SB 8-75-S10

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

Headquarters, Department of the Army, Washington, DC 20310-2300 20 October 2013

Effective until rescinded or superseded

REPORTING ERRORS AND RECOMMENDING IMPROVEMENTS

You can improve this publication. If you find any mistakes, or know a way to improve it, please let us know. Mail your letter or DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the U.S. Army Medical Materiel Agency, ATTN: MCMR-MMF-C, Fort Detrick, MD 21702-5001. If you prefer using email, please address it to usarmy.detrick.medcom-usamma.mbx.crm@mail.mil.

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NOTICE

This Supply Bulletin supersedes in its entirety any previous issues specific to information on the subject of the contents of this Supply Bulletin. The contents are devoted entirely to information for the U. S. Department of the Army, U.S. Army National Guard

CHAPTER 1. ARMY NATIONAL GUARD (ARNG) RESPONSIBILITIES

1-1. ARMY NATIONAL GUARD SUPPLEMENT TO *AR 40-61*, *MEDICAL LOGISTICS POLICIES AND PROCEDURES*

a. This issue in the SB 8-75-series consolidates all ARNG information into one publication.

b. *AR 40-61*, provides ARNG specific guidance found in this edition of the SB 8-75-S10. The AR 40-61 citation makes this guidance applicable to the ARNG.

c. The point of Contact (POC) for this information is ARNG-CSG, telephone DSN 327-9531/Commercial 703-607-9531 or FAX 7187.

1-2. ARNG SOURCES OF MEDICAL LOGISTICS ASSISTANCE (AR 40-61)

The United States Army Medical Command (USAMEDCOM) provides logistics assistance and support to ARNG medical units and activities. This command has divided the world into Regional Medical Commands (RMCs). You are encouraged to establish coordination through your Major Command (MACOM) to your supporting RMC for required assistance. The following is a list of RMCs and the states they support:

a. North Atlantic RMC (NRMC) supports: CT, DC, DE, IL, IN, KY, MA, MD, ME, MI, NC, NH, NJ, NY, OH, PA, RI, VT, VA, WI, and WV.

POC: DSN 662-5322/Comm 571-231-5322

MAILING ADDRESS: Commander, NRMC
ATTN: MCAT-OP
9275 Doerr Rd, Bldg. 1221
Ft. Belvoir, VA 22060

b. Southern RMC (SRMC) supports: AL, AR, FL, GA, LA, MS, OK, PR, SC, TN, TX, (with the exception of Fort Bliss, TX) and VI.

POC: DSN 773-3049/Comm 706-787-3049/BB 706-726-1618.
Telefax 706-787-2484/DSN 773-2482.

POC: DSN 421-2382 Comm 210-295-2382; fax ext. 2335/2288.

MAILING ADDRESS: Commander, SRMC
ATTN: MCGP-OPS
2410 Stanley Road, Suite 109
Fort Sam Houston TX 78234-6200

c. Western RMC (WRMC) supports: AK, AZ, CA, CO, GU, HI, IA, ID, KS, MN, MO, MT, ND, NE, NM, NV, OR, SD, UT, WA, and WY (includes Fort Bliss, TX).

POC: DSN 782-2263/0487/Comm 253-967-2263/0487.

MAILING ADDRESS: Commander WRMC-OPS
ATTN: MCHJ-OPS
Bldg # 2006B, Room 311
Fort Lewis WA 98443

1-3. MEDICAL SUPPLY SUPPORT OF THE ARMY NATIONAL GUARD BY THE USA MEDCOM ACTIVITIES (AR 40-61)

a. Army National Guard medical units, organizations and installations are authorized and encouraged to receive medical supply support from the MEDCOM element with area support responsibility for the geographic area in which the unit/organization/installation to be supported is located. A delineation of RMCs and the Medical Activity (MEDDAC) or Medical Center (MEDCEN) responsible for each is found in *AR 5-9* (dated 16 October 1998), *Area Support Responsibilities*, and appropriate MEDCOM Regulation.

b. Such support is contingent upon establishment of a support agreement with the supporting Medical Activity (MEDDAC) or Medical Center (MEDCEN) including a possible funding procedure. When supply support is to be provided to a unit or installation, the unit or installation will submit the required DA Form 1687 (Notice of Delegation of Authority - Receipt for Supplies) through the United States Property and Fiscal Officer (USPFO) to the supporting MEDDAC or MEDCEN. The USPFO will validate the form, ensuring that limitations concerning the materiel authorized for request are stated on the form. A Medical Corps Officer should sign DA Form 1687 for controlled drug supply support. The State Surgeon may be requested to perform this function and monitor the requesting of controlled substances by installations without an assigned physician.

c. When controlled substances are requested, they may be transmitted directly from the Installation Medical Supply Activity (IMSA) at the MEDDAC or MEDCEN to the requesting unit/installation to facilitate security and accountability. In this case, bypassing the USPFO is authorized; however, receiving documentation must be provided to the USPFO in accordance with (IAW) each state's/territory's SOP. Units/installations in close proximity to the supporting IMSA will be required to have an authorized individual personally receipt for the controlled substances. Issues to remote units will be shipped by registered mail, return receipt required. When a support agreement is negotiated, the USPFO must ensure an audit trail is established.

d. MEDDAC or MEDCEN should be viewed as the primary source of:

(1) X-ray film and x-ray chemicals. [Rationale: USPFO will generally find the MEDDAC or MEDCEN more cost effective than local purchase or requisition through S9M.)

(2) Controlled substance(s). (Rationale: The Defense Supply Center Philadelphia (DSCP) will not honor ARNG requisitions for Code "R" or "Q" controlled substances. They must be obtained through the supporting MEDDAC or MEDCEN; the MEDDAC or MEDCEN procures through Prime Vendor (PV) contracts.]

e. See Chapter 3 in this Supply Bulletin for medical maintenance-specific supply support.

1-4. SPECIFIC GUIDANCE PERTAINING TO VARIOUS TYPES OF MATERIEL

a. Routine requests for non-expendable equipment will not be requested through a supporting MEDDAC or MEDCEN unless during mobilization, then the IMSA can be utilized.

b. Aviation units and flight facilities authorized aviation survival kits may request those kits from the IMSA at the supporting MEDDAC or MEDCEN. Loperamide Hydrochloride Tablet, NF (NSN 6505-01-238-5632), is no longer a NOTE "Q" item. Doxycycline Hyclate (NSN 6505-00-009-5060) is authorized at 28 tablets per kit. Doxycycline is to be taken one (1) tablet a day for 28 days.

c. The U.S. Army Public Health Command (USAPHC) provides disposal guidance and information for hazardous and medical waste, through the following website: http://phc.amedd.army.mil/topics/envirohealth/wm/Pages/DisposalGuidance.aspx . The AIPH Waste Management Program can be reached at DSN 584-3651/Commercial 410-436-3651.

d. When negotiating supply support, initial contact should be made with the Chief, Logistics Division, of the MEDDAC or MEDCEN. Funding arrangements will require further coordination with the MEDDAC or MEDCEN Comptroller.

e. It is the policy of the MEDCOM to provide responsive support for medical equipment belonging to the ARNG, within the limits of their capabilities. See Chapter 3 for medical maintenance support.

1-5. MEDICAL CARE SUPPORT EQUIPMENT (MEDCASE) PROCEDURES (*AR 40-61*)

a. Capital investment medical equipment is defined as equipment with a unit price of $100,000.00 or more “each” (sets are not considered capital investment medical equipment). If capital investment equipment is authorized to an ARNG element by other than Modified Table of Organization and Equipment (MTOE), it must be acquired using MEDCASE procedures.

b. Preparation of MEDCASE requests shall be IAW DA *SB 8-75-MEDCASE*.

c. The Chief Surgeon, Army National Guard (ARNG-CSG), will perform the review, approval, and the overall program management functions designated for major medical commands by DA *SB 8-75-MEDCASE*.

d. States are reminded that the Table of Distribution Allowances (TDA) must authorize any capital expense medical equipment prior to the initiation of MEDCASE action. Procurement requires submission of DA Form 5027-R (MEDCASE Program Requirement) and 5028-R (MEDCASE Support and Transmittal Form) IAW *SB 8-75-MEDCASE*.

1-6. COMMANDER’S REVIEW PROGRAM FOR DURABLE MEDICAL MATERIEL (*AR 40-61*)

a. Each commander of a medical element, which operates a physical examination station, will establish a formal program for reviewing the consumption of durable medical items. The program should be designed to improve supply discipline, emphasize economy, and focus attention on the prudent use of resources.

b. Commanders will conduct annual consumption reviews of the 20 durable items the activity has spent the most money on during the last year. The items will be reviewed for potential savings and for increases in usage from year to year. Reviews may also be conducted on other durable items for which the activity desires control visibility, such as items experiencing a high-loss rate. From this review, items will be selected for intensive management.

c. At the conclusion of the period, actual usage should be reviewed against established usage levels. Activities will document the review, to include corrective action taken, or the cause(s) for usage in excess of the established rate.

d. These reviews will be retained for two years, used for internal audit, and presented to inspectors, i.e., Command Logistics Review Team (CLRT).

1-7. ARNG CLASS VIII MATERIEL MANAGEMENT COURSE

a. The ARNG Class VIII materiel management course is planned to be conducted annually. A memorandum with course date and location will be published and distributed to USPFO Class VIII Managers.

b. The course is intended to provide Class VIII Commodity Managers, Deputy State Surgeons and medical maintenance and supply personnel with the tools and current policies required to properly manage Class VIII (medical and dental) materiel.

1-8. INSTRUCTIONS FOR OBTAINING SUPPLY CATALOGS (SCs) AND SUPPLY BULLETINS (SBs)

a. Personnel working in the medical supply arena must have the SB 8-75 series and SB 8-75-S10 in their logistics library. The SB 8-75 Series pertains to Army Medical Department supply information and the S10 provides specific guidance concerning medical materiel for the ARNG.

b. Requests for printed medical supply catalogs (SCs 5180-8 and 6545-8 Series) and supply bulletins (SB 8-75 Series) are not filled from USAMMA.

c. If your activity has a need for medical SCs or SBs, you will need to go to the Army Publishing Directorate (APD). Hardcopy requests are no longer accepted through the DA Pam Series. You must have a valid account number and utilize the APD web site to order publications. Your requirements must be submitted through the electronic method by accessing the APD web site: http://www.apd.army.mil and select Orders/Subscriptions/Reports.

d. Effective 01 January 2011, the SB 8-75 Series is no longer available in paper/hard-copy format. The mailings/distribution copies have ceased and individual Units are responsible for their own copies. The SB 8-75 issues are available through Electronic Method Only (EMO) from the AKO.

e. For further assistance in using the system or services, contact APD Customer Service, Media Distribution Division, at 314-592-0900, extension 4, or at DSN 892-0900, extension 4.

f. If you need to check the status of your order or are having problems with pending orders, contact APD Customer Service personnel, Media Distribution Division, at the above telephone number.

g. The current copies of the Supply Bulletin (SB) 8-75 Series are available on and from the AKO Center. The site is: https://www.us.army.mil/suite/folder/11897917.

