

Chapter 4

ACQUISITIONS

4.1. Purpose.

4.1.1. This chapter outlines the policy for local purchase (LP) of medical materiel, nonmedical materiel, and services.

4.1.2. These procedures are intended to assist the Medical Treatment Facility (MTF) commander in the successful operation of the LP program. They are not intended to restrict LP deemed essential for patient care; but rather to help obtain the required item or service legally, and in the most economical and efficient manner.

4.2. Responsibilities.

4.2.1. The installation commander has LP approval authority and may delegate approval authority to an authorized representative.

4.2.2. The Major Command (MAJCOM) may grant LP approval authority directly to the MTF commander.

4.2.3. MTF commander:

4.2.3.1. Should be delegated authority from the installation commander to approve requests for medical materiel and services.

4.2.3.2. May be granted LP approval authority directly from the MAJCOM commander.

4.2.3.3. May appoint one or more individuals or committees to review and approve LP requests with each having approval authority for certain items. When only one individual is appointed, it should be the MLFC.

4.2.3.4. Will support clinical and logistical participation in Office of Secretary of Defense/Health Affairs directed regional standardization efforts.

4.2.4. Pharmacy and Therapeutics Function (PTF) reviews all requests for drugs and biologicals. The MTF commander may delegate LP approval authority to the PTF for drugs and biologicals. In this case, the Medical Logistics Flight Commander (MLFC) will accept the pharmacist's signature (or the signed minutes of the PTF) as verification of PTF approval.

4.2.5. MLFC:

4.2.5.1. Will be the LP approval authority when only one individual is appointed by the MTF commander, or may be delegated approval authority for a select group of items (e.g., all items other than drugs and biologicals).

4.2.5.2. Is a member of the PTF.

4.3. General.

4.3.1. MEDLOG and DMLSS automatically add a surcharge to reimbursable backorders and issues of LP medical supplies and expense equipment when the Master Record Routing Identifier (RID) (MEDLOG) or Source of Supply (SOS) (DMLSS) begins with "L". The Air Force Working Capital

Fund Medical-Dental Division (AFWCF/MDD) manager establishes the surcharge percentage each fiscal year. The cumulative surcharge is automatically updated and identified separately in the project funds management record (MEDLOG) or EOR (DMLSS).

4.3.2. MTF and direct users and buyers of medical products should consider the environmental and life cycle of costs associated with manufacturing, packaging, use and disposal of products and environmentally preferable alternatives (if applicable) in purchasing decisions.

4.4. Authorization.

4.4.1. LP is authorized for supplies and nonpersonal services when approved by the authority described in paragraph 4.2., with the exceptions described in paragraph 4.4.3.

4.4.1.1. When equipment is offered on loan as a component of the consumable item price, make a comparison of total cost to the Air Force. For example, determine if the total cost per procedure is lower under the loan arrangement than an outright purchase of similar equipment and consumable items. Present this information to the Base Contracting Officer (BCO).

4.4.1.2. A contract that includes use of equipment as part of the consumable item cost must state that the equipment remains the contractor's property and must clearly define the government's responsibility, if any, to repair or replace damaged equipment. Account for such equipment the same as rental equipment.

4.4.1.3. This policy does not prohibit consumable contracts in which the government not only receives the use of the equipment but builds equity in or eventual ownership of the equipment. Such an arrangement must be expected to provide needed capability at the lowest total cost to the government. The contract must clearly define the equity provisions.

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

4.4.2. Personal Services contracts.

4.4.2.1. Personal Services contracts for experts and consultants are authorized by P.L.101-165, Sec 9002 subject to terms and restrictions as stipulated in DFARS 237.104 (b) (I), *Personal Services Contracts*.

4.4.2.2. Personal Services contracts for healthcare providers are authorized by 10 USC 1091 subject to terms and restrictions as stipulated in DFARS 237.104 (b) (ii) and DODI 6025.5, *Personal Services Contracts for Health Care Providers*.

4.4.3. LP is not authorized for:

4.4.3.1. Drugs that do not meet the definition of approved drugs in AFI 44-102, *Community Health Management*. For exceptions, see paragraph 4.17., and AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research*.

4.4.3.2. Centrally managed items, except as described in paragraph 4.9.

4.5. Purchase Request Review.

4.5.1. The requesting activity will submit a request, approved by the appropriate department chief, to the LP approval authority for all new items.

4.5.2. Medical logistics will take the following actions prior to submitting the request to the approval authority.

4.5.2.1. Use MEDLOG or DMLSS and available catalog research tools, i.e. Universal Data Repository (UDR) or FEDLOG to ensure requested items represent the lowest delivered cost available. Document research results on the new item request. More information on the UDR can be found at <http://www.dlis.dla.mil/UDR> and on FEDLOG at <http://www.fedlog.com>.

4.5.2.1.1. When the requested item is identified as a required-use contract item, or equivalent, the required-use contract item must be purchased even if it is not the lowest delivered cost option.

4.5.2.1.2. The MLFC is authorized to approve item requests for other-than the required-use item in instances where the contract item is not clinically acceptable. In these instances, the pharmacist (for pharmaceuticals) or clinician (for other items) must document the justification on the LP request form. This will only be done on a patient-by-patient basis. The MLFC is not authorized to issue blanket waivers for required-use contract items.

4.5.2.2. When the item is suspected to be hazardous route the request through Bioenvironmental Engineering Services (BES) to determine if a material safety data sheet (MSDS) is required. If the BES determines the item hazardous, obtain an MSDS and code the master record with notes code "H" in MEDLOG or set the Hazmat Code to "Y" in DMLSS. Follow procedures required by the local HAZMAT pharmacy for applicable items.

4.5.3. The approval authority will review the submitted request. At a minimum, the following will be considered when reviewing the request:

4.5.3.1. Will a standard stock listed item perform the same function at a lower delivered cost?

4.5.3.2. Is a less expensive item available that will perform the same function available?

4.5.3.3. Is the requested quantity excessive?

4.5.3.4. Is this item part of a required-use contract?

4.5.3.5. Does this comply with regional standardization efforts?

4.5.4. The approval authority will forward approved requests to medical logistics for procurement action. Disapproved requests will be returned to the requester with an explanation (see **Attachment 18**). DMLSS has a New Item Request capability within the system that allows customers to electronically submit requests for local purchase.

4.6. Approved Purchase Request Processing.

4.6.1. When an NSN is found during initial research, it should be used. This includes standard stock numbers that have been assigned against regional or national committed volume-type contracts. For example, 6550HLID0000266 for a committed volume item under the DOD Health Service Region VI Laboratory Integrated Delivery System (LIDS) contract. If an NSN or standard stock number is not available, medical logistics will assign a local stock number following these procedures:

4.6.1.1. National drug code (NDC) related stock numbers in MEDLOG consist of the letter F followed by the NDC. Obtain the NDC from the product package or literature, the Red Book or Blue Book. A properly formatted "F" number contains 11 characters. When the NDC data is less than

10 characters in length, prefix the NDC data with zeros (after the "F") so that the completed "F" number is an "F" followed by 10 characters.

4.6.1.2. Federal supply classification (FSC) related stock numbers in MEDLOG consist of the FSC, and the letter "L" followed by six to ten numerals (e.g. 6515L123456). Maintain a record of assigned "L" stock numbers.

4.6.1.3. The medical equipment repair activity assigns "P" stock numbers in MEDLOG to non-standard spare parts. A "P" stock number is a "P" and a ten-position number consisting of a four-digit manufacturer's code followed by the manufacturer's part number.

4.6.1.4. See AFCSM 41-230, Volume 2, *Medical Logistics System (MEDLOG): 1008/AJ, Users Manual*, for use of other special use stock numbers in MEDLOG.

4.6.1.5. For DMLSS, use NDC, UPN, manufacturer part number, or vendor catalog number (in that order). Do not use local numbers such as "F", "L", "P", "WP", etc. in DMLSS. See AFMAN 41-216, *Defense Medical Logistics Standard Support (DMLSS) System Users Manual*, for more details on DMLSS procedures.

4.6.2. Use **Attachment 19** as a guide for the remaining procurement actions.

4.7. Funds.

4.7.1. AFWCF/MDD accounts use AFWCF/MDD funds (97X 4930.FC0B 6B) for medical expense type materiel. Use Other Procurement (OP) funds for investment type equipment.

4.7.2. Use MTF O&M funds for rentals.

4.7.3. Use research, development, tests, and evaluation funds as described for medical O&M funds when authorized for use by medical activities.

4.7.4. Purchase services with O&M funds rather than AFWCF/MDD except as authorized for credit return programs. Manually assign the document number and do not process the transaction through the medical logistics operating system.

4.8. Purchase Requests.

4.8.1. Information about various LP methods is in paragraphs 4.12. through 4.16. Use the forms prescribed depending upon the LP method (see **Attachment 20**).

4.8.2. Use DD Form 1348-6, **DOD Single Line Item Requisition System Document (Manual-Long Form)** for requisitions submitted by mail to Defense Supply Center Philadelphia (DSCP), other DOD activities, or General Services Administration (GSA). An equipment requisition from an overseas activity requires a completed equipment data list (EDL) in addition to a DD Form 1348-6. Instructions for preparing the EDL are published periodically via the Air Force Medical Logistics (AFML) List Server and can be found on the AFML website.

4.8.3. When you send a purchase request (PR) (DD Form 1348-6, or DD Form 1348-1A, **Issue Release/Receipt Document**, AF Form 9, **Request for Purchase**, etc.) citing AFWCF/MDD (6B) funds, process the due-in through the medical logistics operating system, and record the complete document number on any manually prepared document. The complete document number consists of the medical SRAN, Julian date, and four digit serial number.

4.8.4. Federal contracting activities outside the USAF may require DD Form 448, **Military Interdepartmental Purchase Request.**

4.8.4.1. When you send a purchase request citing O&M funds which is not processed through the medical logistics operating system, e.g. for services, do not use the medical SRAN. Use the six-position code mutually agreed upon by contracting, finance, and medical logistics that identifies the MTF resource manager.

4.8.4.2. The document number consists of this six-position code, the Julian date, and a four-digit serial number ending in 00, e.g., 3000, 3100, 3200, 3300.

4.8.4.3. When an AF Form 9 is used, put the six-position code and the Julian date in the Number block. Put each serial number in the item column adjacent to the appropriate entry in the description column to facilitate tracking in the finance system.

4.8.5. Ozone Depleting Substances (ODS).

4.8.5.1. Contracting regulations require the requesting activity to furnish the contracting officer an approved HQ USAF waiver for purchase requests that require the contractor to deliver or use Class I ODSs in the performance of the contract. Reference DFARS 207.1-3, *Acquisition Plans*, DFARS 210.0-1, *Specifications, Standards, and Other Purchase Descriptions* and AFFARS 5310.002-71 (90), *Market Research*. It is the responsibility of the requesting activity to determine if a particular item does or does not contain Class I ODS.

4.8.5.1.1. A waiver may not be required for some commercial off the shelf consumable materials even if Class I ODS is included in their formulation. A waiver is not required for federal supply group (FSG) 65 items because they are commercial off the shelf, even though some contain Class I ODS.

4.8.5.1.2. Except for FSG 65 items, it is the responsibility of the requesting activity to determine if the requested product is commercial off the shelf. The base Environmental Manager, BES, or Base Supply can assist in making this determination.

4.8.5.2. Contracting regulations require the requesting activity to furnish to the contracting officer a written statement that the Air Force does not require the contractor to deliver or use Class I ODS in the performance of the contract. This policy applies to all purchase orders, contracts, local decentralized purchasing authority including Government Purchase Card (GPC), and any other procurement instruments that obligate O&M funds. This statement is required even for commercial off the shelf items and for items that are obtained through non Air Force contracting activities such as DSCP Decentralized Blanket Purchase Agreements (DBPA).

4.8.5.2.1. The statement may be printed on the purchase request, included in the item description, included as part of the electronic database, furnished as a separate document, or furnished in any other mutually acceptable format.

4.8.5.2.2. Contracting policy allows blanket statements for specific stock classes. Separate statements are not required for purchase requests in stock classes that have blanket statements on file in the contracting office. There must be some type of cross-reference between the individual contract file and the blanket statement. A reference to the blanket statement on the purchase request will satisfy this requirement.

4.8.5.2.3. For DBPA purchases of FSG 65 items, develop a blanket statement to meet the requirements of paragraph 4.8.5.2. Keep the blanket statement in a central file and refer to it on each call document. For DBPA purchases of nonmedical items that do not require the contractor to deliver or use Class I ODS in the performance of the contract, check with Base Supply, the Base Environmental Manager, or BCO to see if a blanket statement is on file for the applicable FSG, FSC, or NSN. Develop an appropriate blanket statement and obtain approval as required by base procedures when there is no blanket statement on file. Keep the approved blanket statement on file and refer to it on each call document.

