message	5326-0041	22 Nov 95	FOM-P
DBPA Consolidated List	AFMLL 14/15-96	19 Jul 96	FOM-P
DBPA Message	R252002Z	28 Aug 96	FOM-P
Shared Procurement List	AFMLL 16-96	21 Jun 96	FOM-P
Technical Order 00-35A-39	R302000Z	30 May 96	FOC-T