1-9. PRIME VENDOR (PV) SYSTEM

a. The Department of Defense (DoD) system for providing Class VIII to users has adopted “best commercial practices” from the private sector. In January 1993, the Office of the Secretary of Defense (OSD) issued a policy stating that all DoD components are to employ direct delivery from vendors to end-users whenever it is cost effective and responsive to end users’ requirements. The medical PV initiatives fulfill that mandate, but at a cost in terms of service to small, off-post customers such as ARNG units and activities.

b. The intent of the DoD medical PV is to:

- Reduce inventory-carrying costs.
- Reduce product costs by using the consolidated buying power of DoD.
- Provide customers’ responsiveness equal to the existing commercial standard (in most cases, product delivered within 24 hours of ordering).
- Provide military users with an enhanced product selection, comparable to that available to civilian institutions.

c. As the medical PV program is structured, benefits are directed to the DoD fixed Medical Treatment Facilities (MTF). Impacts on the ARNG include:

- A reduction of the price and an increase in choices of FSC 6505 materiel;
- A decrease, in most states, of the labor component involved in ARNG acquisition of FSC 6505, if sourced directly or indirectly from a PV; and
- A decrease in Order-Ship Time (OST) for materiel sourced from a PV, as compared with OST for materiel sourced via MILSTRIP from the National Inventory Control Point (NICP).

d. The two main challenges the ARNG faces because of the pharmaceutical and medical/surgical PV initiatives are:
- How to obtain responsive support from the designated PVs or alternative sources of supply.
- How to provide USPFOs with the ability to perform the expanded roles of Class VIII Supply Support Activities (SSAs).

e. The following service standards have been identified for pharmaceutical PV support to the ARNG:
- How to obtain responsive support from the designated PVs or alternative sources of supply.
- Orders originate in ULLS-S4 and PBUSE (where available) and flow through SARSS-1, SARSS-2, and the Defense Automated Addressing System (DAAS) to the source of supply. Within the State, the transaction is an automated MILSTRIP/Military Standard Billing System (MILSBILLS) transaction.
- National Stock Number (NSN) to PV stock number conversion takes place above the State level.
- The delivery standard is 7 days after receipt of the order by the PV, with 48-hour premium service available.

f. Eligible delivery locations include all ARNG Department of Defense Automated Address Codes (DODAACs). Deliveries will be required only to USPFOs, Troop Medical Clinics (TMCs), Army Aviation Support Facilities (AASFs), Joint Forces Headquarters (JFHQ), State Medical Detachments, and MTOE medical companies.
- Aggregate costs, including delivery, are equal to or less than the current cost for the same materiel requisitioned MILSTRIP with an acquisition advice code (AAC) of “2A.”
- There are potentially four ARNG Federal Supply Class (FSC) 6505 service alternatives.
- USPFOs routing requisitions to their supporting IMSAs, for fill by the supporting PV.
- USPFOs acquiring PV terminals and submitting their requirements directly to the PV.
- Establishing a pharmaceutical PV contract specifically for support of the ARNG.
- USPFOs submitting MILSTRIP requisitions through the NICP, using AAC 2A. The NICP would refer to a vendor for Direct Vendor Delivery (DVD).
- The Logistics Intelligence File (LIF) determines the TRM (Training Resource Model) dollars and it is imperative that demand history is captured so that Class VIII OPTEMPO dollars can be validated in the Program Objective Memorandum (POM).

g. In order for states to utilize a prime vendor, per DLA, state organizations must use DEA Form 223, which must be titled for the USPFO for the state Army National Guard. DEA Form 223 can be obtained through the local DEA office.

1-10. NATIONAL GUARD BUREAU (NGB) REFERENCES

Appendix A contains a list of references for this publication and is for the use of all ARNG Units.

CHAPTER 2. PHYSICAL EXAMINATION STATIONS

2-1. PROCEDURES FOR AUTHORIZING AND EQUIPPING OF ARNG PHYSICAL EXAMINATION STATIONS (AR 40-61)

a. Physical Examination Stations (PES) may be located at ARNG training sites, armories or may be mobile. Physical examinations should be conducted IAW AR 40-501, *Standards of Medical Fitness*; use current issue.

b. Establishment and operation of an ARNG PES requires approval of the Chief Surgeon, Army National Guard. Send requests for approval to:

Chief Surgeon, Army National Guard
ATTN: ARNG-CSG
111 South George Mason Drive
Arlington VA 22204-1382

c. The following statement must be in the request for approval:

"I certify that the State of_____ has complied with OSHA requirements for this Physical Examination Station. The State Quality Improvement Plan addresses all aspects of the professional operation."

_____
Signed, Rank, Name of State Surgeon

2-2. MEDICAL EQUIPMENT RECOMMENDED FOR CONDUCT OF ARNG PHYSICAL EXAMINATIONS (AR 40-61)

MTOE (Modified Table of Equipment) Medical equipment may be used to support the medical and dental soldier readiness requirements of the ARNG.

a. The items listed in Table 2-1 are recommended for use in State Medical Detachments. Substitutions are authorized and do not require change to the TDA. Installation property is not placed on the TDA. To make changes to the State Medical Detachment TDA, submit a DA form 4610-R to:

Chief Surgeon, Army National Guard
ATTN: ARNG-CSG (MEDLOG)
111 South George Mason Drive
Arlington VA 22204-1382

b. The memorandum must specify the TDA number to which the items are to be added. In the body of the memorandum create the following column headings:

Paragraph	NGB Assigned LIN	NOMEN	Quantity to be Added	New Total Qty

TABLE 2-1. MEDICAL EQUIPMENT RECOMMENDED FOR ARNG PHYSICAL EXAMINATION STATION (PESs)

NON STANDARD OR STANDARD LIN NUMBER	NOMENCLATURE (Alphabetical Listing)
Z07692	ANALYZER, BLOOD CHEMISTRY (REFLOTRON)
NA402M	ARMED FORCES VISION TESTER
NA1545	AUDIOMETER PORT, MICROPROCESSOR CONT.
NA1546	AUDIOMETER
NA4503	BAG, COMBAT LIFESAVER
NA150D	BOOTH AUDIOMETRIC EXAMINATION
NA3049	CABINET SURGICAL INSTRUMENT
A57297	CALIBRATION ANALYZER
FG2573	CALIBRATION DEVICE, HEARS
NA2089	CART, MICRO-DENTAL ASST.
FG4006	CENTRIFUGE, LABORATORY
NA2002	CHAIR, DENTAL
NA1507	DEFIBRILLATOR/ECG MONITOR SYS
NA402M	DEPTH PERCEPTION DEVICE
NA158R	EKG, 12-LEAD
NA2502	ILLUMINATOR, X-RAY FILM
F95504	INSTRUMENT SET, DENTAL
NA4055	LENS MEASURING INSTRUMENT
NA405S	LENSOMETER
FG5097	LIGHT, MICROSCOPE
NA2004	LIGHT SET, DENTAL EXAM
XA1089	MANNEQUIN, RESC
M66558	MONITOR, VITAL SIGNS
NA156G	OTO/OPHTHALMOSCOPE SET
NA2503	PROCESSING MACH., RAD, AUTO DENT
R64126	REFRIGERATOR
NA3038	STAND, SURG INSTRUMENT
NA4074	STEREOSCOPE VISION TESTING
NA3017	STERILIZER SURG INSTR & DRESSING
NA2062	STOOL OPERATING, DENTAL
NA1530	SUCTION APPARATUS
U65206	SURG INSTR & SUPPLY SET, FLT SURG
NA304H	TABLE EXAMINING AND TREATMENT
NA3027	TABLE, EXAM OB/GYN
NA155H	THERMOMETER, EAR

(Continued) - Table 2-1. Medical Equipment Recommended For ARNG Physical Examination Station (PESs)

NON STANDARD OR STANDARD LIN NUMBER	NOMENCLATURE (Alphabetical Listing)
FG8553	THERMOMETER ELECTRONIC
NA4082	TONOMETER
NA304S	VISION SCREENING APPARATUS
NA402M	VISION TESTER W/ REMOTE UNIT
NA402M	VISION TESTING APPAR, NEAR VISION, STEREOS
X37050	X-RAY APPARATUS, BITE WING
NA255G	X-RAY PANOGRAPH
NO LIN	DEFIBRILLATOR AND CARDIOSCOPE

2-3. POLICY RELATIVE TO LABORATORY EQUIPMENT

Laboratory services in ARNG Physical Examination Stations (PESs) and Troop Medical Clinics (TMCs) will not be authorized. Operation of these services subjects the facility to Clinical Laboratories Improvement Amendment (CLIA) certification every 2 years. Supervisors of laboratory services are required to possess a baccalaureate degree in the laboratory sciences in order to meet CLIA requirements. The costs of purchasing and maintaining laboratory equipment and the requirement to purchase and store large quantities of reagents make contract laboratory services more efficient and practical.

2-4. POLICY RELATIVE TO RADIOLOGY EQUIPMENT

a. Establishment of x-ray capabilities, except Panograph in PESs and digital dental bite wing machines, will not be authorized. States wishing to establish x-ray capabilities other than panographic or digital dental x-rays in authorized TMCs must request authority from ARNG-CSG. Complete justification must be provided, to include the reason(s) existing local federal facilities cannot be utilized, cost comparisons of operating and maintaining ARNG x-ray equipment versus local contracts, and projected volume.

b. Upon authorization of the facility, equipment authorization may be requested from ARNG-CSG. Questions relative to recommended equipment should be directed to ARNG-CSG. The *SB 8-75-MEDCASE* procedures will apply.

CHAPTER 3. MEDICAL MAINTENANCE

3-1. ARNG MEDICAL EQUIPMENT MAINTENANCE POLICY AND PROCEDURES (AR 40-61, AR 750-1, TB MED 750-1, TB MED 75-2)

a. Responsibilities

(1) Medical equipment maintenance is a command responsibility. Unit commanders will provide the necessary resources (personnel, facilities, and time) to provide for an effective medical equipment maintenance program.

(2) Assigned biomedical equipment specialist (BES) (MOS 68A), will perform Field level medical maintenance services on assigned medical equipment.

(3) State Surface Maintenance Managers are responsible to coordinate Sustainment Level Medical Maintenance support within their respective State.

(4) All items of medical equipment shall be tested for serviceability, electrical safety and documented prior to initial use and at least annually thereafter.

(5) For additional responsibilities guidance for TDA activities see TB MED 750-1, para 1-6 for TOE units see TB MED 750-2, para 1-6.

b. Maintenance procedures

(1) Establishment of a functional medical equipment maintenance program requires command emphasis to ensure the following processes are achieved:

(a) Medical equipment maintenance resources (tools and TMDE (test measurement diagnostic equipment)) are identified and available.

(b) Assigned biomedical equipment specialists (BES) are trained and available.

(c) Medical equipment requiring maintenance services are identified.

(d) Adequate space and time are allocated.

(e) Appropriate TMs and/or manufacturer literature are on hand.

(f) Automated equipment maintenance records are maintained.

(g) Periodic maintenance services are scheduled and performed.

(h) Repair parts procedures are implemented.

(i) Maintain maintenance databases to provide accurate USR feeder data

(j) In the absences of a Standard Army Management Information Systems (STAMIS) use a manual DA Form 2406, Materiel Condition Status Report.

(2) Monitor the program for continuous process improvement.

(3) Establish Standard Operating Procedures (SOP). For a sample Medical Maintenance SOP see http://www.usamma.amedd.army.mil/assets/docs/FORSCOM%20BCT%20SOP.pdf .

(4) *SB-8-75-S6,* Appendix E, for a list of typical TMDE used for biomedical maintenance services.

3-2. IDENTIFICATION OF MEDICAL EQUIPMENT MAINTENANCE RESOURCES

a. Assigned biomedical equipment specialists (MOS 68A), to the maximum extent possible, will provide field support level medical equipment maintenance.