4.8.5.2.4. For items purchased through the local contracting office, the statement will be required by or negotiated with the contracting officer.

4.8.5.2.5. ODS purchases are reportable to the installation Hazardous Material Pharmacy (HMP). Contact the local HMP for guidance on reporting requirements.

4.8.5.2.6. Substitute products that do not contain Class I ODS to accomplish the tasking whenever possible.

4.9. Optional Local Purchase of Centrally Managed Materiel.

4.9.1. DFARS 208.7003, *Coordinated Acquisition* gives commanders the ability to LP centrally managed (AAC D) items with a line item value of \$25,000 or less if the BCO judges the combination of quality, delivery, and cost is in the best interest of the government. This provision is not applicable to the following items:

4.9.1.1. Required for war reserve.

4.9.1.2. Required for war mission.

4.9.1.3. Required for unit deployment.

4.9.1.4. Required to support the industrial base.

4.9.2. This option gives commanders more flexibility to purchase items based on cost and other factors. When choosing this option the following must be considered:

4.9.2.1. Administrative overhead costs of medical logistics, accounting and finance, and contracting may exceed perceived savings.

4.9.2.2. LP order and ship time may be greater than if ordered from the depot.

4.9.2.3. All LP sales incur a surcharge.

4.9.2.4. Applicable transportation costs must be figured into the purchase price of the LP item.

4.9.2.5. Additional documentation or justification is required.

4.9.2.6. Include a statement of the specific advantage of LP in the purchase file for line items of \$100 or greater cost. The statement must be approved by the MLFC and placed in the DBPA file for DSCP DBPA orders.

4.9.2.7. A waiver request must be sent to and approved by the applicable central manager prior to taking purchase action for line items exceeding \$5,000. The justification must address a combination of quality, timeliness, and cost. For example, the item may be low in cost and of high quality but cannot be delivered on time. Send waiver requests to:

For GSA: Commissioner (F)
Federal Supply Service
Washington DC 20406

For DLA: Director (DLA-OS)
Defense Logistics Agency
Alexandria VA 22304-6100

4.9.2.8. Place the documentation in the contract folder and send a copy to the BCO.

4.9.3. Submit a price challenge when the decision to use LP for DLA or GSA centrally managed items was based on price alone. Follow the price challenge procedures outlined in paragraph 4.38.3.

4.10. Follow-Up Procedures.

4.10.1. Follow-up is the responsibility of the activity that writes the contract. The BCO is responsible for follow-ups when the BCO writes the contract. Medical logistics is responsible for follow-ups when the MLFC signs the contract.

4.10.2. To provide improved customer service, medical logistics may initiate direct follow-up to the manufacturer or vendor when authorized by the applicable contracting officer. If approved, medical logistics follow-up is for information gathering only, and conveys no authority to alter the contract. A Memorandum of Understanding must be established with the contracting officer.

4.10.3. The BCO will provide training for medical logistics personnel to ensure proper procedures are followed and the government is not unnecessarily obligated.

4.11. Emergency Medical Purchases.

4.11.1. When necessary to save life or prevent suffering, the MTF commander or other competent medical authority may direct purchase of emergency medical supplies without the prior involvement of base contracting. Use this means of procurement only when Prime Vendor (PV), DBPA, or GPC sources are unable to support emergency requirements.

4.11.2. Do not use this authority when there is time to process emergency requisitions or to route urgent requirements through normal channels. Purchase only the minimum required for the particular emergency.

4.11.3. The property custodian will submit an after-the-fact purchase request to medical logistics within one duty day after the emergency purchase. The following certificate will be completed:

Figure 4.1. Emergency Purchase Certification.

<p>"I certify that the items listed hereon were purchased in accordance with AFI 41-209, Chapter 4, paragraph 4.11., and the undersigned has received the items from [Name and address of vendor] at the price listed opposite the items and that an emergency situation precluded the use of normal procedures."</p>
<hr/> <p>(Signature of Recipient)</p>
<hr/> <p>(Signature of the Approving Authority)</p>

4.11.4. Medical logistics will prepare a PR as follows:

4.11.4.1. Place "Confirming Request for Purchase" at the top of the form.

4.11.4.2. List the vendor's name and address immediately following the last item in the Description column of AF Form 9 or Remarks block of DD Form 1348-6.

4.11.4.3. Enter the following certificate:

Figure 4.2. Commander Certification of Emergency Purchase.

<p>"I certify that LP is authorized by AFI 41-209, Chapter 4, paragraph 4.11., and that the items listed were necessary to save life or prevent suffering."</p>
<hr/> <p>(Signature of MTF Commander)</p>

4.11.4.4. Medical logistics will ensure proper item accountability.

4.12. Prime Vendor.

4.12.1. Prime Vendor (PV) is a DOD program that provides the medical Routine Ordering Facility (ROF) with a prime supplier for a distinct commodity line, such as pharmaceuticals or medical/surgical (med/surg). PV is a mandatory source of supply for all ROFs LP requirements when the PV contract is a requirements type contract, i.e. pharmaceutical PV contracts. PV is not a mandatory source if the PV contract is an Indefinite Quantity Contract (IQC), i.e. Medical/Surgical, Generation II. Also, ROFs have the option to change the PV at the end of each performance period (contact your Regional Logistics Chief for approval process). For the purpose of medical supply processing, PV is considered an LP acquisition but is not subject to the same surcharge. Operating instructions are available within the PV Contract Statement of Work (SOW) as well as the DSCP PV Desk References.

4.12.2. PV Contracting Officials.

4.12.2.1. The contracting agency for the PV Program is DSCP. A Contracting Officer Representative (COR) is appointed for each ordering MTF by the contracting officer to perform technical or administrative functions.

4.12.2.2. Ordering officers are the individuals authorized to place orders with the PV. The COR appoints the ordering officers for their MTFs in writing.

4.12.3. Usage Data.

4.12.3.1. Each ROF is responsible for submitting accurate initial usage data and monthly updates to the PV. The ROF must order a minimum of once per month for a minimum quantity of one. Fill rates are calculated for all usage data items.

4.12.3.2. For pharmaceutical items, the PV is required to have usage data items available in 45 days; medical/surgical items must be available in 30 days.

4.12.3.3. It is important to accomplish a frequent review of usage data to help the PV maximize fill rates.

4.12.4. Delivery Order Numbers or Call Numbers are assigned by DSCP. A block of delivery order numbers are assigned to each ROF for each PV contract. The ROF is required to develop internal procedures to ensure each number is used only once. A separate delivery order number must be used for each new delivery order. Duplication of delivery order numbers cause problems with duplicate payments and invoices. When ROFs are within fifty numbers of their assigned delivery order numbers, notify DSCP and they will assign additional blocks of numbers as needed.

4.12.5. Process routine PV requirements through the medical logistics operating system. Emergency PV orders will be placed manually (off line) to the PV representative. Log in manually assigned call numbers and documents to prevent duplication. Refrigerated, schedule II controlled items, and hazardous PV orders should also have their own separate call number. Within the DMLSS system, separate Source of Supply (SOS) codes can be established to accommodate the ordering for these items.

4.12.6. The PV Receipts Process.

4.12.6.1. The complete receipt process for PV due-ins involves unique procedures depending on the type of medical logistics operating system being used. In MEDLOG, first use the PVD transaction to process complete receipts, partial receipts, quantity adjustments, and cancellations for PV due-ins. The PVD transaction is also used to process receipt reversals. After all items on the call are received, use the PND transaction to process a summary receipt. Within DMLSS, use the Receipts module to process complete receipts, partial receipts, quantity adjustments, and cancellations for PV due-ins. Use the transaction history module to reverse receipts and make price adjustments. Process the summary receipt using the IM Summary Receipt Pending option. The summary receipt is a single transaction, which contains the total dollar value of the items received on the purchase order/call. It is used by the Defense Finance and Accounting Service (DFAS) to update financial data and by DSCP to process payment to the PV.

4.12.6.2. Prior to processing the PV Summary Billing action (PND within MEDLOG and IM Summary Receipt Pending action within DMLSS), review documents for discrepancies between the invoice and receiving report. If the total on the receiving report matches the invoiced total and all items were received, process the PND (MEDLOG) or summary receipt pending action (DMLSS) for that PO/Call. To minimize interest penalties, transmit summary receipt transactions

upon receipt of items. Interest is normally accrued on PV invoices not paid by DSCP within the required 15-day time period (30 days for OCONUS).

4.12.7. Pricing Discrepancies.

4.12.7.1. Should there be a disparity between the confirmed price and the price within the UDR, notify DSCP and AFMSA/SGSLC with the item detail information.

4.12.7.2. If the invoice and receiving report do not match, review documents and due-ins to find the discrepancy. ROFs must contact your PV customer service no later than 24 hours after a short delivery occurs. If discrepancies are not resolved, it may be necessary to short pay the vendor. A short pay occurs when the total price of the PV invoice is greater than the sum of receipts processed under a single call number. Short pays result when the PV is not notified within 24 hours that the following has occurred: a shipping discrepancy, damaged goods, erroneous pricing or any other situation that results in a difference between the receipt and invoice. Periodically review your Rebate/Return Credit Account from the PV to prevent unauthorized activity due to short pays. When you choose to short pay a vendor, you must notify DSCP and document your contract file.

4.12.8. MEDLOG BMSO/BAFO Financial Reconciliation Lists which reflect negative operating inventory balances are caused by PV receipts that have PND actions pending.

4.12.8.1. MEDLOG provides a PV Trouble List, Parts I and II. The PV Trouble List, Part I identifies items that are overdue but still have due-ins over three days old from a PV source. The PV Trouble List Part II identifies PV receipts for which the summary receipt has not processed. Using PV receiving documents, reconcile the items on the receiving report against the Part II to verify that all items on the receiving report match the items listed. Remember to review the PV Trouble List daily, as no entries should be more than three days old. Take aggressive action to resolve discrepancies appearing on this list so the summary receipt can be transmitted to DSCP.

4.12.8.2. DMLSS Balance and DFAS Reports which reflect negative operating inventory balances on Line 15 are caused by PV orders that have receipts pending. DMLSS provides a Pending Action, Overdue Prime Vendor Shipment, when orders are overdue. Review the Overdue Prime Vendor Shipment pending actions and take appropriate actions. Pending action "Did Not Receive Status for All Items in the Call" is generated when the PV fails to acknowledge an order. These pending actions should be worked daily.

4.12.9. Credit memos are issued through the PV. These credits are valid for 90 days from the day they appear in the credit account. The PV will provide the ROF a monthly update of the amount of open credits for their facility. Use PV credits by placing an off-line order. Before placing an order against a credit account, it is imperative that you contact your PV customer service representative.

4.12.9.1. Credits issued for items that are recalled, returned, and unserviceable can be used by the pharmacy.

4.12.9.2. Should a facility surpass a specified purchase volume for an item, a rebate is given by the manufacturer. The PV may transfer these rebates to the customer in the form of credits. These rebate credits can be used by pharmacy as well.

4.12.9.3. If requested by the customer, credits obtained through the credit return programs can be deposited into the PV credit account for subsequent use through the PV Program. This applies whether the items were processed through a 3rd party pharmaceutical returns company or through

the manufacturer. Expired item credits from war reserve materiel (WRM) assets should not be given to the pharmacy. In order to eliminate confusion, it is recommended that all sites request a separate account be set up for operating and WRM dated item return credits.

4.12.10. Establish a contract file for each PV contract. At a minimum, the file should include:

4.12.10.1. A copy of the initial solicitation, including all amendments.

4.12.10.2. A copy of the contract including all modifications.

4.12.10.3. A copy of the monthly fill rate reports provided by the PV and the activity's analysis of the reports (if applicable).

4.12.10.4. Any memorandums documenting problems with the PV performance.

4.12.10.5. A copy of the COR appointment letter and Certificate of Training.

4.12.10.6. A list of the PV points of contact, including emergency and after hours contact information.

4.12.10.7. A list of the DSCP points of contacts.

4.12.11. Retain PV receipt documents for six years and three months to support disbursement of funds as required by public law. Continue to hold for one year after the cutoff, and then forward the receiving reports to staging.