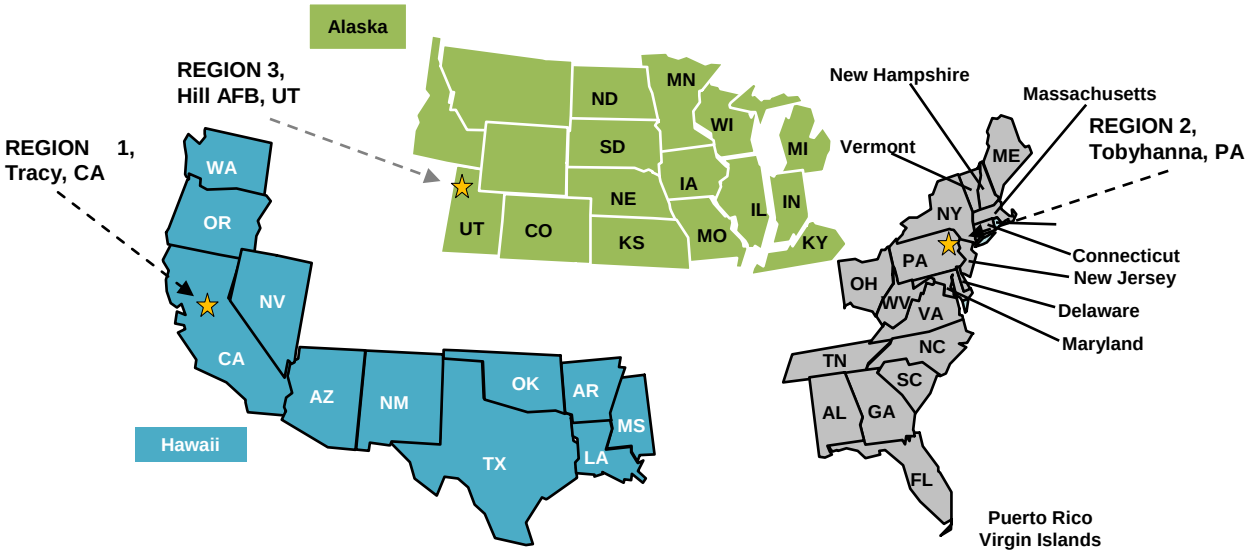
b. The USAMMA managed **AMEDD Maintenance Sustainment Program (AMSP)**. The AMSP is a centrally funded program for sustainment support level (Depot) maintenance of MTOE medical equipment.

(1) The AMSP includes labor, parts, and TDY costs for ARNG MTOE units.

(2) USAMMA Medical Maintenance Operations Divisions (MMOD) are strategically located at Tracy (CA), Hill AFB (UT), and Tobyhanna (PA). For medical equipment maintenance support contact the appropriate MMOD listed below, see Table 3-1 for the supported states:

(a) MMOD-Tracy, CA, DSN 462-4556/commercial 209-839-4556.
(b) MMOD-Tobyhanna, PA, DSN 795-7744/commercial 570-615-7744.
(c) MMOD-Hill AFB, UT, DSN 586-4947/commercial 801-586-4947.

TABLE 3-1. USAMMA MMOD REGIONS



(3) See Appendix B of this bulletin for a more detailed description of the USAMMA-managed AMEDD Maintenance Sustainment Program.

c. The MEDDAC/MEDCEN/Installation Medical Supply Activity (IMSA) with geographic support responsibility (see paragraph 1-4e., this bulletin) is also charged to provide maintenance support as requested (availability dependent) on a reimbursable basis. All costs associated with labor, parts, and TDY expenses are reimbursable.

3-3. PROVIDE FOR QUALIFIED, TRAINED MEDICAL EQUIPMENT REPAIRERS

a. Medical devices pose a potential risk to patients and will only be serviced by school-trained biomedical equipment specialists (MOS 68A or civilian equivalent).

(1) Medical equipment that has direct contact with patients must be evaluated and tested to meet or exceed the electrical safety standards for electrical leakage IAW *AR 40-61* and National Fire Protection Association reference *NFPA 99, Standard for Health Care Facilities*.
(2) Patient diagnosis and treatment is dependent on properly serviced and calibrated medical equipment. Improper diagnosis or improper treatment based on an un-calibrated medical device can be detrimental to patient health.

b. Biomedical equipment specialists receive their training at the DOD Biomedical Equipment Technician (BMET) Training Course, FORT SAM HOUSTON, TX

(1) The BES have perishable skill sets that must be exercised and periodically refreshed.

(2) It is critical that BES are engaged in an ongoing field maintenance and training program to retain their knowledge.

3-4. IDENTIFICATION OF MEDICAL EQUIPMENT REQUIRING PERIODIC MAINTENANCE AND AN EQUIPMENT MAINTENANCE LOG

a. Scheduled maintenance is defined as those scheduled actions performed in an attempt to retain an item in a specified condition by providing systematic inspection, detection, and prevention of apparent failures. Scheduled services are to be planned and performed at intervals specified by TM or manufacturer service manual recommendation.

b. ARNG MTOE medical equipment requiring periodic maintenance will be individually tracked and monitored. The items should be included in the medical STAMIS or tracked manually. An additional source that should be reviewed to identify maintenance-significant items in medical equipment sets is the materiel-fielding plan (MFP) for the set.

c. The materiel fielding plan identifies the equipment items were issued during the initial fielding. The items and densities on hand at the unit may be different than current published unit assemblage (UA) listings. Additionally, unique mission requirements also determine specific equipment items and densities. Medical equipment items on hand but not listed which are generally the same as a listed item also require STAMIS tracking.

d. In the absence of an automated scheduled service maintenance system use TB 38-750-2 (Maintenance Management *Procedures for Medical Equipment*) for tracking services.

e. The requirement for a maintenance function at a specific periodic interval does not preclude the function from being performed more frequently. During prolonged exercises or missions involving patient treatment, scheduled testing of electrically-operated medical equipment designated for use in critical care areas will be semi-annually.

f. The following is a general list of medical devices that requires periodic maintenance.

MEDICAL EQUIPMENT REQUIRING AN EQUIPMENT MAINTENANCE TRACKING (ARMY NATIONAL GUARD)	
AMALGAMATOR	OPERATING & TREATMENT
ANALYZER, BLOOD GAS	OPHTHALMOSCOPE RETINO
ANESTHESIA APPARATUS (ALL)	OTOSCOPE & OPHTH SET
ANGIOGRAPHIC INJECTOR	OXIMETER PULSE FINGER
APNEA MONITOR	OXYGEN ANALYZER
BALANCE, ELECTRONIC/MECHANICAL	PH ANALYZER
BLOOD CELL COUNTER	PHOROPTER MINUS CYLIN
BLOOD GAS ANALYZER	PHYSIOLOGIC MONITOR
CENTRIFUGE (ALL)	POWER SUP 115V60HZ AC
CHAIR DENTAL OPERATING	PROCESSING MACHINE
CHROMATOGRAPHY EQUIPMENT, GAS	PROJEC VISUL115VAC-DC
COUNTER, BLOOD CELL	PULMONARY FUNCTION ANALYZER
CURING SYSTEM DENTAL	PULSE OXIMETER
DEFIBRILLATOR	PUMP I.V. INFUSION
DEFIBRILLATOR/MONITOR	RESUSCITATOR HAND OPR

(continued) MEDICAL EQUIPMENT REQUIRING AN EQUIPMENT MAINTENANCE TRACKING (ARMY NATIONAL GUARD)	
DEPTH PERCEPT APP OPH	RESUSCITATOR-INHALATI
DIATHERMY UNIT	SINK UNIT SURG SCRUB
EDGING MACH OPHTH	SONIC PROPHYLAXIS UN
ELECTROCARDIOGRAPH	SPECTROMETER, MASS
ELECTROSURGICAL APPARATUS	SPECTROPHOTOMETER
FETAL HEART DETECTOR/MONITOR	SPIROMETER
FRIG SOLID STATE BIO	STERILIZER SURG
HEMODIALYSIS UNIT	STIMULATOR, NERVE
HOOD, FUME	STOOL DEN OP CHR PORT
HYPO/HYPERTHERMIA UNIT	SUCTION APPAR TRACH
INCUBATOR, INFANT	TABLE OPER RM FIELD
INFUSION PUMP	TESTER PULP DEN BAT
INJECTOR, ANGIOGRAPHIC	TONOMETER OPHTH SCHIO
LASER, ALL	TRACTION APPARATUS
LIGHT DEN OPER FIELD	ULTRASONIC UNIT, DIAGNOSTIC
LIGHT SLIT OPHTH ADJ	ULTRASONIC UNIT, THERAPEUTIC
LITHOTRIPTER, ULTRASONIC	VENTILATOR
MONITOR, PATIENT	WARMER, BLOOD
NITROUS OXIDE ANALYZER	X-RAY APPARATUS (ALL)

3-5. PROVIDING ADEQUATE FACILITIES SPACE AND TIME FOR ADMINISTRATIVE AND MEDICAL MAINTENANCE FUNCTIONS

For safe and effective medical equipment maintenance operations consideration should be given to:

- Adequate lighting and power
- Administrative space
- Maintenance/work area
- Ease of access, and have ample, secure, storage space for repair parts, supplies, tools, test equipment, and equipment awaiting repair and/or parts
- Training schedule regulation to allow for maintenance functions

3-6. REQUIRED TECHNICAL MANUALS AND MANUFACTURERS' LITERATURE

a. Service and maintenance literature is required for on-hand medical equipment. When technical manuals (TMs) are not available, manufacturers' literature will be used to determine maintenance intervals and requirements.

b. Available TMs for medical equipment at http://www.apd.army.mil/. The heading abbreviation IETM means Interactive Electronic Technical Manual.

c. Other electronic format documents as well as manufacturers literature on CD is available from the USAMMA: http://www.usamma.amedd.army.mil/. Review the list of USAMMA maintenance publications that are available at: http://www.usamma.amedd.army.mil/technical_manuals.cfm

d. Web access of this material is moving to the AKO/USAMMA website which offers a faster, more secure access to product information. A Common Access Card (CAC) is necessary to access that information.

3-7. ESTABLISHMENT OF REQUIRED MEDICAL EQUIPMENT MAINTENANCE RECORDS

a. Commanders of medical units/activities should provide the resources and command emphasis necessary to ensure that unit personnel are properly trained and are performing the maintenance management procedures as outlined in TB MED 750-2 para 1-16 or for manual processes see *TB 38-750-2*. When maintenance records are properly maintained they provide the commander a picture of the condition, use, and operational needs of the assigned medical equipment. They also provide an audit trail for parts and labor costs and feeder information for USR Reporting as per AR 220-1 (Unit Status Reporting) and *AR 700-138, Army Logistics Readiness and Sustainability*.

b. Medical equipment repairers in MTOE units should be managing their medical equipment maintenance program using the STAMIS (SAMS-E).

c. All maintenance significant medical equipment will be scheduled for maintenance using SAMS-E or DD Form 314; *TB 38-750-2*, para 2-2.

3-8. MEDICAL EQUIPMENT SERVICES

a. Scheduled Maintenance:

(1) Operator maintenance and BES Preventive Maintenance Checks and Services (PMCS) shall be completed in accordance with Original Equipment Manufacturer (OEM) service literature. If more stringent, 10/20 standards and Maintenance Allocation Chart (MAC) resources may be used in conjunction with or in lieu of OEM service recommendations.

(2) Electrical safety inspection tests are performed by the BES in accordance with OEM service literature, National Fire Prevention Association Standard for Health Care Facilities (NFPA 99), and command guidance. If a medical device fails to meet an electrical safety-test standard, the owner/operator will be notified and the device shall be removed from service until the device is compliant.

(3) Calibration/Verification/Certifications (CVS) are performed by the BES in accordance with OEM service literature.

b. Maintainer-level Corrective Maintenance Inspection and Repair (CMIR) (Unscheduled Services) are Non-routine maintenance services designed to restore faulty medical device to FMC status. All repairs include technical evaluations (TEs) for equipment acceptability and economic suitability for repair within Maximum Expenditure Limit (MEL) thresholds or the determination of equipment operating/supply condition. Also included are equipment repairs and Quality Assurance (QA) services necessary to evaluate, mitigate, or correct medical-device quality concerns (e.g. Medical Materiel Quality Control Messages). CMIR will be performed only by a health services maintenance technician (MOS 670A), a biomedical equipment specialist (MOS 68A), or the civilian equivalent.

c. In the absence of qualified medical equipment personnel it is recommended that the unit's calibration and repair monitor, a 68J (Medical Logistics Specialist) or preferably the SAMS-E Operator 92A (Automated Logistical Specialist) be assigned the responsibility to oversee maintenance scheduling, record keeping, reporting requirements and obtaining the necessary maintenance services.

d. Scheduling considerations for Sustainment Support:

(1) When maintenance is to be performed by a supporting organization, schedule services for all units and all equipment during the same period to the maximum extent possible.

(2) State Surface Maintenance Managers are responsible to coordinate a designated/centralized location(s) and for coordinating availability of each unit's maintenance significant medical equipment within their respective State. Be sure to include the MEPS plans when scheduling.

(3) State Surface Maintenance Managers will coordinate with their supporting regional manager (USAMMA) to identify equipment densities to be serviced and to ensure appropriate facilities and adequate resources are available, i.e., covered building, power, lighting, bench space, etc.

(4) USAMMA has an ongoing scheduled maintenance services program (maintenance services are performed by state) for ARNG medical MTOE organizations. See Appendix B in this bulletin for additional information.

e. Units that have a medical maintenance capability should schedule maintenance requirements by section and distribute the workload over a 12-month period, taking into account the individual section's mission requirements and the requirement to include maintenance on the unit training schedule. It is further recommended that maintenance scheduling coordination take place during the unit's annual training planning workshop.

f. During prolonged exercises or missions involving patient treatment, scheduled testing of electrically operated medical equipment designated for use in critical-care areas will be performed semi-annually.

3-9. REPAIR PARTS PROCEDURES

a. Repair parts for medical equipment encompass those components, supplies, and other materials necessary to facilitate repairs at all maintenance levels. Medical equipment repair parts, though normally Class VIII or Class IX items, can include other supply classes where such parts or materials are required to perform maintenance services or equipment repairs to return an item to a fully mission capable (FMC) status.

(1) Units not authorized organic BES are not authorized, and will not order or maintain medical equipment repair parts.

(2) Class VIII repair parts do not include accessories or consumable supplies i.e. pipettes, operator replaceable tubing or batteries, collection containers, and so forth which should be funded as part of the organizations' resupply program.

(3) Before ordering repair parts perform an economic reparability evaluation to determine the Maximum Expenditure Limit (MEL) threshold. For guidance see TB MED 750-2 para 4-9.

b. ARNG units authorized a medical equipment maintenance capability (MOS 68A or 670A) are authorized to request repair parts from several sources:

(1) Their organic unit supply channels.

(2) The supporting IMSA on a reimbursable basis.

(3) The USAMMA's centralized Class VIII repair parts program (centrally funded for ARNG MTOE units).

(a) Repair parts requested from USAMMA's centrally-managed program are for maintenance services to maintain or return an item of equipment to FMC status. This program includes Class VIII repair parts only. Consumables and other supplies should be ordered through normal supply channels.

(b) USAMMA's centrally managed Class VIII repair parts program will not provide parts to stock or maintain PLL inventories.

(c) See Appendix C, this bulletin, for additional information concerning USAMMA's centrally managed class VIII repair parts program.

(4) IAW DA PAM 710-2-1, units that order repair parts will maintain a parts document register that is automated when available or manual (DA Form 2064) for all repair part requisitions.

c. ARNG medical units authorized a medical equipment maintenance capability (MTOE authorized MOS 68A or 670A) are authorized to maintain a prescribed load list (PLL).

d. Medical equipment PLL stocks and records will be located with the medical equipment repair section.

e. Unit established PLL should be monitored by Standard Army Retail Supply System (SARSS) Master Menu (SMM).

3-10. UNIT STATUS REPORTABLE (USR) MEDICAL EQUIPMENT

a. Unit equipment readiness goals. For units reporting status of Army reportable equipment the ultimate goal is to sustain a Fully Mission Capable (FMC) status of 90 percent for all equipment. IAW AR 220-1, *Unit Status Reporting* and AR 700-138, *Equipment Readiness Reporting*.

b. All National Guard (ARNG) units with operating equipment listed in *AR 700-138*, Appendix B, will submit their Materiel Condition Status Reports (MCSR) IAW the reporting instructions of *AR 700-138*.

c. Medical equipment maintenance personnel or the Standard Army Maintenance System-Enhanced (SAMS-E) operator will provide feeder information to the unit commander or his/her authorized representative for preparation of the USR. SAMS-E generates the (Automated Maintenance Management System) AMMS report, which includes all the necessary MCSR data for the commander's USR. In the absence of SAMS-E, fill in the Material Condition Status Report (DA Form 2406) using the information found on the backside of DD Form 314 (*TB 38-750-2*, para 2-2).

d. ARNG [including Mobilization and Training Equipment Sites (MATES)] units will make a quarterly report on a DA Form 2406 covering a 3-month period ending 15 January, 15 April, 15 July, and 15 October. Assets at MATES, Unit Training Equipment Sites (UTES), or Equipment Concentration Sites (ECS) are not loaned equipment. The MATES keep the DD Form 314 for ARNG units, however only the owning ARNG unit will report this equipment.

3-11. MONITOR THE EFFECTIVENESS OF UNIT'S MAINTENANCE PROGRAM

a. The medical maintenance program should be periodically monitored using formal and informal maintenance inspections and visits. Commanders and leaders should assess the following procedures.

(1) Inspect maintenance records for completeness and notation of completion of required periodic maintenance.

(2) Check the availability of technical manuals or manufacturer's literature on medical equipment requiring periodic maintenance.

(3) Equipment availability based on operator maintenance and feedback.

b. Organizations without organic medical equipment repairers (MOS 68A) should evaluate the unit's operator maintenance and the turnaround time for equipment evacuated for support maintenance.

3-12. SPECIAL CONSIDERATIONS

a. Radiation-Producing Equipment. Particular emphasis should be given to the calibration and maintenance of x-ray systems. The potential for incorrect or excessive radiation dose from non-maintained or un-calibrated x-ray equipment is high. Maintenance services and radiation protection surveys will be performed as prescribed by manufacturers' manuals and *TB MED 521*. Only medical equipment repairers or civilian equivalent will perform maintenance and calibration on ionizing radiation medical equipment. Performance requirements are outlined in *21 CFR part 1020- Performance Standards for Ionizing Radiation Emitting Products*, and the manufacturer's written specifications. Calibration of x-ray equipment shall be annually or IAW the manufacturer's instructions, whichever is more stringent. X-ray equipment that receives

repair service and requires an exchange of parts or certified components that could affect the radiation output or overall calibration will be recalibrated prior to further use (see *AR 40-61*).

b. Safety, Hazards, and Training Awareness. Many medical equipment items present a potential safety hazard to both the operator and patient. Problems most often arise when operators have insufficient training, fail to adhere to safe operating procedures, or do not have experience in the proper use and operation of equipment. Medical equipment should only be used and serviced by properly trained personnel. Ensure that staff operators and equipment maintainers have access to training material for organizational equipment. Particular emphasis should be placed on the safe handling, storage and shipment of compressed gas cylinders. Additional guidance can be found in *AR 700-68, Storage and Handling of Liquefied and Gaseous Compressed Gasses and their Full and Empty Cylinders*.

c. The SB 8-75 series of supply bulletins can be found in AKO. This is a frequent source of biomedical equipment serviceability and maintenance information. All ARNG organizations with medical elements should reference these Supply Bulletins for all logistics operations.

3-13. TEST, MEASUREMENT, AND DIAGNOSTIC EQUIPMENT (TMDE)

a. TMDE are those devices used to evaluate the operational condition of an end item/system or identify equipment faults. TMDE-Special Purpose (TMDE-SP) by design is functionally restricted to a specific type/class of equipment (i.e., defibrillator analyzer). TMDE-General Purpose (TMDE-GP), such as an oscilloscope or multimeter may be used to service many items/systems.

b. References are:

(1) *AR 40-61*, *Medical Logistics Policies and Procedures,*

(2) *AR 750-43*, *Army Test and Diagnostic Equipment Program,*

(3) *TB 43-180*, *Calibration and Repair Requirements for the Maintenance of Army Materiel* (available only on CD-ROM), and

(4) *TB 750-25*, *Maintenance of Supplies and Equipment Army Test, Measurement, and Diagnostic Equipment (TMDE) Calibration and Repair Support (C&RS) Program* (available only on CD-ROM).

c. The Unit Commander will designate a TMDE Coordinator IAW *AR 750-43*. The TMDE coordinator will administer the unit TMDE program and coordinate with the Calibration Section at the Combined Support Maintenance Shop (CSMS) to ensure TMDE is scheduled for calibration services and entered into the Instrument Master Records File (IMRF). Calibration responsibility and intervals are listed in *TB 43-180*.

(1) TMDE-GP will be serviced by the CSMS or Area Calibration Repair Center (ACRC) responsible for the user or owner's geographical area.

(2) TMDE-SP listed in *TB 43-180* with an "F" level indicated in the calibration responsibility column may be shipped to USAMMA's Medical Maintenance Operations Division Tracy for calibration services. The FREIGHT address is:

U.S. Army Medical Materiel Agency DODAAC: W62SEV
Medical Maintenance Operations Division
Building T-255, Tracy Site
25600 Chrisman Road
Defense Distribution Center
Tracy CA 95304-9150

(3) The TMDE-SP items shipped to Tracy for calibration must include a DA Form 2407 (Maintenance Request) completed as specified in accordance with *TB 38-750-2*. (See *SB 8-75-S6*; Tracy External SOP).

d. Recent changes to Basis of Issue Plans (BOIPs) have yet to catch up requirements and authorization documents. The ARNG-CSG has published a Memorandum of Authorization (MOA) providing temporary authorization of specific TMDE until such time as the updated requirements and authorizations documents are posted.

e. Table 3-4 illustrates the types and quantities of TMDE-SP and shipping containers the ARNG Medical MTOE organization is (eventually) authorized.