4.12.12. Contact the Military Health Systems (MHS) Help Desk if you experience problems with DMLSS, PV on DMLSS, or PV stand-alone systems. The help desk provides support for U.S Military medical information systems, worldwide, 24 hours per day, 7 days per week. DMLSS trouble tickets can be submitted online through the MHS website: <http://www.mhs-helpdesk.com>, via E-mail at <mailto:help@mhs-helpdesk.com>, or by calling the help desk toll free at (800) 600-9332 (CONUS) and 866-637-8725 (OCONUS), or commercial 210-767-5250. Notify your DMLSS System Administrator of the problem before contacting the MHS Help Desk. Have the following information available when you call:

4.12.12.1. Location/Site.

4.12.12.2. Clinic/Organization.

4.12.12.3. Name, phone number, and back-up person.

4.12.12.4. Shipping address.

4.12.12.5. System-DMLSS.

4.12.12.6. Version.

4.12.12.7. Problem/Request (be specific).

4.12.12.8. If the trouble call is related to hardware, also provide the make, model, and serial number of the system being used.

4.12.13. Pharmaceutical PV Contracts.

4.12.13.1. DSCP has aligned the Pharmaceutical PV regions to coincide with TRICARE regions.

4.12.13.2. DSCP has transitioned Pharmaceutical PV Distribution and Pricing Agreements (DAPAs) to Federal Supply Schedules (FSSs) for all pharmaceuticals covered by a FSS.

4.12.14. Med/Surg PV Contracts.

4.12.14.1. Med/Surg PV Generation II Contracts cover three global TRICARE Regions with two PVs for each Global Region. Med/Surg Generation I was a requirements type contract whereby Generation II is an IQC.

4.12.14.2. DSCP has expanded their existing Med/Surg PV contract to include "non -contract" items. The term "non-contract" has been replaced with "Alternate Commercial Product Ordering Program" (ACPOP). As a suggestion, use the following RIDs: PVM for "on contract" usage items, PVO for ACPPOP Usage Items, PVE for "on contract" non-usage items, and PVF for ACPPOP non-usage items.

4.12.14.3. PVs are required to supply usage data to the ROF on a weekly basis. Each ROF is responsible for the submission to the PV of both accurate initial usage data and monthly updates. The ROF must order a minimum of once per month for a minimum quantity of one. Fill rates will be calculated for all usage data items.

4.12.14.3.1. The Med/Surg Generation II PV Contracts require a 90 percent PV fill rate. Orders for non-usage items will not be included in PV fill rate computations.

4.12.14.3.2. It is important to frequently review usage data to help the PV maximize fill rates. On-line visibility of usage data is available through vendor systems. Contact your vendor representative for details.

4.12.14.4. The Service Level Election Form is due through the Regional Logistics Chiefs to DSCP at the 10-month point of the contract. It validates ordering point/delivery point address information and allows each facility to choose service options available in the contract.

4.13. DSCP Electronic Catalog.

4.13.1. Electronic Catalog (ECAT) is a web-based ordering system developed by DSCP. ECAT enables DOD and other Federal agency customers access to multiple manufacturer and distributor commercial catalogs. The ECAT application features multiple catalog ordering, automated ordering, and bill paying processing, GPC processing, a robust search engine, and the ability to produce customer unique reorder lists. Currently there are four commodities accessible in ECAT: laboratory, optical, dental, and medical equipment.

4.13.2. Prices reflected in ECAT represent the total delivered price. Use the posted ECAT price to establish the master ECAT record (ECR) in MEDLOG and the unit of purchase price within DMLSS. The delivered price includes shipping, handling, and the DSCP surcharge. Use of ECAT is preferred over the other non-PV methods of procurement since ECAT prices are more competitive than other local purchase prices after the AF LP surcharge is factored in. In addition, use of ECAT reduces dependence on GPC purchases and the administrative workload associated with them.

4.13.3. ECAT can be utilized through the DMLSS/MEDLOG or Internet interfaces. Follow guidance published in the ECAT MEDLOG Users Guide posted on the AFML website. The preferred interface for medical logistics activities is the DMLSS/MEDLOG interface. See AFCSM 41-230, Volume 2 for specifics on processing ECAT unique transactions in MEDLOG, and AFMAN 41-216 for DMLSS.

4.13.3.1. Purchases made through ECAT via the Internet interface must be processed through the medical logistics operating system as described in paragraph 4.13.3. The ECAT Users Guide contains the proper procedures for the Internet interface.

- 4.13.3.2. Purchases made through ECAT via the Internet interface will be made using the GPC.
- 4.13.4. RID and SOS codes are assigned locally by medical logistics using EC_. Position three of the RID/SOS can be alpha or numeric. As a suggestion, use ECL for laboratory, ECO for optical, ECD for dental, and ECE for equipment. Since DSCP bills finance for ECAT items and finance subsequently reimburses DSCP, the ESD on the finance transaction file contains a RID of S9M, even though the MEDLOG master record or DMLSS SOS contains an ECAT RID.
- 4.13.5. Processing ECAT Requisitions.
- 4.13.5.1. The due-in will process and the requisition image will be generated once an ECAT record is established in the medical logistics operating system
- 4.13.5.2. DSCP will forward the order to the vendor indicated in the requisition when an ECAT order is received. All ECAT requisitions are processed on a "fill or kill" basis. Status is forwarded through DSCP to the requisitioning activity, where it is processed through the medical logistics operating system.
- 4.13.5.3. Requisition status codes (AE1) BD and BV update the due-in detail to reflect "being processed" status.
- 4.13.5.4. Status codes CB, CG, and CX result in cancellation of the due in.
- 4.13.5.5. Rejects in ECAT normally occur because the item is on backorder or was removed from the catalog. Medical logistics should contact the DSCP ECAT Help Desk since DSCP is the supplier's customer. If the problem cannot be resolved, contact AFMSA/SGSLC.
- 4.13.6. ECAT Pricing. Notify DSCP and AFMSA/SGSLC with the item detail information if there is a significant price increase found when ordering or receiving items through ECAT.

4.14. Blanket Purchase Agreements.

- 4.14.1. A Blanket Purchase Agreement (BPA) is a simplified method of filling repetitive needs for supplies and services. A BPA may be centralized (contracting places the orders) or decentralized, referred to as a DBPA (medical logistics places the orders). Any contracting officer may establish a BPA. AFMSA/SGSLC manages DBPAs negotiated by the Department of Veterans Affairs Special Services (VASS) and DSCP. The call limit is \$100,000 per call.
- 4.14.2. AFMSA/SGSLC distributes information about DSCP and VASS DBPAs on the AFML website (<http://afml.ft-detrick.af.mil/index.htm>) and via the AFML List Server. Authorized users are listed within the DBPAs. The MLFC, materiel manager, superintendent of medical materiel, and NCOIC of medical materiel are the approving authority for orders placed against the DSCP and VASS DBPAs. Exceptions or additional positions require written approval from AFMSA/SGSLC.
- 4.14.3. Approving officials have the authority to modify DBPA calls but may not modify the terms of the DBPA. Guidance on modifying contracts can be found in DFARS 213.3., *Simplified Acquisitions Methods*.
- 4.14.4. BPAs with commercial sources, e.g. open market items, have additional requirements including competition and reasonable pricing. All orders over \$2,500 must be competed and documented in the contract file. Solicit quotes from a reasonable number of sources to promote maximum competition. Three is the preferred number of quotes but two is sufficient if documented as the only sources available. Calls expected to exceed \$25,000 require advertisement in the Federal Business Opportuni-

ties (<http://www.fedbizopps.gov>) in accordance with FAR 5.101 and FAR 5.203. Comply with reporting requirements of FAR Part 4 (Administrative Matters) and DFARS Part 204 for purchases over \$25,000. Display of the solicitation in a public place is required for all calls greater than \$10,000 but less than \$25,000 in accordance with FAR 5.207.

4.14.5. FAR 13.303-6(a), *Blanket Purchase Agreements*, requires the BCO or a designated representative to review a sufficient number of BPA files at least annually to ensure compliance with authorized procedures. This includes DSCP, VASS and local BPAs. The individual conducting the review should ensure that:

4.14.5.1. Competition requirements have been met.

4.14.5.2. Any orders placed with other than small businesses were because of noncompetitive market price, quality or delivery. These orders were documented and approved by the BCO when required.

4.14.5.3. A valid order signed by an approved ordering official is on file for each call. Any modifications to the call are filed with the order. Modification should be prepared on Standard Form 30, **Amendment of Solicitation/Modification of Contract**.

4.14.5.4. A copy of the DBPA and all modifications are on file. If the DBPA is published in the UDR, there is no requirement to keep a hard copy in the contract file.

4.14.5.5. A current price list approved by the BCO is on file for each local BPA. For DSCP and VASS DBPAs, the price list is referenced in the UDR.

4.14.5.6. A copy of the FSS or other price list upon which the BPA is based is filed with the BPA.

4.14.6. The MLFC will report usage of DSCP and VASS DBPAs to AFMSA/SGSLC annually on RCS:HAF-SGH (A) 9111, Decentralized Blanket Purchase Agreement (DBPA) Usage Survey or the approved DMLSS equivalent using guidance posted on the AFML website. The report is as of 30 September and must arrive at AFMSA/SGSLC as prescribed in the notification. Report all activity on local, DSCP, and VASS DBPAs to the BCO on a BPA Monthly Call Register. Do not report DBPA orders that were paid using the GPC. Highlight calls exceeding \$25,000 on the register to notify the BCO to complete a DD Form 350, **Individual Contracting Action Report**. The call register may be used as the reporting document if it provides the following:

4.14.6.1. BPA number.

4.14.6.2. Vendor.

4.14.6.3. Call number.

4.14.6.4. Date of the call.

4.14.6.5. Identity of the buyer.

4.14.6.6. Number of line items ordered.

4.14.6.7. Dollar amount of the call.

4.14.6.8. Cumulative dollar amount.

4.14.6.9. Delivery date.

4.14.7. The MLFC should review the list of DSCP and VASS DBPAs published on the AFML website. A local BPA, if needed, can be requested by submitting an AF Form 9 to the BCO with the information listed below. Local BPAs are limited to \$2,500 per call.

4.14.7.1. A list of the supplies and service to be furnished. This may be a list of frequently used items in the supplier's current catalog.

4.14.7.2. A list of the positions by title that are authorized to place orders under the agreement. Show the dollar limit per call for each individual.

4.14.7.3. Specify whether calls must be confirmed by written orders.

4.14.7.4. Information required on shipping documents or delivery tickets. The following are recommended as a minimum:

4.14.7.4.1. Name of supplier.

4.14.7.4.2. BPA number.

4.14.7.4.3. Call number and date.

4.14.7.4.4. Date of shipment.

4.14.7.4.5. Itemized list of supplies or services furnished.

4.14.7.4.6. Quantity, unit price and extended price of each item less discounts.

4.14.8. Invoices will be submitted as follows:

4.14.8.1. The DBPA vendor will submit invoices to the servicing DFAS Operating Location (OPLC) unless the GPC is used for payment. DFAS is required to make payment by Electronic Funds Transfer. All vendors must have current registration in the Central Contractor Registration.

4.14.8.2. Vendors submitting invoices to DFAS Dayton (DFAS-DY), DFAS Limestone (DFAS-LI), DFAS Orlando (DFAS-OR), DFAS Europe (DFAS-EU), DFAS San Antonio (DFAS-SA) or DFAS Omaha (DFAS-OM) may fax their invoices via Electronic Data Management, capturing the electronic image to automate processing of their invoices. Fax numbers can be found on the AFML website.

4.14.9. Transportation charges.

4.14.9.1. Transportation charges should be included in the price of the items if the BPA provides for Free on Board (FOB) Destination. Transportation charges should be pre-paid and billed as a separate item if FOB Origin is specified. An estimate or not to exceed transportation cost statement must be included on the purchase document for FOB Origin orders. The company must include proof of payment for transportation charges over \$100, or when requested by the DFAS. Transportation charges for FOB Origin are paid out of the AFWCF/MDD and are not processed in the medical logistics operating system.

4.14.9.2. Many BPAs have provisions for premium transportation. Premium transportation must be paid using O&M funding and should be arranged through the resource management office. Do not use AFWCF/MDD funds for premium transportation.

4.14.10. A separate contract file must be established for each BPA. The file will contain the following items at a minimum:

4.14.10.1. A copy of the BPA including any amendments and modifications.

4.14.10.2. A copy of the price list that has been approved by the contracting officer or the price list referenced in the UDR for DSPC and VASS DBPAs. Refer to the UDR if the price list is too large for the folder.

4.14.10.3. The current call register and copies of all completed call registers since the last BCO review. A local or a general-purpose form may be used.

4.14.10.4. A copy of the AF Form 3062, **Abstracts of Proposals/Quotations** if appropriate. AF Form 3062 is completed for all calls over \$2,500 and serves as proof of competition.

4.14.10.5. Hard copies of all calls placed against the BPA. This may consist of:

4.14.10.5.1. DD Forms 1155, **Order for Supplies or Services**

4.14.10.5.2. Local BPAs may use the call register as a hard copy of the order if provided for in the basic agreement. When this method is used, give a copy of the call register to the servicing OPLOC at the end of each month. If the call register is used as the hardcopy, utilize DD Form 250, **Material Inspection and Receiving Report**, as the receiving document.