TABLE 3-4. TMDE
MEDICAL COMPANY W/68A AUTHORIZATION (FSB, MSB, BSB, ASMB)

Ref Code	Item / Nomenclature	LIN	NSN	Model	Qty ARNG
01	Tool Kit, Medical Equipment Maintenance Repairer	W45334	5180-00-611-7923	Individual GSA Item (8001)	
02	Tool Set, Medical Equipment Maintenance Unit Level	W45197	5180-01-483-1431	Unit Level (alt: Org Maint) (8004)	
04	Tool Set, Medical Equipment and Maintenance General Support Level	T24386	6545-01-555-8683	Shop Set Med Log Med Equip Maintenance (8007)	
INDIVIDUAL TMDE ITEMS					
05	X-ray Calibration & Verification System	CO5856	6525-01-502-0504	UNFORS 710-L	1 EA
06	Gas Flow Analyzer 29 April 08, Computer Laptop 7010-01-502-5490	C61523	6515-01-541-2864	VT-Plus	1 EA
07	Anesthetic Gas Analyzer, 16 Apr 2008	A00098	6630-01-530-7959	Riken F1-21	
10	Analyzer NIBP	A27104	6515-01-449-1423	Cufflink	
	Analyzer Noninvas Bld	Z07763 DELETED	Old: 6515-01-449-1423	DELETED – use 6515-01-449-1423 as replacement	1 EA
11	IV Pump Analyzer	J24245	6515-01-536-2122		
12	DATPA (Defibrillator Analyzer), 29 April 2008	A83433	6515-01-540-9788		1 EA
13	Counter, Electronic Digital B64	C19266	6515-01-406-7390		
15	Simulator, Medical Function, 17 April 07	S56720	6515-01-548-3352; Old: 6625-01-298-3830	MPS450 Army Medical Kit	1 EA
	Simulator Sensor		6515-01-535-2790	Used to test Zoll Defib	1 EA
16	Signal Generator B64	S48323	6625-01-276-9421	SG-1288/G	
18	Foot Candle Meter	M38443	6695-01-574-8935		
19	Thermometer		6685-01-292-7873	51-II Single Channel	1 EA
20	Multimeter, AN/PSM-45A (CTA item) B64 Multimeter, AN/USM-486 (CTA item) B64	M60449 M23954	6625-01-265-6000 6625-01-145-2430	27/FM 8050A	
21	Oscilloscope, Digital Hand Held, Oscilloscope Color Scopemeter Fluke(new)	P43667	6625-01-560-1673 New: 6525-01-513-7811	190C (new)	
	Oscilloscope Digital	Z47763 DELETED	6625-01-448-9577	DELETED – Use 6625-01-513-7811 as replacement	1 EA

(Continued) TABLE 3-4. TMDE - MEDICAL COMPANY W/68A AUTHORIZATION (FSB, MSB, BSB, ASMB)					
Ref Code	**Item/Nomenclature**	**LIN**	**NSN**	**Model**	**Qty ARNG**
22	Radiometer, Ultrasound Therapy Wattmeter 5 Nov 2007	R95994	6695-01-575-6270		
24	Simulator, Pulse Oximetry 28 Apr 08	S57953	6515-01-541-0432	INDEX 2XLFE	
	Pulse Oximeter, Simulator		6515-01-504-8537	Replace with 6515-01-541-0432	1EA
25	Tachometer Digital Medical Equipment 17 April 07	T07421	6625-01-550-3339		
28	Test Set, Electrosurgical 22 July 08	T90883	6515-01-564-8554 Old: 6515-01-438-2409	QA-ES II	1 SE
29	Tester, Current Leakage	T61791	6625-01-577-6744 Old: 6625-01-207-8270		1 EA
31	Tester, Ventilator	T05633	6515-01-449-1421	Pneuview 360001	
	Tester Ventilator PTB	Z28075 DELETED	Old: 6515-01-449-1421	DELETED : Use 6515-01-449-1421 as replacement	1 EA
ARNG STORAGE AND SHIPPING CONTAINERS					
TMDE 1	Shipping and Storage Container 31W x 12H x 20D FEDLOG Dimensions are shown 31L x 12H x 20 W		8145-01-535-7927	SCS 32-1650-TMDE-001 TJW Inc. 5 Compartment	2 EA
TMDE 2	Shipping and Storage Container 31W x 12H x 20D FEDLOG Dimensions are shown 31L x 12H x 20 W		8145-01-535-8067	SCS 32-1650-TMDE-002 TJW Inc. 8 Compartment	1 EA
TMDE 3	Shipping and Storage Container Internal Dimensions. 39W x 12H x 17.5H x 20.75D		8145-01-535-8237	SCS 32-1660-100-0025 TJW Inc., TMDE 3	1 EA

TMDE Listing

NOTE: This material is prepared by the USAMMA. It is used to identify specific TMDE items as they apply to equipment that is to be maintained. It is slightly modified to accommodate the uses of the ARMY National Guard by the addition of the Quantity block. Entry in that block indicates that ARNG may use the particular item of TMDE and the storage container.

The DA Form 2406, Materiel Condition Status Report, or automated report equivalent will be forwarded to the Commander monthly.

CHAPTER 4. FEDERAL SUPPLY CLASS 6505 MATERIEL

4-1. ARMY NATIONAL GUARD POLICY ON THE MANAGEMENT OF PHARMACEUTICALS IN MEDICAL ELEMENTS

a. This guidance is intended to supplement *AR 40-61* and *SB 8-75-11*, as they apply to the Army National Guard.

b. This guidance establishes policy and responsibilities relative to the management of Federal Supply Class (FSC) 6505 materiel (pharmaceuticals) in the ARNG. It is applicable to all ARNG units/elements and ARNG PESs. It restricts authority to issue pharmaceuticals to the USPFO and other units and agencies operating as SSAs. Class VIII expendables are funded through OPTEMPO funds to include Aviation Life Support Equipment (ALSE). USAMEDCOM and the ARNG Surgeon authorize base formulary for Civil Support Teams (CST) and the Chemical, Biological, Radiological, Nuclear and high-yield Explosive (CBRNE)-Enhanced Response Force Package (CERFP). The State Surgeon may authorize additional formulary items. CST and CERFP are authorized Medical, Chemical, Biological, Radiological, and Nuclear Defense Materiel (MCDM), with their approved formulary.

4-2. STOCKAGE LISTS

a. USPFOs may provide IMSA-type support to ARNG units. USPFOs and ARNG TOE units assigned a medical supply support mission will operate IAW *AR 40-61*.

b. Contracts with Prime Vendors (PVs) have reduced the requirement to stock large quantities of FSC 6505 items. This reduction has resulted in large cost savings because items no longer sit on warehouse shelves waiting to expire. Prime Vendor service is contracted to provide the item(s) within 7-10 days, and is available throughout the United States and many parts of the world.

c. States may utilize several options with respect to the PV system; refer to paragrah 1-9 of this publication for guidance.

4-3. ARNG UNITS ASSIGNED A PATIENT-CARE MISSION

a. ARNG units assigned a mission of providing patient care to military personnel, authorized such care by *AR 40-3*, may requisition and use controlled, shelf life refrigerated materiel. During use, units will control and account for items IAW*, AR 40-61*, Chapter 3.

b. Authorized pharmaceuticals will be listed on a formulary signed by the State Surgeon. Joint Surgeon, NGB is the approving authority for base formulary of the CST and CERFP. The State Surgeon will countersign the CST and CERFP formulary annually.

4-4. FORMULARIES

a. Formulary: A formulary is defined as a list of pharmaceuticals authorized for stockage by a medical element. The only units authorized to stock FSC 6505 materiel are those with formularies approved by the State Surgeon.

b. Formulary Variations: All medical units and medical elements of operational units will have an individual formulary. The State formulary is a master list of all FSC 6505 items on all individual unit formularies. ARNG CST and CERFP are authorized to stock FSC 6505 year round. **ALL** controlled MCDM is to be authorized by Office of the Surgeon General (OTSG) Operations Division. These MBCDM items are only available through army medical depots.

c. Format:

(1) To be valid, a formulary must list the unit to which it applies, identify and state the level of provider (physician or physician's assistant, etc.) who must be present to disperse each pharmaceutical not authorized for dispensing by a medical health care specialist.

- **The formulary must be dated and signed by the State Surgeon (signature authority cannot be delegated). The State Surgeon will provide to the USPFO, in writing, the highest level health-care provider assigned to the unit**. This enables the USPFO to approve requisitions for items that regulations and laws allow to be dispensed by the personnel assigned to the unit.

- With the exception of the items listed in paragraph 4-4, f(2) of this supply bulletin, ARNG units will **not** stock FSC 6505 items, unless authorized on the unit's validated formulary. See Table 4-1 below for an example of formulary format.

(2) Each item listed on the formulary will be described with its NSN/MCN (Management Control Number)/NDC (National Drug Codes), for Prime Vendor items where an NSN is not available), nomenclature, size of unit pack or strength (i.e., 50s, 10mg/ml).

(3) Controlled substances authorized by formulary will show "R" or "Q" in the NOTES column as listed by Controlled Inventory Item Code (CIIC) field in the Management Data Section of the *DoD Medical Catalog* (MEDCAT) or *Universal Data Repository* (UDR) *Medical Catalog*. UDR Medical Catalog is available on the web at the Defense Information Logistics Service (DLIS) website: https://www.dlis.dla.mil/.

(4) The State Surgeon will sign and date each formulary.

d. Review:

(1) All formularies will be reviewed annually by the State Surgeon to include CST and CERFP. A new signature and date by the State Surgeon is the evidence of an annual review. This review should take place with enough time before the AT cycle to allow units/elements and the USPFO to make the required adjustments. The exception is the CST and CERFP are authorized to stock FSC 6505 items to include controlled substances all year per the base formulary.

(2) Additional FSC 6505 may be added upon approval of the respective State Surgeon and should be funded with state's Indirect OPTEMPO funds. Items required infrequently, other than those that could be required for emergency treatment to preserve life, limb or eye sight, should be omitted from the formularies. When these items are required, they should be procured by individual prescription from military medical facilities or civilian pharmacies. Formularies are considered valid for one year. Please see Table 4-1 for the formulary example.

TABLE 4-1. EXAMPLE OF FORMULARY

Nomenclature	NSN	Provider	Note	Cost	Qty
ACETAMINOPHEN 325mg Tablets, 50's	6505-01-017-1625	68W		$0.76	6 BTL
ACYCLOVIR OINTMENT 5% 15 gm	6505-01-137-8451	PA		$51.69	2 EA
ALBUTEROL INHALATION AEROSOL, 17GM	6505-01-116-9245	PA		$13.00	3 EA
ALUMINUM ACETATE/ACETIC ACID OTIC SOL 2% 60 ML	6505-00-104-8061	68W		$15.76	3 BTL
ALUMINUM GEL MAGNESIUM TRISILICATE TABS 100's	6505-00-148-4631	68W		$2.73	2 BTL
ALUMINUM HYDROX GEL, MAGNESIUM, SIMETH 5oz, 48's	6505-00-080-0975	68W		$6.32	1 CS
AMOXICILLIN CAPS 250 MG 100's	6505-01-010-7953	PA		$2.00	12 BTL
ANTIDOTE TREATMENT KIT CYANIDE (Treats 3 patients)	6505-01-457-8901	68W	AAC-A	$549.45	2 PG
ANTIDOTE TREATMENT KIT NERVE AGENT	6505-01-174-9919	68W	AAC-A	$16.87	75 EA
ANTIDOTE TREATMENT NERVE AGENT AUTOINJECTOR	6505-01-362-7427	68W	AAC-A	$11.88	75 EA
ANTIPYRINE/BENZOCAINE OTIC Sol, 10ml	6505-00-598-5830	68W		$1.14	3 BTL
ASPIRIN TABLETS USP 0.324GM 100S	6505-00-100-9985	68W		$1.50	6 BTL
ATROPINE AUTO INJ 2mg	6505-00-926-9083	68W	AAC-A	$5.28	75 EA
BACITRACIN OINT .87gms, 144's	6505-01-177-0589	68W		$5.45	1 PG
BECLOMETHASONE INHAL 17 GM	6505-01-238-5635	PA		$5.00	3 EA
BISACODYL TABLETS 5MG, 100's	6505-00-118-2759	PA		$1.79	1 PG
CALAMINE LOTION 4oz	6505-00-687-4535	68W		$1.10	6 BTL
CEFTRIAXONE SODIUM STERILE USP 500MG VIAL 10 VIAL	6505-01-221-0311	PA		$120.90	1 PG
CEPHALEXIN CAPSULES 250MG, 100's	6505-00-165-6545	PA		$5.69	12 BTL
CETYLPYRIDINIUM CHLORIDE/BENZOCAINE LOZENGES 648's	6505-01-421-3787	68W		$55.41	1 PG
CHARCOAL ACTIVATED USP POWDER 15GM	6505-00-135-2031	68W		$4.21	3 BTL
CIPROFLOXACIN TABLETS, 500MG TABLETS UD 100's	6505-01-273-8650	PA		$153.50	4 PG
CODEINE PHOSPHATE 30mg / ACETAMINOPHEN 325mg, Tabs 100's	6505-00-400-2054	PA	Q	$4.00	2 BTL
DIAZEPAM INJECTION 5MG/ML 2ML, AUTO-INJECTOR	6505-01-274-0951	68W	Q, AAC-A	$9.42	25 EA
DIAZEPAM TABLETS, 5mg 100's	6505-01-098-5802	PA	Q	$2.50	1 BTL
DIBUCAINE OINTMENT USP 1% 1OZ TUBE WITH RECTAL AL	6505-00-299-9535	68W		$0.90	6 TU
DICYCLOMINE HCL 10 mg CAPS 100'S	6505-01-145-8827	PA		$9.21	1 BTL
DIMERCAPROL 100 mg/ml 3ml amp 10's	6505-01-051-4831	68W		$331.87	2 PG

(Continued) TABLE 4-1. EXAMPLE OF FORMULARY

Nomenclature	NSN	Provider	Note	Cost	Qty
DIPHENHYDRAMINE HCL 25 mg Caps 100's	6505-01-153-3272	68W		$1.61	1 BTL
DIPHENHYDRAMINE HCL 50 mg/ml needle/syringe unit 10's	6505-00-148-7177	68W		$6.95	2 PG
DOCUSATE SODIUM 100mg Caps, 100's	6505-00-163-7656	68W		$2.12	1 BTL
DOXYCYCLINE 1 00 mg caps, UD, 100's	6505-00-009-5060	PA		$6.38	4 PG
ERYTHROMYCIN TABS, 250 MG 100'S	6505-00-604-1223	PA		$3.83	12 BTL
FLUORESCEIN NA OPTH STRIPS 1 MG 300'S	6505-01-159-1493	68W		$125.24	1 PG
GUAIFENESIN /DEXTRAMETHORAPHAN COUGH SYRUP 4 oz	6505-01-318-1565	68W		$1.00	12 BTL
GUAIFENESIN EXTENDED RELEASE TABLETS 600MG 100's	6505-01-238-9443	68W		$3.89	3 BTL
HEMORRHOIDAL ADULT SUPPOSITORIES, 24'S	6505-01-350-8165	68W		$3.17	1 PG
RANITIDINE 150MG	6505-01-317-2031	PA		$121.36	1 BTL

e. Post Annual Training (AT) Report of Usage:

Within 60 days of AT all medical units/elements will report the quantity of items used during their AT cycle. This allows the State Surgeon to compare projection versus actual usage and adjust authorized quantities on the formulary. This report is to be made by annotating the quantity used on the formulary.

f. Changes to the Formulary:

(1) Items are added/deleted and quantities are changed by authorization of the State Surgeon. Units will petition the State Surgeon by memorandum recommending the change(s) and stating the justification. After approval, the formulary will be adjusted by the State Surgeon and distributed as described in para 4-4h.

(2) The State Surgeon processes formulary requests based on the guidance given below. Items <u>not</u> requiring documentation on formularies are:

(a) Ammonia Inhalant Solution, Aromatic
(b) Aspirin, USP
(c) Acetaminophen, USP
(d) Ibuprofen (100 and 200mg doses only)
(e) Calamine Lotion, Phenolated
(f) Chigger Repellent and Antipyretic Lotion
(g) Isopropyl Alcohol, USP
(h) Lubricant, Surgical
(i) Mineral Oil, Light, USP
(j) Petrolatum, White, USP
(k) Povidone - Iodine Topical Solution, USP
(l) Sunscreen Preparation
(m) Talc, USP
(n) Undecylenic Acid and Zinc Undecylenate Powder

g. Table of Organization & Equipment (TOE) unit formularies should not authorize pharmaceuticals, which are components of the unit's TOE sets. This restriction is not intended to limit units with those items found in TOE sets if other items are needed to provide anticipated patient care. Units should not routinely order or maintain MTOE FSC 6505 items associated with unit assemblages.

h. Distribution: Upon approval of the formulary, the State Surgeon will retain one copy, one copy provided to the unit, and one copy furnished to the stock control branch of the USPFO.

i. Formularies in combination with CTA 8-100 *(Army Medical Department Expendable/ Durable Items)* constitute FSC 6505 requisitioning authority for ARNG medical elements. *CTA 8-100* is available on the US Forces Management Agency (USAFMA) website: https://fmsweb.army.mil.

j. Vaccines (as required by *AR 40-562*, *Immunizations and Chemoprophylaxis*) are not required to be listed on formularies. The issue of vaccines will be approved by USPFO in conformance with written guidance from the State Surgeon. Only those units with personnel trained and authorized to administer immunizations will be issued vaccines and supplies. Routine immunizations are funded by ARNG Medical Readiness dollars (MDEP NG6H). The following are the routine vaccines:

(1) Tetanus, Diphtheria and Pertussis
(2) Influenza
(3) Hepatitis A
(4) Measles, Mumps and Rubella (MMR, MR, MRV)
(5) Polio
(6) Tuberculosis PPD Skin test – Required for health care workers and specific deployments
(7) Varicella Immunity Status – Required for health care workers
(8) Hepatitis B – Required for health care workers and MOS/AOC determined to be at risk

k. All immunizations required beyond the routine immunizations, should be paid using either CONOPS (Contingency Operations) funds provided by COCOM (Combatant Commanders) in the theater of operation (i.e. SOUTHCOM).

l. Army Annual Influenza Virus Vaccine Program

(1) USAMMA is the Inventory Control Point for the Army for the Influenza Virus Vaccine, which is an Acquisition Advice Code (AAC), "A" item. Defense Supply Center, Philadelphia (DSCP), contracts with vaccine manufacturers, acquires the flu vaccine, and distributes it to activities based on the priorities submitted on requests by the USAMMA. The USAMMA collects the requirements and tracks all requisitions until they are filled.
(2) NSNs change yearly for the flu vaccine. It is essential that the current year's NSNs be used in the requesting process. NSNs requisitioned must coincide with NSNs previously submitted for the requirements. If a change is required, notify the USAMMA Influenza/Vaccine Manager (MCMR-MMO-OD) at DSN 343-3242/301-619-3242, or email usammafluvaccine@amedd.army.mil for assistance. The requisitions should be ordered via the USAMMA website and the unit/state is responsible for the funding.

m. Within 30 days following the conclusion of the immunization cycle, unused vaccines not authorized by formulary that are:

(1) Unit-of-issue quantities will be turned in to the USPFO.
(2) Other-than-unit-of-issue quantities, will be destroyed IAW the guidance in the current *AR 40-6*1 and the *MIDI*, or turned in to the USPFO for destruction.

n. USPFO and other SSAs will process requisitions for FSC 6505 items only if they are listed on valid formularies. Units drawing FSC 6505 materiel from SSAs other than USPFO must present a copy of their formulary, approved by the State Surgeon, to that SSA.

o. Requirements for non-formulary FSC 6505 items may be processed as follows:

(1) Request an addition to the formulary.

(2) Write a prescription to be filled at a TMC, military hospital, or local civilian pharmacy. Health care personnel must ensure that the USPFO-approved funding arrangement exists prior to obtaining pharmaceuticals from a civilian pharmacy.

4-5. ACCOUNTING FOR PHARMACEUTICALS

a. Unit-of-issue quantities may be accounted for on DA Form 3862 *(Controlled Substances Stock Record)* or DA Form 1296 *(Stock Accounting Record) or current electronic equivalent* at the option of the Unit/Activity. Generally, Units with only small quantities of pharmaceuticals on hand will find it simpler to account for both unit-of-issue and less-than-unit-of-issue quantities on the same DA Form 3862. Local computer-generated forms that include the pertinent information are acceptable when DA Form 1296 or TAMMIS/TCAM is unavailable

b. Less-than-unit-of-issue quantities will be accounted for as follows:

(1) Topical preparations and IV solutions - no requirement.

(2) Controlled substances - DA Form 3862.

(3) Legend pharmaceuticals, less topical preparations and IV solutions - DA Form 3862.

(4) Non-legend pharmaceuticals - no requirement unless specified in the formulary.

c. Prescriptions (DD Form 1289, DoD Prescription):

(1) Required for all controlled substances and legend drugs.

(2) Retained and disposed of by the unit or facility filling them.

(3) Retention period - 5 years, (*AR 25-400-2*, The Army Recordkeeping [ARMS])

(4) Subject to inspection.

d. Inventories of FSC 6505 materiel will be conducted:

(1) During the last three days of the Annual Training (AT) period, the medical activity Commander will appoint a disinterested officer to perform the duty of inventories. If officer personnel are not available, a senior Noncommissioned Officer (E7 or above) may be appointed as Inventory Officer. The Appointed Duty Officer will:

(a) Compare the document register with DA Form 3862 and 1296, to ensure receipts have been posted to DA Forms 3862 and 1296.

(b) Inventory pharmaceuticals listed on DA Form 3862 and DA Form 1296, entering results on the forms.

(c) Reconcile prescriptions (DD Form 1289) with entries on the DA Form 3862.

(d) Comply with the provisions of appropriate regulations if discrepancies are noted:

[1] Minor shortages of FSC 6505 materiel, less Notes “Q” and “R” materiel will be investigated.

[2] Shortages of Notes “Q” and “R” materiel and major shortages of other FSC 6505 will be investigated through conduct of an AR 15-6 investigation or initiation of a Report of Survey.

(2) Within 60 days following completion of AT:

(a) Forward to the State Surgeon a copy of the formulary annotated with the quantity of each item consumed during AT. Keep another copy; it will be valuable in deciding what to order for the following AT period.

(b) Forward to the State Surgeon fully-justified requests for addition to or deletion from the formulary.

(3) 150-210 days prior to AT inventory:

(a) Reconcile DA Form 3862.

(b) Determine AT requirements and forward requirements/requisitions to the source of supply, or as directed by higher headquarters.

(4) Management of controlled substances to include inventories will be conducted IAW *AR 40-61*.

(5) Stockage levels for AT support should be established, taking into consideration consumption during previous AT periods.

4-6. RETENTION OF FSC 6505 MATERIEL FOLLOWING ANNUAL TRAINING (AT)

a. All Note R and Q controlled substances (DEA Schedule II, III, IV and V) will be turned in within 30 days following conclusion of the AT period with the exception of the CST and CERFP. The CST and CERFP maintain these controlled drugs year-round.

b. Unit-of-issue quantities of all items, authorized for IDT use, unlikely to be consumed prior to expiration will be turned in (as directed by the USPFO) to the supporting IMSA within 30 days following the conclusion of AT.

c. It is recommended that unit-of-issue quantities of all FSC 6505 items unlikely to be used prior to the following AT period, be turned in (as directed by the USPFO) to the supporting IMSA.

4-7. QUALITY CONTROL MESSAGES

a. Potency-dated/quality-control records will be maintained IAW *AR 40-61*.

b. USPFO will expeditiously distribute all Type I Medical Materiel Quality Control messages (DOD-MMQC) to all medical elements. Class VIII Commodity Managers are permitted to maintain an electronic MMQC message file to document a MMQC distribution audit trail.

c. Activities/Units may obtain programs that are Army specific MMQC messages, DOD-MMQC messages or Shelf-Life Extension Program (SLEP) messages, by accessing the USAMMA website: http://www.usamma.amedd.army.mil.Click on DOD Medical Materiel Quality Control Program and follow prompts.

d. Recall messages are classified as follows:

(1) CLASS I: A situation in which there is a reasonable probability that use of, or exposure to, a dangerous product will cause serious adverse health consequences or death.

(2) CLASS II: A situation in which the use of or exposure to a dangerous product may cause adverse health consequences.