4.14.10.5.3. A copy of each purchase order must be forwarded to the servicing OPLOC.

4.14.10.5.4. Hard copies of receiving reports must be maintained in accordance with AFMAN 37-139, *Records Disposition Schedule*. The requirement for receiving reports is determined by the funds used on the call. Finance does not require a hardcopy of the receiving report if AFWCF/MDD (6B) funds are used.

4.14.11. Specific instructions for overseas medical logistics accounts including shipping instructions, follow-up procedures, form completion, and other detailed guidance.

4.14.11.1. OCONUS shipments sent by military air. All shipments intended for military air transportation (Air Mobility Command (AMC) transportation) must be cleared for movement by the appropriate Air Clearance Authority (ACA) at least 24 hours prior to shipment. Air Force activities should call Wright-Patterson, (937) 257-4946 to request shipment by military air. Another option is to request ACA online by going to website:

<https://www.afmc-mil.wpafb.af.mil/HQ-AFMC/LG/LSO/lot/>. Click on Air Clearance/SAAM, followed by ATCMD Online Form. Select format and complete the form. The customer must also have a Transportation Account Code (TAC). Air Force medical customers use F7MD for the TAC. Medical activities must have clearance before they ship to the aerial port of embarkation and complete a DD Form 1384, **Transportation Control and Movement Document (TCMD)** for every shipment going by military air. Vendors must send this form along with the shipment, complete a DD Form 1387, **Military Shipment Label**, and place it on the outside of each package. Vendors must pack shipment for military air.

4.14.11.2. OCONUS shipments sent to a Container Consolidation Point (CCP). The use of parcel post and other classes of mail shall be confined to deliveries of mailable matter which meets the size, weight, and distance limitations prescribed by the US Postal Service. If shipment is mail eligible (usually less than 70 lbs), medical ordering facilities will generally consider mail as their first option. Shipments not sent by parcel post may be sent to a stateside transshipment point (e.g.,

New Cumberland, PA or Tracy, CA), or aerial port when authorized by the medical ordering facility. However, DBPA shipments first sent to a stateside transportation office and destined for an OCONUS facility will require:

- 4.14.11.2.1. Transportation Control Number (TCN).
- 4.14.11.2.2. Transportation Priority (TP).
- 4.14.11.2.3. Required Delivery Date (RDD).
- 4.14.11.2.4. Transportation Account Code (TAC).
- 4.14.11.2.5. "Ship To" address.
- 4.14.11.2.6. "Mark For" address.

4.14.11.3. TCNs are used to identify, control, and trace an overseas shipment from origin to ultimate consignee. The TCN should appear on the outside of the package, the packing slip and the inner package. To identify the components of the TCN, the following example will be used: TCN=FM4425-9096-0008XXX

4.14.11.3.1. The first part of a TCN is the Department of Defense Activity Address Code (DODAAC). For example, "FM" shows it is an Air Force medical shipment and "4425" identifies the base.

4.14.11.3.2. The second portion ("3096") is the Julian date the order was placed (e.g., 3096 = 2003, 096 day or 6 April 2003). The third portion ("0008") is the document serial number assigned by the ordering facility.

4.14.11.3.3. Suffixes. A complete order being sent in one shipment should have a TCN number suffixed by "XXX" (e.g., FM4425-9096-0008 XXX). TCNs for orders with two or more partial shipments would be suffixed as follows: FM4425-9096-0008XAX - 1st partial shipment FM4425-9096-0008XBX - 2nd partial shipment FM4425-9096-0008XCX - 3rd partial shipment FM4425-9096-0008XZX - 4th and final shipment (the last shipment of any multiple shipment should always be "XZX" to identify it as the final shipment).

4.14.11.4. TP. TP1 indicates to the stateside military shipping facility that the shipment is needed by the RDD and should be sent to the ultimate consignee address via military airlift. TP2 and TP3 indicate shipment can be made via military sea vessel. Separate from the TP is a Priority of Order. This will be included on each order. Orders will contain an "order priority" which is not the same as a "transportation priority". The following will help you determine the conversion from "order priority" to "transportation priority".

4.14.11.4.1. Order priorities 1-3 should have labels marked as TP1. If TP1 shipments are too heavy or too large to fit in an aircraft, they may be diverted to sealift. This determination is made by AMC. AMC is authorized to approve TP changes or upgrade if the priority becomes a life/death requirement.

4.14.11.4.2. Order priorities 4-8 reflect TP2 labeling, and order priorities 9-15 reflect TP3.

4.14.11.5. RDD. This is the date the materiel is needed by the medical ordering facility. This date will determine the mode of transportation used. If the RDD is missing, the transshipment point may give the shipment a low priority.

4.14.11.6. TAC. This code determines what government agency will be charged for the cost of the transportation. It is provided by the medical ordering facility so that the vendor can include it on the DD Form 1384, **DOD Single Line Item Requisition System Document (Manual)** or military shipping label. If this code is missing, stateside shipping facilities may return the shipment to the vendor. For DBPA shipments, use the TAC SIFM for Air Force shipments going to a CCP and F7MD for shipments going by military air.

4.14.11.7. "Ship To" address. This address is the address of the transshipment point where shipments are re-palletized before being shipped overseas. The TCN provided by the medical ordering activity will be used in the last line of the address. If shipments are going by parcel post, this address is the overseas medical ordering activity.

4.14.11.8. "Mark For" address. This is the address of the medical ordering activity.

4.14.12. A Supply Discrepancy Report (formerly Report of Discrepancy) on BPA receipts processed within medical logistics may be prepared on locally developed forms in lieu of Standard Form 364, **Supply Discrepancy Report (SDR)**.

4.14.13. Assistance may be requested from AFMSA/SGSLC if problems are encountered with orders under DSPC or VASS DBPAs. Provide AFMSA/SGSLC a copy of the document in question when requesting assistance.

4.15. Limited Warrant Contracting Program.

4.15.1. The BCO may appoint medical logistics personnel as limited warrant contracting officers and prescribe appropriate training.

4.15.2. The decision to use the limited warrant contracting authority in lieu of any other acquisition method, including base contracting, will be made solely by the limited warrant contracting officer.

4.15.3. The MLFC will ensure the warrant holder and buyers comply with all instructions and requirements of the BCO.

4.15.4. This program does not preclude use of DBPAs or other appropriate acquisition methods and must not adversely affect routine logistics operations.

4.15.5. The BCO will set aside a block of purchase orders for the exclusive use of medical logistics. The BCO will prescribe policy and procedures for alterations and modifications. BCO approval is required for modifications that would cause an order to exceed the warrant authority limit.

4.16. Credit Card Purchases.

4.16.1. Credit card purchases may be made with the GPC. Reference AFI 64-117, *Air Force Government-Wide Purchase Card Program* for detailed information.

4.16.1.1. Provide contracting and finance with information identifying which funds are to be used for GPC purchases. Accounts will be established in accordance with AFI 64-117, Chapter 3.

4.16.1.1.1. Medical supplies shall be purchased through the AFWCF/MDD and issued to the using activity. Complete a GPC Funding Document, AF Form 4009, **GPC Fund Cite Authorization**, to establish the GPC account. Prior to the beginning of each subsequent fiscal year forward a letter through base finance to base contracting stating the card is still active.

4.16.1.1.1.1. Separate cards are required for AFWCF/MDD-funded purchases and O&M-funded purchases.

4.16.1.1.1.2. Cardholders for GPC funded with AFWCF/MDD funds must be within the chain of command of the AFWCF/MDD accountable officer (normally the MLFC).

4.16.1.1.1.3. Expense equipment will be purchased through the AFWCF/MDD and issued to the using activity.

4.16.1.1.1.4. GPC purchases for services will be funded with a GPC Funding Document, citing Program Element Code 87700/87900 and element of expense/investment code 592. When the MTF commander decides to centralize the purchase of services, it is recommended that cost center XX5741 be cited.

4.16.1.1.1.5. Non-medical supplies may be purchased either with a AFWCF/MDD funded card or an O&M funded card. Purchases with AFWCF/MDD funds must be processed through the medical logistics operating system as medical items. GPC funded with O&M dollars may be issued to personnel in areas other than medical logistics at the MTF commander's discretion. Purchases using an O&M funded GPC should not be processed through the medical logistics operating system. Under no circumstances will O&M funded cards be utilized to purchase medical supplies or equipment.

4.16.1.1.2. Regardless of the fund code used, billing officials should be within the chain of command of the cardholder.

4.16.1.2. Individual GPC purchases are not to exceed \$2,500, except as noted in paragraph 4.16.4. Transportation and handling charges must be included in the purchase and orders cannot be split.

4.16.1.3. Activities can buy direct from Army and Air Force Exchange Service (AAFES) and the Defense Commissary Agency (DeCA). GPC used to purchase subsistence items must be funded with a separate GPC with the subsistence fund cite referenced in the Nutritional Medicine Flight Guide available from the Associate Biomedical Sciences Corps Chief for Dietetics (per AFI 44-144, *Nutritional Medicine Management*). Treat AAFES and DeCA as any other local procurement source.

4.16.1.4. Purchases under \$2,500 will be distributed equitably among qualified suppliers.

4.16.2. Process purchases through the medical logistics operating system when AFWCF/MDD funds (fund code 6B) are used. MEDLOG users should assign a unique RID beginning with "L" and build a vendor record identifying the GPC card holder as outlined in AFCSM 41-230, Volume 2, Section 16. DMLSS automatically assigns a unique RID identifying the source of supply of the GPC purchase. For both MEDLOG and DMLSS, the purchase order number assigned must begin with the letter "I" followed by four characters unique to the cardholder, and end with a locally assigned call number for each transaction. DMLSS users must ensure the "Use Purchase Card" box is checked, enter the four characters unique to the cardholder, and end with a locally assigned call number for each transaction.

4.16.3. Use PV in lieu of GPC whenever possible.

4.16.4. Payments for items purchased from DBPAs or via ECAT may be funded with GPC. These purchases may be to the contract limit authorized by DSCP or VA. Coordination must be accomplished with the support contracting office prior to initiating purchases over \$2,500.

4.16.5. When processing a BPA order for purchase by GPC and processing through the medical logistics operating systems, override the RID and PO number fields to follow the procedures specified in paragraph 4.16.2.

4.16.6. Do not process GPC orders through the medical logistics operating system when O&M funds are cited. Follow procedures outlined in the AFI 64-117.

4.16.7. Special considerations for DMLSS activities:

4.16.7.1. Enter only the last four digits of the GPC in the account number field within the Inventory Management Purchase Card screen. This will help safeguard against credit card compromise.

4.16.7.2. When using the GPC, the Accept Purchase Card box must be checked by Source of Supply within the Inventory Management module.

4.16.7.3. The Biomedical Equipment Repair (BMER) function may determine whether to directly purchase spare parts with the GPC or pass the requisition through Medical Materiel. If the BMER has a GPC and procures the spare parts directly, Verify Orders within the Customer Area Inventory Management (CAIM) module should be turned off. The BMER clerk can then place orders directly without having to further view the requirement before placing the order. If the BMER passes orders for spare parts through medical materiel, Verify Orders within CAIM should be turned on. This will permit the BMER technician to view the requirement prior to forwarding to the medical materiel procurement clerk.

4.17. Support to Overseas Medical Activities.

4.17.1. Overseas medical activities will obtain medical LP support as described in other parts of this chapter, subject to the following additional information or limitations:

4.17.1.1. Bases located in Alaska, Guam, and Hawaii may process PRs to the BCO for procurement if there is a local source of supply. DSCP will provide LP support if a local source is not available.

4.17.1.2. Other overseas bases may process PRs to the BCO for purchase of medical items in the local area if a drug and source of supply are available (see AFI 44-102) and the balance of payments program does not prohibit the purchase. Drugs must be approved by the Food and Drug Administration (FDA) and carry the FDA-approved label on its packaging. DSCP provides all other LP support.

4.17.1.3. Non-US origin drugs or biologicals, such as a foreign-made botulism antitoxin, may be purchased locally in quantities necessary to meet compelling emergency requirements when approved by the MTF commander. Forward an after-the-fact report for these emergency purchases through medical channels to the Consultant to the Surgeon General for Pharmacy. This provision does not include investigational products, such as experimental drugs, which are processed according to AFI 40-402.