(3) CLASS III: A situation in which the use of, or exposure to, a dangerous product is not likely to cause adverse health consequences.

4-8. DESTRUCTION OF DEFECTIVE OR EXPIRED MATERIEL

a. Unless an exception is granted by the USPFO, units will turn in (as directed by the USPFO) FSC 6505 materiel to be destroyed on DA Form 3161, annotated (*Unserviceable For Destruction*). Exceptions may be granted to medical elements with the capability to properly destroy unserviceable FSC 6505 materiel.

b. USPFOs are encouraged to turn in unserviceable materiel to the supporting IMSA for destruction.

c. Proper destruction of unserviceable FSC 6505 requires the use of, among other references; different types of pharmaceuticals require different methods of destruction. Destruction must be documented IAW the provisions of *AR 40-61*, Chapter 4.

d. Units are authorized to practice reverse logistics which is a pharmaceutical returns management program IAW AR 40-61, paragraph 4-11c.

CHAPTER 5. REQUISITIONING

5-1. EQUIPMENT ACQUISITION IN MEDICAL TOE UNITS

a. The type of funding used to acquire medical equipment will determine specific procedures for requesting and managing items. Medical equipment authorized for MTOE units is obtained through one of the following funding programs:

(1) Other Procurement, Army (OPA)-funded capital investment equipment, can be identified by a Materiel Category Structure Code (MCSC) of CQ.

(a) Central programming of OPA-funded capital investment equipment requirements is based on fielding plans for newly-introduced equipment, data from balances on hand in the inventory, distribution plans, and projections of replacement requirements. USAMMA has control of the OPA funding.

(b) All OPA-funded capital investment equipment for MTOE units will be identified as regulated medical items AAC A or provisioned medical equipment items, AAC W.

(2) Operation & Maintenance, Army (OMA), OMNG for the National Guard, funds Stock-funded Medical/Dental Equipment Sets (MES/ DESs). OMNG-funded expense equipment can be identified by a MCSC of C2. Individual item replacement for the MES equipment and supply components will be OMNG funded. Lifecycle management of medical equipment sets is a function of the USAMMA and is funded by Department of the Army OMA funding.

b. Requisitions for service-regulated, stock-funded (OMNG) medical equipment, identified by AAC A, J, W and C2, will be submitted on a DD Form 1348-6 (DOD Single Line Item Requisition System Document). The requisitions should be submitted offline.

c. The requisition(s) will be submitted to the USPFO. USPFO assigns funds for OMNG-funded items and forwards requisition(s) to either the supporting Installation Management Supply Office (IMSA)/supporting MEDLOG activity or the USAMMA, Assembly Management Division.

d. Combat Lifesaver Bags: Combat Lifesaver bags and expendable item replenishment is funded by the units/states. Funded DD1348-6 Requisitions for Combat Lifesaver Bags are forwarded to either the supporting Installation Management Supply Office (IMSA) or the supporting MEDLOG activity. For follow-up or additional information, contact:

USAMMA	Chief, National Guard Bureau
Force Sustainment Directorate Production/Assembly Management Division	Army National Guard Bureau ATTN: ARNG-CSG (Health Services Materiel Officer)
DSN 343-4385	111 South George Mason Drive
COMM 301-619-4385	Arlington VA 22204-1382
FAX 301-619-2270	COMM 703-607-9531
	FAX 703-607-7187

e. Table 5-1 provides guidance on completing the DD Form 1348-6.

TABLE 5-1. INSTRUCTIONS FOR PREPARING AND SUBMITTING REQUISITIONS FOR PA-/STOCK-FUNDED TOE REQUIREMENTS

CARD COLUMN	FIELD LEGEND	INSTRUCTIONS
1-3	DIC	AOE, ADA, or AOI
4-6	RIC	Enter B69
7	Media and Status	Enter appropriate code
8-22	NSN	Self-explanatory
23-24	Unit of Issue	Self-explanatory
25-29	Quantity	Self-explanatory
30-43	Document Number	Self-explanatory
44	Demand Code	Enter "N"
45-50	Supplementary Address	Self-explanatory
51	Signal Code	Enter A, B, J or K
52-53	Fund code	Enter GA for PA-funded or - as an example - 92 for Stock-funded
54	Distribution	Enter U
55-56	Type Requirement	Enter appropriate code
57-59	Project Code	Blank or appropriate code
60-61	Priority	Enter appropriate code
62-64	Required Delivery Date	Leave Blank
65-66	Advice Code	Blank or appropriate code
67-80	Blank	Leave Blank

5-2. EQUIPMENT ACQUISITION IN TDA MEDICAL ACTIVITIES

a. Requirements for PA (Procurement Appropriation)-funded medical equipment not authorized by MTOE will be acquired through the Medical Care Support Equipment (MEDCASE) process with a price of $100,000 or more.

b. Submission of MEDCASE requests shall be in accordance with the specifications stated in *SB 8-75-MEDCASE*.

CHAPTER 6. UNIT INSPECTION CHECKLISTS

6-1. ANNUAL GENERAL INSPECTION (AGI) - MEDICAL LOGISTICS

a. Commanders of ARNG medical units, medical activities, and medical elements of non-medical units who focus their efforts on the guidance provided in this chapter will be able to effectively manage medical logistics within their units. By devoting special attention to the three items listed below, you will be able to successfully prepare for the medical logistics portion of an AGI inspection.

(1) Management of pharmaceuticals and injection devices
(2) Management of medical assemblages (sets)
(3) Medical equipment maintenance

b. The three checklists provided in this chapter permit medical units and medical elements of non-medical units to perform self-assessment/self-correction in these areas.

6-2. USE OF INSPECTION CHECKLISTS

a. ARNG strongly recommends the use of the Checklist Tables found in this chapter.

b. The Checklists are identified as:

(1) Table 6-1. Inspection Checklist for Pharmaceuticals and Injection Devices (pages 6-2 through 6-4).

(2) Table 6-2. Inspection Checklist for Management of Medical Assemblages (pages 6-5 through 6-6).

(3) Table 6-3. Inspection Checklist for Medical Equipment Maintenance (pages 6-7 through 6-9).

Units	TMC	Supply Support Activity	ITEM(S)
X	X		1. Unit-of-issue quantities of legend pharmaceuticals, to include controlled substances but not including topical preparations, are accounted for on DA Form 1296* or DA Form 3862** or computer generated equivalent form. (SB 8-75-S10)
X	X	X	2. Less than unit-of-issue quantities of controlled substances and legend pharmaceuticals (other than topical preparations) are accounted for on DA Form 3862. (SB 8-75-S10)
X	X		3. Prescription forms or DA Form 3161*** are available to support entries on DA Form 3862 for expenditures of controlled substances and other legend pharmaceuticals, less topical preparations. (SB 8-75-S10)
X	X		4. Prescription files (913-02) have been retained for two years by the unit or facility filling the prescription. (SB 8-75-S10)
X			5. Note "R" controlled substances are not on hand other than to support annual training. Turn in of remaining stocks is accomplished within 30 days of the completion of AT. (SB 8-75-S10, Para 3-52 f). Civil Support Teams (CST) and CBRNE Enhanced Force Package (CERFP) are required to maintain year round based upon the CST approved formulary.
X	X		6. Note "R" controlled substances are stored in a locked vault at all times when personnel are not present in the area of the container. For small quantities, storage may be in an approved safe. (AR 190-51)
	X		7. Note "R" controlled substances are stored in a vault, safe, or a GSA class 5 steel cabinet. If a safe or cabinet weighing less than 750 lbs is used, it will be attached to a permanent structure. (AR 40-61 and AR 190-51)
	X		8. Note "Q" controlled substances are stored in a safe, vault, locked cage, or secured room with access limited to selected individuals. (AR 40-61 and AR 190-51)
X			9. Aviation Survival Kits, complete with controlled substances, at unit level will normally be in the possession of personnel authorized kits for aviation operations and will be secured in the same manner as prescribed for other aviation life-support equipment, such as a locked room, cage, or individual locker. Controlled items must be in the survival kits at all times to ensure availability for use by crewmembers in the event of emergency survival (AR 40-61)

* DA Form 1296, Stock Accounting Record
** DA Form 3862, Controlled Substance Stock Record
*** DA Form 3161, Request for Issue or Turn-In

Units	TMC	Supply Support Activity	ITEM(S)
X	X		10. Note "Q" controlled substances and sensitive items are stored in a locked container that is locked at all times except during inventory, restocking, drug preparation, and injection operations or patient-care tasks, where a responsible medical facility staff member is physically present to control the custody and use of the protected items. (AR 190-51)
	X	X	11. Syringes and needles are stored in a container which is locked at all times except during inventory, restocking, drug preparation and injection operations, or patient-care operations where a responsible facility staff member is physically present to control custody and use of the protected items. (AR 190-51)
X	X	X	12. A quality control file is maintained for FSC 6505/08 items. (SB 8-75-S10)
X	X		13. Controlled substances in aviation survival kits will be inventoried every 120 days by the aviation life support equipment technician who conducts the periodic inspection of the complete kit and recorded on DA Form 1296 or a locally approved form. (AR 40-61)
X	X	X	14. An inventory of all Note “R” and “Q” controlled items, except components of aviation survival kits on hand in aviation units, will be conducted monthly. The inventory officer will authenticate the balance on stock accounting records at the storage locations for each line item inventoried. This will be done by a separate line entry on DA Form 1296, consisting of date, the abbreviation “INV”, quantity on hand, and legible payroll signature. (AR 40-61)
X	X	X	15. All controlled substances inventories are performed by a disinterested officer, senior NCO, or civilian GS-7 or above designated by the commander. The same individual will not be assigned to inventory two consecutive months. (AR 40-61)
		X	16. Controlled substances are recorded on DA Form 1296 located at the storage site. (AR 40-61)
X			17. No controlled substances, potency-dated drugs, or items requiring refrigeration are on hand as components of medical assemblages. (They may be acquired to support field training but not to constitute components of a medical assemblage. (AR 40-61)
X	X	X	18. Unopened unit-of-issue packages of all items unlikely to be consumed before their expiration dates are turned in as directed by the USPFO to the supporting IMSA within 30 days following the conclusion of AT. (SB 8-75-S10)
X	X		19. All pharmaceuticals (FSC 6505 materiel) on hand are listed on a formulary for the unit or activity. The State Surgeon has approved the formulary. (SB 8-75-S10)
			20. All issues of FSC 6505 materiel processed by USPFO or other Supply Support Activity (SSA) have been edited against unit formularies, which have been approved by the State Surgeon. Formularies are on hand in the stock control branch of the USPFO. (SB 8-75-S10)
X			21. DA Forms 1296 and 3862 on hand in the unit reflect an inventory conducted during the last three days of the AT period. (SB 8-57-S10)
X	X		22. All pharmaceuticals (FSC 6505 materiel) on hand are listed on a

Units	TMC	Supply Support Activity	ITEM(S)
			formulary for the unit or activity. The State Surgeon has approved the formulary. (SB 8-75-S10)
			23. All issues of FSC 6505 materiel processed by USPFO or other Supply Support Activity (SSA) have been edited against unit formularies, which have been approved by the State Surgeon. Formularies are on hand in the stock control branch of the USPFO. (SB 8-75-S10)
X			24. DA Forms 1296 and 3862 on hand in the unit reflect an inventory conducted during the last three days of the AT period. (SB 8-57-S10)
X			25. Within 60 days following the completion of AT, the unit forwards to the State Surgeon a copy of its formulary annotated with the quantities of items consumed during AT. (Inspector: Check for a file copy in the unit's files.) (SB 8-75-S10)
X	X	X	26. USAMMA DOD-MMQC messages are being received and a record of those messages is being maintained.
		X	27. Type I DOD-MMQC (quality control) messages have been expeditiously distributed to all State safety offices and all medical elements. (AR 40-61)
X			28. A log (may be electronic) of Type I DOD-MMQC messages reflecting Date Received, Message Number, NSN, Nomenclature, Action Required and Remarks, is maintained. (AR 40-61)
		X	29. All DOD-MMQC quality control messages are distributed to ARNG training sites operating troop medical clinics and DMSOs. (AR 40-61)
X	X	X	30. Stocks of suspended or unserviceable medical materiel have been physically segregated from serviceable stocks and identified as unserviceable or suspended stocks. (AR 40-61)
X	X	X	31. If the unit or activity has destroyed unserviceable medical materiel, there is on hand the MIDI with a properly executed DA Form 3161 documenting the destruction. (SB 8-75-S10)