4.17.1.4. LP X-ray systems according to **Chapter 7**.

4.17.2. DSCP Support.

4.17.2.1. Emergency requirements may be submitted to the DSCP Medical Emergency Supply Operations Center by telephone, message, or other expeditious means. Emergency requirements are defined as not having materiel available locally required to save life, prevent undue suffering,

or prevent suspension of medical service. The initiating office will make the circumstances supporting emergency requests a matter of record and available for audit or inspection. When the requisition priority designator dictates air shipment, or if air shipment is requested, overseas activities should include the Air Force Distribution Control Office (AFMC LSO/LOTA) as an information addressee on message requisitions. Telephone or message requests need not be confirmed.

4.17.2.2. Send requisitions to DSCP for non-AFWCF/MDD purchases such as services and OP funded equipment items through the Defense Accounting Office (DAO) to commit funds. When the requisition includes a limit on the amount of funds available for purchase, DSCP will not exceed that limitation. DSCP may exceed the estimated price on the requisition by 10 percent without prior approval of the requisitioner when no fund limit is given. DSCP will contact the requisitioner to resolve quantity, price, and other issues that appear disproportionate. Medical logistics must use the best-estimated cost to prevent wide variances between funding commitments and subsequent obligations.

4.17.2.3. DSCP uses its stock funds to buy requested items then sends monthly bills to the supporting DAO for costs incurred on contracts and purchase orders completed during the billing period.

4.17.2.4. DSCP sends the requisitioner a copy of the purchase order or contract unless it was awarded electronically under a centralized BPA. Centralized BPA awards can be identified by contract numbers using series A98xx or A99xx plus a four-position call number. MILSTRIP format status documents (AE_/AS_) will be sent to requisitioners for each line item as described in **Chapter 3** and **Attachment 3**. Submit follow-ups according to **Chapter 3** and **Attachment 6**. Include AFMSA/SGSLC and your MAJCOM as info addressees on on-line follow-up messages. When on-line follow-up is unsuccessful, send a message with the subject "Supply Assistance Request" to DSCP-MRIC. Include contract number, requisition number, stock number, most recent status, required delivery date (RDD), and a brief history of unsuccessful on-line follow-up attempts.

4.17.2.5. Cancel PRs according to **Chapter 3**. DSCP will provide confirmation if the purchase order or contract has not been awarded. DSCP will furnish shipping status if the purchase order or contract has been awarded. Medical logistics will not request PR cancellation after receiving copies of contracts or delivery orders.

4.18. Service Contract Management.

4.18.1. Services, as addressed here, include all local purchases of equipment maintenance, professional services, and all other medical support services (laundry, waste, aseptic management, etc.) acquired by means other than GPC (see 4.16.) and BPA (see 4.14.). Paragraph 4.8., "Purchase Requests", and all other sections of this chapter apply only as they pertain to services.

4.18.2. Services include continuous requirement (recurring purchases) as well as one time purchases.

4.18.3. The MLFC is normally the functional director (FD) or functional commander (FC) for contract services. The FD/FC will coordinate with the activity requiring the service (requiring activity), all other pertinent functional areas, and the BCO or authorized contracting activity to ensure the needs of the requiring activity will be met and the BCO receives a "procurable package" in time to establish an effective and timely contract.

4.18.4. A procurable package will always consist of:

4.18.4.1. Funded AF Form 9 or DD Form 448, as appropriate (see paragraph 4.8.).

4.18.4.2. Performance Work Statement (PWS), SOW, or equivalent.

4.18.4.3. Quality Assurance Surveillance Plan (QASP) (or equivalent).

4.18.5. Medical logistics is responsible for coordination with the using activity to ensure the service as described in the PWS meets the user's needs. They act as a liaison between the user and the contracting activity in all aspects of requirements definition, contract award and contract administration.

4.18.6. AFI 63-124, *Performance-Base Service Contracting*, stipulates PWS and QASP content and format for all types of service contracts except those which are specifically exempt. For an inclusive list of exemptions, see the section titled "Exemptions to the Use of This Manual," in AFI 63-124. Even when exemptions apply, a PWS and QASP utilizing an alternative format will be required as an integral part of a procurable package.

4.18.7. Other documentation may be required by the BCO (or other contracting agency if not procured at the base level), depending on the nature and dollar value of the procurement.

4.18.7.1. Quality Assurance (QA) personnel appointment letters are required when the nature of the service is recurring. The FD/FC normally appoints QA personnel subject to delegation of that authority by the installation commander. Personnel from the contract services management branch or individuals within the MTF with functional area expertise are assigned as QA personnel for services contracts as outlined in AFI 63-124. The FD/FC will determine the appropriate mix of QA personnel (full or part-time, skill level, etc.). QA personnel will normally be appointed at least 90 days prior to contract start date (see paragraph 4.18.10.2. for QA personnel and FD/FC surveillance training requirements).

4.18.7.2. QA personnel appointment letters are not required for nonrecurring services. A functional area representative will validate the service received.

4.18.7.3. A Technical Evaluation Plan (TEP) may be requested by the BCO as part of the procurement package when the contract dollar value is expected to exceed \$100,000 and the proposal includes a technical evaluation. Medical logistics will accomplish the TEP based on input from the functional area. The TEP should include:

4.18.7.3.1. Identification of minimum experience, education, and skill requirements of technical evaluation team members and a brief explanation regarding the need for these requirements.

4.18.7.3.2. Identification of technical evaluation team members preliminary schedule for the actual evaluation.

4.18.7.4. Independent Government Cost Estimate (IGCE): The IGCE represents the government's estimate of contract cost. The BCO uses the IGCE as a benchmark in negotiating a fair and reasonable price. The IGCE should be truly independent. Never solicit or utilize data from potential awardees since the objectivity of that data may be questionable. IGCE development may incorporate, but is not limited to, some or all of the following techniques:

4.18.7.4.1. Consultation with appropriate functional experts within the government or private sector (but never with representatives of a potential awardees).

- 4.18.7.4.2. Metrics or available cost models.
 - 4.18.7.4.3. Cost data history of the current contract.
 - 4.18.7.4.4. Cost data history of similar contracts.
 - 4.18.7.4.5. Industry-wide pricing indexes, such as American Medical Association Cost per Specialty Index.
 - 4.18.7.4.6. Industry-specific inflation indexes such as Bureau of Labor Statistics Healthcare Cost Index.
 - 4.18.7.4.7. Wage determination from the Federal Wage Determination website:
<http://servicecontract.fedworld.gov/searchsca.htm>.
- 4.18.7.5. Market Survey. Occasionally, the BCO will ask for a market survey of the relevant service when the requirement is for a relatively unknown service. Market surveys are utilized with somewhat greater frequency in conjunction with supplies but may also be requested with a service. Normally the anticipated contract dollar value will exceed \$100,000. The purpose of the market survey is to assess the ability of a given market to sustain the service to be procured, or to assess the vendor infrastructure for the service. Market surveys involve obtaining information specific to the service being acquired and should address questions pertaining to the service's commercial availability, number of viable sources, customary industry practices, distribution and support capabilities, etc.
- 4.18.7.6. Sole Source Documentation. See paragraph 4.19., "Justification for Other Than Full and Open Competition"
- 4.18.7.7. Urgency Documentation. See paragraph 4.19.
- 4.18.8. Professional Services utilized in the provision of healthcare are identified in AFI 63-124, Attachment 2. Complete guidelines regarding what is or is not a professional service are contained in 29 CFR 541, *Department of Labor, Wage and Hour Division*. As a working definition in this context, any individual directly involved with clinical or hands-on patient care which normally requires a license to practice, is performing a professional service. AFMSA/SGSLC will assist the MTF in developing a PWS by providing a template that can be adapted for local use or by assisting the MTF in creating a unique document. Upon approval of a final PWS (IAW AFI 63-124) by AFMSA/SGSLC, the PWS and accompanying QASP must be sent to the BCO as part of the procurement package.
- 4.18.9. AFMSA/SGSF will act in the capacity of the BCO as the MTF's procurement agent when the MTF is in the Hospital Aseptic Management Systems Program.
- 4.18.10. Medical logistics is responsible for a variety of post award functions as the BCO or other contracting agency's focal point.
- 4.18.10.1. Medical logistics will create and maintain a six-part folder for contract administration upon receipt of contract from the BCO (or other contracting agency as appropriate). Contact your local BCO to determine if a local format is required at your location. Additionally, medical logistics will create and maintain a six-part folder for contract administration for any recurring service contract in the MTF. Suggested format consists of:

4.18.10.1.1. Part 1 - Administrative (points of contact, phone numbers, all formal and informal correspondence, etc.).

4.18.10.1.2. Part 2 - Initial contract.

4.18.10.1.3. Part 3 - QASP (also include appointment letters, deficiency reports and validated complaints).

4.18.10.1.4. Part 4 - Contract modifications (change orders, supplemental agreements, options, etc.).

4.18.10.1.5. Part 5 - Receipts (work order receipts, time sheets, service tickets, etc.).

4.18.10.1.6. Part 6 - Payment log/invoices/receiving reports.

4.18.10.2. The FD/FC is responsible for coordinating with the Quality Assurance Program Coordinator (QAPC) to ensure that all QA personnel complete Phase I of QA Training before assuming the surveillance duties. Phase II of QA training is provided by the contract administrator (BCO) assigned to the contract and should be completed prior to the contract start date. The FD/FC is also required to attend separate Contracting Officer's Representative (COR) management training that provides a broader perspective of surveillance, as well as QA management techniques. FD/FCs who have yet to receive the training, or need refresher training, should schedule the training with the QAPC (refer to AFI 63-124).

4.18.10.3. The FD/FC will immediately initiate the appointment process to secure a replacement upon definitive notice that a QA personnel will vacate the position. The FD/FC must notify the QAPC within 30 days after a QA personnel vacates the position to arrange for training of the new appointee.

4.18.10.4. Designated QA personnel are responsible for contract compliance. The QASP will dictate the method of surveillance used per performance element of the contract. The FD/FC (or member of the MLFC staff), in conjunction with all cognizant QA personnel, should develop a systematic approach to ensure that all pertinent surveillance documentation is passed to medical logistics in a routine and timely fashion. Medical logistics will notify the BCO or appropriate contracting agency as soon as is practical after receipt of a deficiency notice or a validated customer complaint.

4.18.10.5. Periodic interface with the using activity is also required to ensure the contract continues to serve the purpose intended. A variety of causes may necessitate a contract modification. Only the BCO or appropriate contracting agency has the authority to modify the terms of the contract in any way. Medical logistics should continually operate in a proactive mode, and as the critical link between the QA personnel, the using activity, and the contracting activity to ensure the contractor is adhering to the terms of the contract and the contract continues to meet the needs of the user.

4.18.10.6. An additional funded AF Form 9 (or DD Form 448, as appropriate) will be accomplished following the same process for new procurements when a contract modification involves an increase in contract price. Conversely, if a contract modification requires a de-obligation of funds, medical logistics will coordinate with the BCO after the exact amount has been established and accomplish the necessary documentation.

4.18.10.7. The BCO or contracting agency may also require an IGCE be performed when a contract modification involves a significant increase or decrease in the level of effort. The IGCE represents the government's estimate of the cost of the change so that the BCO will have a benchmark to use when negotiating an equitable price adjustment. The IGCE must be fully independent (see paragraph 4.18.7.4.).

4.18.10.8. Contract Modification. Certain occurrences necessitate contract modifications. These occurrences must be anticipated well in advance of the requirement to modify the contract. Examples of these are; exercise an option to extend the contract; decrease the number of service contract personnel due to MTF downsizing and impending facility renovation. In these instances, medical logistics personnel should notify the BCO at least three months, but preferably six months in advance to allow for procurement actions to be completed in time for the beginning of the performance period. Always notify the BCO of any situation that will potentially affect the contract in any way as soon as possible. Taking a proactive role will help avoid breaks in service or degradation in quality of service.

4.18.10.9. All contracts specify payment procedures and due dates. The QA personnel will calculate and certify acceptance of services actually received under the contract at the end of each payment period (usually monthly). The QA personnel determines the amount of payment authorized as part of this certification. Payment records will be kept by medical logistics in the appropriate section of the contract file. If payment is submitted and certified via electronic means, follow local BCO guidance.

4.18.10.10. The contract schedule (Section B) sets forth prices for services rendered and monthly payment amounts. Full payment is made as set forth in the schedule when the contractor's performance is satisfactory. The QA personnel calculates the payment according to the procedures outlined in the contract and advises the BCO (normally through medical logistics) of the calculated amount when performance is not satisfactory.

4.18.10.11. The contract should direct the contractor to send invoices to the designated billing office and the QA personnel. The QA personnel validates and ensures the invoice is correct and sends a copy to medical logistics. A copy should be retained in medical logistics for inclusion in the appropriate section of the contract file. The QA personnel calculates and certifies payment received and processes a receiving report (DD Form 250). The QA personnel forwards the original to the designated paying office, maintains one copy in file, and forwards one copy to medical logistics.

4.19. Justification for Other Than Full and Open Competition.

4.19.1. The Federal Acquisition System is designed to fulfill requirements with acceptable quality, cost, and timeliness through the maximum use of commercial items/services and reputable contractors, while promoting competition. By "Promoting Competition", the intent is that purchases will be made through bids, proposals (or both) received in response to solicitations, except in certain exceptional circumstances. For medical logistics, the two most common exceptional circumstances are "Sole Source" and "Urgent and Compelling" requirements.

4.19.2. Sole Source: Procurement statutes and regulations in FAR 6.3, *Other than Full and Open Competition*, authorize the contracting officer to negotiate for supplies and services without providing for full and open competition. Purchase of supplies and services from only one person or firm (sole

source of supply) is permitted when such action is justified. Acceptable reasons for such justification include (but are not limited to) support of supplies, equipment, or services that are standardized (regionally or through proprietary requirements), highly technical (e.g., repair work by factory-authorized technician), or offer unique capabilities (e.g., only JCAHO provides JCAHO accreditation).

4.19.2.1. Bases with Standard Procurement System (SPS) may enter sole source qualifications on SPS item records based on the BCO determination made on the initial purchase. Medical logistics must retain a copy of the initial justification signed by the MTF commander or a designated representative when included in SPS.

4.19.2.2. Annually, the BCO will give medical logistics a list of all items which have been approved for brand name or sole source purchase. The MTF commander or designee will verify, in writing to the BCO that the initial brand name or sole source item qualification is still valid. Items no longer valid will be deleted from the list.

4.19.3. Medical logistics will furnish sufficient justification to the BCO in the form of a Justification and Approval (J&A), Part 1 when the MTF requires a particular item from a single source. A formal or "13 point" J&A will be accomplished when requested by the contracting activity (see your contracting activity for specific format). The J&A will normally be signed by the MLFC as the "Certifying Official", and an authorized representative of the functional area as the "Purchase Request Initiator". The J&A should:

4.19.3.1. Define exclusive features of the desired item or service and why these features are necessary and unattainable from other sources.

4.19.3.2. Explain why it would not be practical to consider other sources.

4.19.3.3. Indicate the extent of your research in selecting the sole source.

4.19.3.4. State what the impact would be without the use of this particular item or service, such as, mission impediment, potential loss of life, decreased critical care response time, etc.

4.19.4. Urgent and Compelling Requirements: Preparation of a J&A for Urgency is similar to a Sole Source J&A with the following exceptions. A J&A for Urgent and Compelling need must:

4.19.4.1. Identify what serious injury the government will experience if the need is not fulfilled immediately (e.g., physical, financial, or other).

4.19.4.2. Contain a required delivery date.

4.19.5. A J&A for an Urgent and Compelling need may be done after-the-fact for procurements that do not permit time for J&A preparation. See your contracting activity for details.

4.19.6. Before preparing a J&A for an Urgent and Compelling need, determine what could be done to mitigate damage to the government if the requirement is not fulfilled by your delivery date. Could the work be done in-house? Could loaner equipment be used? Is there an alternative process to the preferred method that would not compromise patient care/mission accomplishment?

4.19.7. Generally, the following reasons are not valid for justification for urgency: poor acquisition planning, the need to spend expiring funds, aesthetics, and impending inspection by regulatory agency.

4.20. Transactions Involving Exchange for Replacement Purposes.

4.20.1. Exchange (trade-in) processing of eligible items shall be used to the maximum extent possible when such transactions provide an economic and efficient advantage to the government.

4.20.2. The property being acquired must be designed and constructed for the same specific purpose as the property being replaced. DOD 4140.1-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.

4.20.3. DFARS 217.7003, *Purchase Request*, requires the PR to be accompanied by a certification that the property is eligible for exchange and complies with all conditions and limitations in DOD 4140.1-R, Chapter 6.2, including:

4.20.3.1. A written determination of economic advantage to the government resulting from the use of exchange authority.

4.20.3.2. Exchange allowances shall be applied towards or in partial payment for the items to be acquired.

4.20.3.3. The exchange property has been rendered safe or innocuous or has been demilitarized if required.

4.21. Procurement of Controlled Drugs.

4.21.1. Purchase of schedule II controlled substances from commercial sources requires registration with the Drug Enforcement Administration (DEA) and use of official order forms (DEA Form 222, **Official Order Form for Schedule I and II Controlled Substances**).

4.21.2. CONUS AF medical activities must have DEA registration for direct local procurement of schedule II drugs. No fee is charged government entities on initial or renewal registration. Enter the name of the facility or unit applying for registration in the "Registrant Name" block of the application form. The MLFC, the facility's authorized procurement official, can delegate power of attorney to the pharmacist to approve the procurement and receipt of the schedule II controlled substances. The registration must be renewed every three years or when there is a change of name or address. Initiate a new power of attorney whenever there is a name or address change or when the person delegated power of attorney changes.

4.21.2.1. DEA Form 224, **New Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner**, is used for initial applications. It may be obtained at the DEA website at www.deadiversion.usdoj.gov, or from any DEA field office by calling (202) 307-7255, or writing to:

Department of Justice
Drug Enforcement Administration
Registration Section
PO Box 28083, Central Station
Washington, DC 20005

4.21.2.2. DEA Form 224A, **Renewal Application for Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner**, is used for renewal. Normally, the form will be mailed to each registrant 60 days prior to the registration expiration date. Notify the

DEA registration section in writing or by calling (202) 307-7255 to request a renewal application if the form is not received by 45 days before expiration.

4.21.2.3. Modification to the registration is required to reflect a change in the name or address on the registration certificate.

4.21.2.4. Overseas accounts cannot obtain a DEA registration and must order controlled medical items through DSCP or their PV contract.

4.21.3. DEA Form 222 is required to purchase schedule II controlled substances.

4.21.3.1. Registrants may use DEA Form 222A, **Order Book Requisition**, to reorder additional books. Requests for order form books may be mailed to the DEA registration section, or by calling (202) 307-7255, or on-line at www.deadiversion.usdoj.gov.

4.21.3.2. Prepare order forms according to the instructions provided with the forms. When the materiel is received, enter the date and the number of packages received on the retained copy (Copy 3) of the order form. Registrants will keep the completed order forms, including unaccepted or defective forms, for two years.

4.21.3.3. The individual who signed the most recent application for registration or renewal may authorize one or more persons to obtain and execute order forms by filing a power of attorney (see **Attachment 21**). The power of attorney will be retained for the same period as any order form bearing the signature of the attorney. The power of attorney may be revoked at any time by executing a notice of revocation.

4.21.3.4. Report lost or stolen order forms to the DEA registration section. Include the serial numbers or date of issuance if an entire book is lost or stolen. Report any subsequent recovery of forms.

4.21.3.5. Prepare and submit a written notification when the registration has terminated and return unused DEA order forms to the nearest DEA office. Mark each unused form with the word "VOID," and enclose the original, most current DEA certificate of registration with the notification.

4.22. Books and Periodicals.

4.22.1. Activities will obtain medical books and periodicals through LP channels that include DSCP DBPAs when available.

4.22.2. Send a separate DD Form 1348-6 or AF Form 9 for each publisher or source of supply (CONUS only). Activities may consolidate multiple requests on one DD Form 1155 when using a BPA. Requests for books must include complete title, author, and publisher's name and address. The latest edition will be furnished unless a specific edition is required. Requests for periodicals must contain the subscription period desired, e.g., 01 January 04 through 31 December 05. Publishers normally require six to eight weeks to begin subscriptions.

4.22.3. Subscriptions for medical periodicals and journals may be for more than one year when it is more economical.

4.22.4. Federal supply schedules for FSG 76 are a source of supply for some medical books.

4.23. Spectacles/Glasses.

4.23.1. HQ USAF/SG manages all prescription glasses within the Air Force. Base Supply or agencies under the National Institute for the Blind (NIB) manage all non-prescription glasses. A number of associated agencies under NIB operate the Individual Equipment Items and stock non-prescription sunglasses as requested by various installations. These agencies can procure non-prescription sunglasses via ECAT by contacting the ECAT Help Desk.

4.23.2. Medical officers, optometry officers, or other authorized personnel assigned to AF MTF eye clinics will prepare spectacle prescriptions. The prescribing officer will sign the DD Form 771, **Eye-wear Prescription**. The originator will forward routine spectacle requirements direct to the designated military optical activity; medical logistics will not receive or account for the spectacles.

4.23.3. Fabricated spectacles are furnished as free issue to the individual. Military optical activities mail spectacles direct to eye clinics.

4.23.4. The supporting FM account will requisition prescription safety glasses. The standard base supply system will requisition non-prescription safety glasses. Requesting organizations will fund prescription safety glasses for personnel assigned to their unit. The MTF will only fund prescription safety glasses for personnel assigned to the MTF.

4.23.4.1. Individuals requiring industrial safety glasses in performance of their assigned duties may obtain an eye examination from the base MTF. When the base MTF cannot provide the necessary eye examination, an examination may be obtained from a local civilian optometry service.

4.23.4.2. Prepare a DD Form 771 or a form furnished by the servicing optical supplier to support LP of prescription safety glasses. A contract may be established with a local optometrist to supply and repair safety glasses and also provide eye examinations if a military MTF is not available. Also, consider using the worldwide DBPAs.

4.23.4.3. Prescription safety glasses may be repaired if the total cost of repair and administrative processing does not exceed 50 percent of the replacement cost. When the individual's latest spectacle prescription is two or more years old, consider requesting a new eye examination, and if indicated, procuring new safety glasses instead of repairing the old ones. Non-prescription safety glasses may not be repaired under this authority.

4.23.4.4. When the glasses are issued, provide a copy of DD Form 771 to be filed in the individual's field personnel file or record on AF Form 971, **Supervisor's Employee Brief**, whichever is applicable. Safety glasses become the property of the individual and no further accounting is required.

4.23.5. Two pairs of spectacles with nonstandard frames may be purchased for selected Office of Special Investigations (OSI) special agents and intelligence personnel, if required in the performance of official duty. The unit commander or authorized representative must certify the requirement for the special spectacles in writing on a case-by-case basis and will submit the request to the MTF eye clinic.

4.23.5.1. The ophthalmologist or optometrist will prepare DD Form 771. When the MTF commander or representative approves the DD Form 771, medical logistics will prepare the PR and attach the DD Form 771. The spectacles may be obtained from a local exchange or commercial source.

4.23.5.2. The person for whom the spectacles are being purchased will choose the quality and type of frame. The cost must not exceed a maximum amount to be borne by the government, which the MLFC and the BCO determine by comparing prices in the area. The maximum amount will be sufficient to allow a reasonable choice of styles on the local market. Spectacles bought for intelligence and OSI personnel will be charged to their organization, not the MTF.

4.23.5.3. An individual who already has spectacles with commercial frames may continue to use them, if desired. These spectacles are counted toward fulfilling the two-pair authorization.

4.23.5.4. Nonstandard spectacles procured under this authority must not duplicate any style of spectacles fabricated by military optical laboratories.

4.23.5.5. One pair of contact lenses may be authorized at government expense when wearing spectacles detracts from the official duty performance of certain OSI special agents. This is not a blanket authority for special agents to request contact lenses. The unit commander must initiate the request and submit it to an AF MTF only. Furnish contact lenses only if the individual agrees to accept and wear them and the ophthalmologist or optometrist finds that contact lenses are not contraindicated for pathological or physiological reasons. Only one pair of nonstandard spectacles is authorized when contact lenses are furnished.

4.23.6. Priority requests for aviation spectacles should be ordered by the optometry clinic through the area optical fabrication laboratory. Two pairs of lenses for pilots and student pilots may be LP when the MTF commander determines that it is required to satisfy an urgent operational or training need.

4.23.7. Explosive ordnance disposal (EOD), combat arms training and maintenance (CATM), and gunsmith personnel are authorized one pair of prescription shooting glasses. The unit commander initiates the request and certifies that the individual is authorized shooting glasses. Charge the cost of the glasses to the requesting organization.

4.23.8. Contact lenses may be provided at government expense when:

4.23.8.1. In the opinion of the prescribing officer, ocular disorders or other optical phenomena prevent the effective use of ordinary spectacles.

4.23.8.2. An individual is required to work in a physical environment that prevents satisfactory performance of military duties with ordinary spectacles.

4.23.8.3. The individual is a member of the presidential honor guard, a drill team participating in national competition, etc.

4.23.8.4. The MTF commander determines that contact lenses should be provided to an individual who is authorized eye care but does not meet the criteria described above.

4.24. Blood and Blood Products.

4.24.1. MTFs located in the US, its territories, and possessions, will only obtain whole blood and blood products from sources currently certified by the Division of Biologics Standards, National Institutes of Health (NIH), and Department of Health and Human Services. PRs may require contractors to meet current standards established by the American Association of Blood Banks or the American Red Cross.

4.24.2. Overseas activities will not require blood bank certification by the Division of Biologics Standards but may incorporate NIH Publication No 71-161 (or current edition) standards in PR specifications.

4.24.3. PRs for blood and blood products submitted to base contracting will include:

4.24.3.1. Sources that are available to the requiring activity, e.g., American Red Cross Blood Banks, American Association of Blood Banks affiliate members, and independent licensed blood banks that meet acceptable standards.

4.24.3.2. Applicable specifications and standards or restrictions.

4.24.3.3. Exchange credit for blood drawn through the base donor program and for the return of unused serviceable blood.

4.25. Compressed Gases.

4.25.1. The following medicinal gases are stock listed for use in AF MTFs:

4.25.1.1. Carbon dioxide, USP.

4.25.1.2. Compressed Air, Breathing.

4.25.1.3. Cyclopropane, USP.

4.25.1.4. Helium-Oxygen.

4.25.1.5. Helium, USP.

4.25.1.6. Nitrogen, USP.

4.25.1.7. Nitrous oxide, USP.

4.25.1.8. Oxygen, USP.

4.25.2. Medicinal oxygen, USP, is subject to FDA requirements and is the preferred item for medical needs. In emergency and unusual circumstances, aviators breathing oxygen, type I, grade A, specification MIL-O-27210 (ASG), *Oxygen, Aviator's Breathing, Liquid and Gas*, may be used when available. TO 42B5-1-2, *Gas Cylinders (Storage Type)--Use, Handling, and Maintenance* contains general information and instructions on using and refilling breathing oxygen cylinders. Quality control procedures are in TO 42B6-1-1, *Quality Control of Aviators Breathing Oxygen*.

4.25.3. Emergency conditions may require the use of contractor-owned cylinders for short periods. However, MTFs are expected to have on hand, or obtain, a sufficient supply of stock listed cylinders to meet operating requirements. Medical logistics normally will requisition filled cylinders from DSCP when new cylinders are needed. When the cylinders are empty, they are used to obtain replacement gas from commercial vendors. Medical logistics will obtain a receipt for each cylinder delivered to a commercial vendor for refilling. Report excess empty cylinders to DSCP.

4.25.4. Medical logistics normally will obtain replacement gases by LP using AFWCF/MDD funds. Overseas activities may requisition from DSCP if not available from local sources.

4.25.5. 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.

4.25.6. Medical logistics will prepare a receiving document when gases are received from the vendor. Immediately issue the total quantity received to central nursing supply service or other requiring activity. Process the receiving document as a simultaneous increase and decrease to the operating supplies inventory.

4.25.7. Receive and test bulk liquid oxygen according to paragraph 4.26.

4.25.8. DD Form 1191, **Warning Tag for Medical Oxygen Equipment**, must be attached to oxygen cylinders. This requirement can be included in the contract for refilling oxygen cylinders or may be assigned to MTF personnel who receive the oxygen cylinders.

4.25.9. TO 42B5-1-2 contains the requirements for maintaining cylinders in a safe and serviceable condition including painting to the proper color, hydrostatic testing when necessary, valve replacement or repair, and interior cleaning when required. It also includes general guidance on inspection, storage and handling, maintenance, safety precautions, and preparation for turn in or disposal action.

4.25.10. Filled cylinders are considered to be serviceable if they meet the inspection and storage requirements of TO 42B5-1-2. Hydrostatic testing is required only when the cylinder is empty and the specified service date has passed.

4.26. Purchase, Receipt and Storage of Bulk Liquid Oxygen for Medical Purposes.

4.26.1. Bulk Liquid Oxygen (LOX) is ordinarily delivered in one of the following ways:

4.26.1.1. Tanker trunks, which pump LOX into large fixed tanks installed at the MTF.

4.26.1.2. Portable cryogenic containers, which are intended to be disconnected from the central oxygen piping system manifold when empty and replaced by similar, full containers.

4.26.2. The MTF commander will provide guidance for required actions that occur outside of medical logistics. These include monitoring the concentration of oxygen at the point of administration, testing anesthesia equipment for proper functioning prior to its use on patients, and planning for and responding to oxygen system emergencies to ensure minimal risk to patients, staff and visitors.

4.26.3. When purchasing bulk LOX, medical logistics personnel will ensure that contracts:

4.26.3.1. Specify "USP Oxygen". "USP" indicates that the oxygen conforms to the requirements of the United States Pharmacopoeia. The USP standard provides the basic measures required for medical gas concentration, quality and purity.

4.26.3.2. Include a requirement for the supplier to provide a Certificate of Purity documenting the LOX concentration. A Certificate of Purity is required for each container when multiple containers are delivered at one time.

4.26.4. Written procedures will be maintained specifying the steps for receipt and storage of bulk LOX at each MTF that has a LOX storage capability. The MTF commander will:

4.26.4.1. Designate in writing, those individuals who are responsible for the receipt of LOX.

4.26.4.2. Ensure that prior to acceptance of any LOX delivery, the supplier has provided a Certificate of Purity to medical logistics personnel documenting the LOX concentration and amount.

4.26.4.3. Specify what actions are to be taken and who must be notified if at the time of delivery the oxygen concentration is less than 95 percent.

4.26.5. Maintain the supplier's Certificate of Purity on file for 2 years from date of receipt for delivery of bulk LOX.

4.26.6. When storing bulk LOX, designated medical personnel will ensure:

4.26.6.1. All bulk LOX storage sites are installed, repaired, and maintained in accordance with all applicable codes, standards, and regulations, including but not limited to current editions of NFPA 99, *Standard for Health Care Facilities*, and NFPA 50, *Standard for Bulk LOX storage sites*; and AFOSHSTD 91-67, *Liquid Nitrogen and Oxygen Safety*.

4.26.6.2. All contracts for supply of bulk LOX include a provision for strict compliance with NFPA 99 and NFPA 50.

4.26.7. When a change in suppliers necessitates the replacement of the MTF's bulk LOX storage container, medical logistics personnel will:

4.26.7.1. Notify the Director of Nursing Services, Facility Manager, and other appropriate offices, well in advance to ensure adequate back-up supplies are available and patient safety is maintained.

4.26.7.2. Consider hiring a medical gas consulting firm to monitor the changeover to ensure all provisions of the above codes and standards are met.

4.27. Purchase, Receipt and Storage of Medical Gases, Other than Oxygen, in Bulk Liquefied Form.

4.27.1. When purchasing other medical gases in bulk liquefied form, medical logistics personnel will ensure contracts:

4.27.1.1. Include a provision for strict compliance with NFPA 99 and NFPA 50.

4.27.1.2. Specify the appropriate type of gas desired, i.e., nitrous oxide USP; carbon dioxide USP; helium USP; nitrogen USP; helium-oxygen; nitrogen NF, etc. The abbreviation "NF" indicates the medical gas conforms to the requirements of the United States National Formulary for concentration, quality, and purity.

4.27.1.3. Include a requirement for the supplier to provide a Certificate of Purity documenting the concentration of the liquefied gas. A Certificate of Purity is required for each container delivered when multiple containers are delivered at one time.

4.27.2. Medical logistics personnel will obtain a separate Certificate of Purity from the supplier for each container delivered prior to acceptance of any delivery of other medical gases in bulk liquefied form. These certificates must be maintained on file for two years from the date of receipt.

4.27.3. Designated medical personnel will ensure all bulk storage sites are installed, repaired, and maintained in accordance with all applicable codes, standards, and regulations, including but not limited to current editions of NFPA 99 and NFPA 50, and AFOSHSTD 91-67.

4.27.4. When a change in suppliers necessitates the replacement of a bulk storage container, medical logistics personnel will:

4.27.4.1. Notify the Director of Nursing Services, Facility Manager, and other appropriate offices, well in advance to ensure adequate back-up supplies are available and patient safety is maintained.

4.27.4.2. Consider hiring a medical gas consulting firm to monitor the changeover to ensure all provisions of the above codes and standards are met.

4.28. Medical Gases in Cylinder Form (Oxygen, Nitrous Oxide, Carbon Dioxide, Helium, Nitrogen, and Mixtures of These Gases).

4.28.1. Medical logistics personnel will ensure contracts specify the appropriate type of gas desired, i.e., oxygen USP; nitrous oxide USP; carbon dioxide USP; helium-oxygen; nitrogen USP; helium USP; nitrogen NF, etc., when purchasing medical gases in cylinder form.

4.28.2. Medical logistics personnel will obtain a Certificate of Purity from the supplier prior to acceptance of any delivery of medical gases in cylinder form. This certificate must be maintained on file for two years from the date of receipt.

4.28.3. Medical logistics personnel will ensure medical gas cylinders are labeled, transported, stored, and maintained in accordance with all applicable codes, standards, and regulations including but not limited to NFPA 99, NFPA 101, *Life Safety Code*, Air Force T.O. 42B5-1-2, *Gas Cylinders (Storage Type)--Use, Handling, and Maintenance*, and AFOSHSTD 91-8, *Medical Facilities*.

4.29. Oxygen for Home Use.

4.29.1. Oxygen and oxygen related supplies provided to outpatients for home use may be provided pursuant to the availability of funds by one of the following methods:

4.29.1.1. The MTF may contract with a local oxygen supplier to provide complete home service. This service should include safety and operating instructions, gas cylinders, tubing, regulators, maintenance, and all other necessary supplies. Maintain a six-part folder for this service as with any other service contract.

4.29.1.2. Government-owned cylinders and equipment may be provided for outpatient use when an MTF does not contract for home oxygen service. When this method is used, follow these guidelines:

4.29.1.2.1. Establish an Office of Primary Responsibility to provide safety, operating, and refill procedures as well as tubing, regulators, and other necessary supplies.

4.29.1.2.2. Establish procedures for medical maintenance to inspect regulators and other oxygen related equipment prior to issue or loan to the patient, during home use, and upon return of the equipment to the MTF.

4.29.1.2.3. When Medical Equipment Management Office-controlled equipment is loaned to an outpatient, follow the procedures for authorization and accountability in **Chapter 7**.

4.30. Prescription Labels. Prescription labels are considered printed matter and are obtained in accordance with the procedures in AFSUPDODD 5330-3, *Defense Automated Printing Service*.

4.31. Orthopedic Shoes, Adjustments, and Repairs.

4.31.1. When prescribed by a medical officer, the MLFC will obtain orthopedic shoes and orthopedic adjustments for authorized personnel (see AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services Systems [MHSS]*). Orthopedic shoes means corrective, compensating, or remedial footwear manufactured on an orthopedic cast for people with foot injuries or deformities. It does not include special measurement shoes that the requiring individual may obtain from the clothing sales store (see AFMAN 23-110, *USAF Supply Manual*, Volume 1, Part 3).

4.31.2. Upon receipt of a DD Form 150, **Special Measurements Blank for Special Measurements/Orthopedic Boots and Shoes**, from the medical officer, the MLFC will prepare a DD Form 1348 and/or DD Form 1348-1A.

4.31.2.1. Leave item 17 blank.

4.31.2.2. Enter in the Remarks Block "Initial requirement for a trial pair of orthopedic footwear."

4.31.2.3. Indicate the patient's full name, grade, and social security number.

4.31.2.4. Indicate the size and type of footwear for each foot as directed by the prescribing medical officer. Ordinarily, the trial pair will be a type that is consistent with the patient's normal duty uniform.

4.31.3. Orders should be submitted to DSPC Clothing and Textile using the warfighter.com website (<http://ct.dscp.dla.mil/ctinfo/ortho/>). Detailed instructions are available on the website. The DD Form 1348 or DD Form 1348-1A and the DD Form 150 must also be mailed to the Veterans Integrated Service Network 3 (VISN3), Attn: Ruben Morales, 423 East St, New York, NY 10010 The medical officer will prepare a cast of the patient's foot if the DD Form 150 does not adequately describe the patient's condition. Send the cast to VISN3 along with DD Form 1348 and DD Form 150.

4.31.4. When the requirement is urgent as determined by the prescribing medical officer, and priority handling is desired, send the requisition to VISN3 by express mail and indicate that return by the same means is desired. GPC can be used to order orthopedic footwear.

4.31.5. In unusual circumstances, the MTF commander may authorize LP of orthopedic footwear or devices.

4.31.6. Upon receipt of the completed footwear, deliver them to the prescribing medical officer for fitting on the patient. The medical officer will prepare a fitting report and send it to the MLFC.

4.31.7. Prepare a new DD Form 1348 for any additional shoes required and send it with the fitting report to VISN3. The trial shoes need not be returned to VISN3 if minor changes are required that can be made locally.

4.31.8. Deliver the completed shoes to the attending medical officer. When the patient has transferred, ship the shoes to either the servicing MTF at the new duty location, the nearest military MTF, or VA hospital if the patient has separated. Include the fitting report and any other pertinent information.

4.31.9. When the medical officer determines that the patient's condition can be corrected by orthopedic adjustments to standard shoes; the adjustments will be obtained at government expense and applied to shoes provided by the patient. Orthopedic adjustments may be obtained from:

4.31.9.1. Air Force shoe repair shops.

4.31.9.2. Army or Navy shoe repair shops on a cross service arrangement under AFI 25-301, *Acquisition and Cross-Servicing Agreements between the United States Air Force and Other Allied and Friendly Forces*.

4.31.9.3. Local purchase from shoe repair shops when authorized by the MTF commander.

4.31.10. Repairs of orthopedic shoes and adjustments, except for normal resoling and reheeling, are provided at no cost to the patient.

4.32. Safety Footwear (Steel Toe) and Orthopedic Safety Footwear (Steel Toe) for Civilian Employees.

4.32.1. Civilian personnel within the Department of the Air Force who require safety footwear (steel toe) in the performance of their duties, can acquire them through the base Individual Equipment Unit (IEU). The safety footwear (steel toe) will be charged to the employee's organizational funds.

4.32.2. An orthopedic evaluation can be requested when the civilian employee feels the footwear does not fit properly or is causing foot problems. This will be accomplished at the base MTF. The employee's supervisor will initiate the request for this evaluation and have it endorsed by the Base Safety Office.

4.32.3. An MTF podiatrist or orthopedic specialist will perform the evaluation. When not available, the examination will be performed by a referral facility using local purchase procedures (e.g., AF Form 9 to contracting or a DBPA with a local podiatrist or orthopedic specialist). A BPA is recommended when a podiatrist is not on staff at the MTF and the anticipated number of examinations per year is anticipated to exceed three. The examination will determine whether the standard issue safety boot fit:

4.32.3.1. Is adequate.

4.32.3.2. Is not adequate, but existing inventory of other safety footwear (steel toe) at the IEU or other DOD sources can meet the "fit" requirement.

4.32.3.3. Can be adjusted or modified to meet the fit requirement.

4.32.3.4. Is not adequate and custom orthopedic safety footwear (steel toe) is required.

4.32.4. The MTF podiatrist or orthopedic specialist will prepare the prescription on a DD Form 150 when an orthopedic adjustment or modification is needed. When the prescription cannot be satisfied at the MTF or referral facility, the following will be forwarded to the medical materiel manager:

4.32.4.1. DD Form 150.

4.32.4.2. Purchase request from the organization to which the civilian employee is assigned.

4.32.4.3. The safety footwear (steel toe) to be adjusted.

4.32.4.4. The medical materiel manager will requisition the adjustment or modification from a local purchase source. The orthopedic adjustment or modification will be charged to the civilian employee's organizational funds, not the MTF's.

4.32.5. The MTF podiatrist or orthopedic specialist will prepare the prescription on a DD Form 150 when custom orthopedic safety footwear (steel toe) is required. The DD Form 150 and a purchase request from the organization to which the employee is assigned will be forwarded to the medical materiel manager. The medical materiel manager will requisition safety footwear that meets Occupational Safety & Health Administration (OSHA) standards and the orthopedic requirement from a local purchase source. The safety footwear will be similar in design and characteristics to the standard "IEU-issue" safety footwear. The purchase will be charged to the employee's organizational funds, not the MTF's.

4.32.6. The requesting organization can purchase the prescribed orthopedic adjustment, modification, or safety footwear (steel toe) from the medical materiel manager's pre-negotiated source when a unit

funded GPC is available. The medical materiel manager will provide the following to the requesting organization prior to GPC purchase:

- 4.32.6.1. The DD Form 150.
- 4.32.6.2. Vendor name and phone number (ensuring that the vendor will accept the GPC purchase and that the safety footwear (steel toe) is OSHA approved).
- 4.32.6.3. Point of contact.
- 4.32.6.4. Negotiated price.
- 4.32.6.5. Any special instructions.

4.33. Obtaining and Accounting for Infant Formula.

4.33.1. It is common trade practice for manufacturers of infant formula to offer free formula to hospitals. The following guidance applies when manufacturers desire to provide free formula and the MTF chooses to accept it:

4.33.1.1. The BCO will notify interested manufacturers that they may supply free formula on a rotational basis of not less than six months or more than 12 months. Only one manufacturer's brand will be designated as the house formula during the specified rotation period. The house formula will be the primary formula medical logistics provides for patient use. Other brands of free formula may be available for substitution for the house formula on an exception basis based on medical necessity or patient preference.

4.33.1.2. The BCO will prepare a schedule of suppliers and rotation dates for the products to be designated as the house formula. BCO will keep the original and give copies of the schedule to the MLFC, the Chief of the Pediatrics Department, and the Base Commissary Officer. The MLFC will forecast requirements, be the point of contact for the manufacturer, and manage on-hand inventories to orderly transition from one house formula to another.

4.33.1.3. Medical logistics may use the MEDLOG or DMLSS system to account for consumption history and inventory. The MLFC will control the basic stock of infant formula.

4.33.1.4. Infant formula acquired in this manner is limited to inpatient use.

4.33.2. Infant formula will be bought, receipted for, and controlled as any other medical supply item when free formula is not available or the MTF elects not to participate in a rotational program.

4.33.3. MTFs are authorized to go direct to the regional distributor or representative for free formula without going through the BCO or DSCP in overseas areas without infant formula distributors or manufacturers' representatives.

4.34. User Tests.

4.34.1. Formal user tests of medical items are conducted only when they are being considered for stock listing. AFMSA/SGSLC is responsible for conducting formal user tests and monitoring the test information. MTFs will not attempt to negotiate formal user tests directly with manufacturers or their representatives.

4.34.1.1. Do not recommend medical devices that are prototypes of new technological developments for formal user testing. The AF Medical Service is not a resource for industry to conduct

tests on equipment that has not been previously used successfully in the medical community. A formal user test may be recommended once an item has demonstrated a potential for widespread use or stock list action.

4.34.1.2. MTFs desiring to participate in a formal user test of commercially available medical items may submit their request through command channels. MAJCOM approved requests will be forwarded to AFMSA/SGSLC. MAJCOM evaluation and comments will include scope of demand and estimated annual recurring requirements. Include:

4.34.1.2.1. Item name and description.

4.34.1.2.2. Manufacturer's name, address, and catalog number.

4.34.1.2.3. The federal supply schedule contract number (if applicable).

4.34.1.2.4. Unit price.

4.34.1.2.5. Brochure (if available).

4.34.1.2.6. The NSN of item to be replaced or supplemented.

4.34.1.2.7. Reason for considering a user test including differences and/or advantages over similar items.

4.34.1.2.8. Estimated annual usage.

4.34.1.2.9. Length of time the item has been on the market.

4.34.1.2.10. Recommended test length.

4.34.1.2.11. Suggested input to test protocol.

4.34.1.2.12. Suggested basis of issue.

4.34.1.2.13. Name, description, unit price, and catalog number of accessories desired.

4.34.1.2.14. Name, description, catalog number, and quantity of associated supplies desired.

4.34.2. Informal user tests may determine if an item meets the requirements of a specific activity. The appropriate authorization request document will be prepared and sent to the approving authority when a user test results in a requirement for the item.

4.34.3. The vendor providing the demonstration or use of the equipment or supplies must be informed that use of the item for a user test does not obligate the government. The vendor must agree that the test results will not be used as an endorsement of the product. All expenses including transportation, installation, and removal associated with the use of the item will be borne by the vendor. A statement of understanding similar to **Attachment 22** shall be executed when entering into an informal user test agreement.

4.34.4. The free use of an item does not affect the provisions of procurement directives for subsequent requests to buy a like item. Maintain close coordination with the BCO and base legal office to minimize procurement problems or claims against the government.

4.34.5. Biomedical Equipment Repair Technician (BMET) inspection and approval, including coordination with the Facility Manager, are required prior to beginning any tests of equipment items.

4.35. Rentals.

4.35.1. Rental or lease of materiel is limited to emergencies or where it is more economical than purchase (see AFI 38-203, *Commercial Activities Program*).

4.35.2. Manually assign rental receiving document numbers. Do not process these transactions through MEDLOG or DMLSS.

4.36. Pharmacy Formulary Reviews.

4.36.1. All Air Force MTFs will conduct pharmacy formulary reviews annually.

4.36.2. Medical logistics will support this review by providing current usage data and assist in researching alternative products and prices for comparison. Medical logistics will assist pharmacy personnel in interpretation of the Best Pharm Report from the DSCP website. Pharmacy personnel request this report at: <http://dmmonline.dscp.dla.mil/pharm/pharmhome.asp>.

4.36.3. As part of the annual formulary review, medical logistics and pharmacy should review compliance with requirements contracts for Basic Core Formulary items. A list of these requirements contracts can be found at the DSCP website: <http://dmmonline.dscp.dla.mil/pharm/contractlist.asp>. A requirements contract compliance report may be generated at the DSCP website as well: <http://dmmonline.dscp.dla.mil/natcontracts/index.asp>.

4.37. Nonmedical Materiel.

4.37.1. General. Normally, nonmedical supply support will be provided only to the host MTF and medical activities assigned the same resource management system responsibility center code as the host MTF. The stockage objective for nonmedical supplies is limited to 30 days consumption plus pipeline time.

4.37.2. Sources of nonmedical materiel.

4.37.2.1. Avoid duplicate management of line items. Obtain nonmedical items for which base supply has a stock level or serviceable balance from base supply. The MLFC will consult the base supply customer support office to determine if the needed supplies or equipment are available. Medical logistics will order direct from the source of supply (DSCP, GSA, or other LP) if not stocked by Base Supply.

4.37.2.2. Use the same funds for nonmedical items as for medical items. Process direct procured nonmedical materiel and medical materiel in the medical inventory so that it is issued on a reimbursable basis.

4.37.2.3. DLA and GSA are preferred sources for standard nonmedical items.

4.37.2.4. Process all centrally procured nonmedical equipment requisitions through Base Supply with the exception of WRM.

4.37.3. Processing Nonmedical Receipts and Issues.

4.37.3.1. Follow the procedures in AFCSM 41-230, Volume 2 and AFMAN 41-216 for items obtained through Base Supply to compile issue history and distribute expenses.

4.37.3.2. Automated procedures may be used for:

4.37.3.2.1. Recurring demand items not stocked in the Base Service Store.

4.37.3.2.2. Spare parts and maintenance bench stock.

4.38. Zero Overpricing.

4.38.1. The purpose of the zero overpricing program is to:

4.38.1.1. Eliminate overpricing in AF acquisitions.

4.38.1.2. Furnish a means for all AF personnel to become involved in promoting more efficient use of funds.

4.38.1.3. Provide for recognition and awards.

4.38.2. Each MAJCOM and wing/station commander normally establishes a Zero Overpricing Committee comprised of representatives from various organizations including the MTF. The committee provides guidance and also ensures that proper action is taken to obtain a price reduction and refund in cases where overpricing is verified. Actions that should be considered are reductions and refunds allowed by the contract clauses, investigation of improper activity, and voluntary refunds by the contractor. The MAJCOM committee may serve as arbiter for individual challenges to base/station decisions.

4.38.3. The MLFC will be the MTF price monitor and will:

4.38.3.1. Receive overpricing complaints from all sources.

4.38.3.2. Challenge items procured through DSCP or GSA that appear to be overpriced.

4.38.3.3. Include a comparison (see **Attachment 23**) with another item of similar characteristics or an explanation of technical factors which may indicate overpricing. Send DSCP challenges to: DSCP-PPI, 2800 South 20th St, Philadelphia PA 19101-8419.

4.38.3.4. Verify the validity of a particular price which appears unreasonable when no similar item is available for comparison. Submit price verifications to DSCP-RI.

4.38.3.5. Challenge items bought through area or base contracting offices under the *Zero Overpricing Program (ZOP)* in AFMAN 23-110, Volume 7, Part 4. Do not submit these to DSCP.

4.38.3.6. Send price challenges and price verifications for items from other DLA Centers and GSA to AFMSA/SGSLC.

4.38.4. The AF Form 1000, **IDEA Application**, can be used as the form for reporting potential overpricing problems in accordance with AFI 38-401, *The Air Force Innovative Development Through Awareness (IDEA) Program*. As the MTF price monitor, The MLFC may contact the source of supply or other means for evaluating the suggestion. Send the suggestion through normal suggestion channels to AFMSA/SGSLC when the price monitor cannot resolve the problem.