TABLE 6-2. INSPECTION CHECKLIST FOR MANAGEMENT OF MEDICAL ASSEMBLAGES

Units	TMC	Supply Support Activity	ITEM(S)
X	X		1. A property book header page is prepared for each major medical assemblage.
X	X		a. Receipt, issue, and on-hand balance postings will not be made to the header. On-hand quantities will be posted in pencil.
X	X		b. On the reverse side, the assembly order control number, if assigned.
			2. Pages listing components:
X	X		a. A separate property book page for each non-expendable component of the assemblage will follow the header page.
X	X		b. Each page will be annotated "Component of LIN _____" in the "authority" block.
X	X		3. Shortages of controlled substances will be accounted for on DA Form 2062*.
X	X		4. Medical assemblage components, including those with ARC of X or D (expendable or durable), have been inventoried at least once every 12 months. (AR 40-61)
X	X	X	5. Units using manual procedures will use DA Form 4998-R** for each expendable and durable item in the assemblage. This form is used to manage both quality control and informal accountability functions. (AR 40-61)
X	X	X	a. All entries on the form except NSN, description, and unit of issue, should be in pencil.
X	X	X	b. Form should contain entries in at least "lot or batch number", "expiration date by lot or batch number", and "manufacturer and contract number" (if available), and columns, if any materiel is on hand.
			6. Division Medical Supply Officer (DMSO):
X			a. Maintains informal records for each item for which demands are expected using DA Form 1296. (AR 40-61)
X			b. Maintains DA Form 4998-R** for each shelf-life item for which demands are expected. (AR 40-61)
X	X		7. Shortages in medical assemblages (except controlled substances, shelf life, potency & dated and refrigerated items) are on requisition. (AR 40-61, Para 3 & 5-5)

*DA Form 2062, Hand Receipt/Annex Number
**DA Form 4998-R, Quality Control and Surveillance Record for TOE Medical Assemblage

(Continued) TABLE 6-2. Inspection Checklist For Management Of Medical Assemblages

Units	TMC	Supply Support Activity	ITEM(S)
	X		8. Unit is using the most current component listing for inventory purposes.
			NOTE: The only acceptable component listings for multiservice (minor) medical assemblages are the DoD Medical Catalog, or a copy of a current ARNG component listing. The only acceptable component listing for service-unique (major) medical assemblages is current ARNG component listings and, Unit Assemblage (UA) listings issued by the USAMMA. If the ARNG component listing or UA listing is older than one year, it is likely obsolete. (AR 40-61)
X			9. Unit is maintaining DA Form 2765*** (completed with the exception of document number, RIC, cost detail account number, price, project code and priority) for all controlled substances, shelf-life items, and items requiring refrigeration which are short on on-hand sets. (*FORSCOM Regulation 500-3-3*, page 66, 15 Jul 99) NOTE: Shelf-life items are those with an entry other than "O" in the SLC column of the AMDF.

*** DA Form 2765, Request for Issue or Turn-In

TABLE 6-3. INSPECTION CHECKLIST FOR MEDICAL EQUIPMENT MAINTENANCE

Units	TMC	Supply Support Activity	Items
X	X		1. Organization has identified the medical equipment which requires periodic maintenance by reference to DA SB 8-75-S2/-S6/-S8 or the materiel fielding plan for the medical equipment set. (SB 8-75-S10, para 3-4)
X	X		2. STAMIS record or DA Form 2409* is maintained on each item of medical equipment requiring periodic maintenance. (TB 38-750-2 and SB 8-75-S10, para 3-4)
X	X		3. STAMIS record or DA Form 314** is maintained for all items of medical equipment requiring maintenance. (TB 38-750-2, para 2-2)
X	X		4. Unit has available TB 38-750-2 and the TM or manufacturer literature for each item of medical equipment that requires periodic maintenance. (SB 8-75-S10, para 3-6)
X	X		5. The organization knows how to secure medical equipment maintenance support for required preventive maintenance services or repair beyond the Unit's organic capabilities. (SB 8-75-S10, para 3-2)
X	X		6. There is evidence the Unit Commander has monitored the Unit's medical equipment maintenance. (AR 40-61)
X	X		7. Unit medical equipment appears to be receiving operator maintenance (it is clean, operable, free of obvious defects, etc.).
X	X	X	8. Organization receives, registers, and observes all sequentially numbered USAMMA, DOD-MMQC quality control messages. (AR 40-61)
X	X	X	9. The organization receives the SB 8-75 series from pinpoint distribution. (AR 40-61)
	X		10. State has published and distributed a medical equipment maintenance plan or SOP containing the following descriptive elements:
	X		a. How to determine which on-hand medical equipment requires periodic maintenance.
	X		b. How to obtain manufacturer literature on each type of medical equipment requiring periodic maintenance and not covered by a TM.
	X		c. A list of publications pertaining to medical equipment maintenance which should be on hand at Unit level.
	X		d. Specification of maintenance forms to be maintained at Unit level or of the publication that specifies those forms.
	X		e. Specification of a point-of-contact from which to request medical maintenance (preventive or repair) support beyond a unit's capability.
			f. Listing and prioritizing of sources of medical maintenance support available to units, OMSs and CSMSs.
	X		g. Specification of command responsibility or supervision of medical equipment maintenance.
X			h. Specification of procedures to ensure that medical equipment maintenance is monitored during formal and informal inspections and visitations to monitor surface maintenance.

* DA Form 2409, Equipment Maintenance Log
** DA Form 314, Preventive Maintenance Schedule and Record

(Continued) TABLE 6-3. Inspection Checklist For Medical Equipment Maintenance

Units	TMC	Supply Support Activity	Items
X			i. Specification of a point of contact for medical equipment maintenance within the Surface Maintenance Manager's Office.
	X		11. Nonmedical maintenance inspectors visiting units with medical equipment. (AR 40-61)
X	X		a. Inspect medical maintenance records for completeness and notation of completion of required preventive maintenance.
X	X		b. Check the availability of technical manuals or manufacturer literature on medical equipment that requires periodic maintenance.
X	X		c. Evaluate the serviceability of a small quantity of medical equipment using TMs and manufacturer literature.
	X		d. Report results of their observations.
			12. Installed x-ray apparatus:
X	X		a. Has been serviced annually by a qualified medical equipment repairer (See Table 3-1)
X	X		b. Facilities have had a radiation protection survey within the past 3 years. (TB Med 521)
X	X		13. Audiometers are being calibrated annually. (AR 40-61) (TB 8-6515-001-35 para 2-1)
X	X		14. Audiometric booths have been tested for compliance with TB 750-8-2 when installed or when deterioration in the test environment is suspected. (AR 40-61)
X	X		15. Defibrillators have been performance tested semiannually. A DA Label 175* is affixed and a DA Form 5624-R** provides a record of the results of the evaluation. (AR 40-61)
X	X		16. There is evidence that electrical operated medical has been tested annually, and upon completion of any electrical repairs for current leakage and ground resistance, notified in accord with limits specified in NFPA Standards 99, Chapters 8 and 9. (AR 40-61)
X			17. D to D+60 units authorized MOS 68A medical equipment repairer, have on hand or on order, mandatory parts list repair parts to support equipment in their units and in subordinate units for which they have a doctrinal medical equipment maintenance support mission. (SB 8-75-S10, Para 3-13) (DA PAM 710-2-1)
X	X		18. DD Form 2163*** records the calibration/verification/certification (CVC) services and is affixed to all equipment requiring CVC services. This includes all audiometers, centrifuges, defibrillators, electrocardiographs, anesthesia apparatus, thermoregulators, etc. (TB 38-750-2) (AR 40-61)

*DA Form 175, Defibrillator Energy Output Certification
**DA 5624-R DC Defibrillator Inspection Record
*** DD Form 2163, Medical Equipment Verification/Certification

(Continued) TABLE 6-3. Inspection Checklist For Medical Equipment Maintenance

X	X		19. There is evidence that the Unit's medical maintenance TMDE is listed on the State's calibration program and that the Unit commander has appointed a Calibration Monitor. (SB 8-75-S10, para 3-3)
X	X		20. Ensure compliance of x-ray verification, certification and corrective action taken in conjunction with CVC of x-ray equipment by maintaining DD Form 2164**** with equipment maintenance log. (TB 38-750-2 para 2-13)

**** DD Form 2164, X-ray Verification/Certification Worksheet

APPENDIX A. REFERENCES

AR 11-1, Command Logistics Review Program (CLRP), 27 November 2012

AR 25-400-2, The Army Records Information Management System (ARIMS), 2 Oct 2007

AR 40-5, Preventive Medicine, 25 May 2007
AR 40-10, Health Hazard Assessment Program in Support of the Army Acquisition Process, 27 July 2007
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TB 38-750-2, Maintenance Management Procedures for Medical Equipment, 12 April 1987
TB 43-180, Calibration and Repair Requirements for the Maintenance of Army, 1 July 2009

TB MED 1, Storage, Preservation, Packaging, Packing, Maintenance, and Surveillance of Materiel-Medical Activities, 15 June 1981
TB MED 521, Occupational and Environmental Health: Management and Control of Diagnostic, Therapeutic and Medical Research X–Ray Systems and Facilities, 26 February 2002
TB MED 750-1, Operating Guide for Medical Equipment Maintenance, 13 April 1998

APPENDIX B. AMEDD MAINTENANCE SUSTAINMENT PROGRAM

THE ARMY MEDICAL DEPARTMENT (AMEDD) MAINTENANCE SUSTAINMENT PROGRAM

a. The AMEDD maintenance sustainment program gives an overview on the initiative to provide and monitor sustainment maintenance for TOE organizations with medical equipment.

b. The AMEDD Maintenance Sustainment Program will provide adequate and essential field and sustainment medical maintenance support to COMPO 1, 2, and 3 units. The program is an OTSG/MEDCOM initiative with the USAMMA Medical Maintenance Management Directorate (M3D) as the action office. Once implemented, USAMMA will have operational responsibility for the program and act as the focal point for all TOE medical equipment maintenance. The OTSG/MEDCOM will establish policy and provide strategic guidance and oversight.

c. The overall objectives of the AMEDD Maintenance Sustainment Program are to:

(1) Increase readiness by ensuring TOE medical equipment is mission capable;
(2) Provide visibility of medical equipment status for the Total Army;
(3) Increase flexibility to cross-level both field and sustainment maintenance workload;
(4) Establish sustainment training for medical equipment repairers;
(5) Provide a maintenance structure that will accommodate any medical maintenance-related initiative; and
(6) Increase maintenance capability by ensuring efficient use of all maintenance resources.

d. USA MEDCOM identified that adequate sustainment maintenance is not being performed for medical equipment in Active and Reserve Component units and has tasked the USAMMA M3D with the development and implementation of the AMEDD Maintenance Sustainment Program. The current AMEDD system for maintaining TOE medical equipment is unstructured and disjointed with no central focal point or clear levels of responsibility. Sustainment maintenance is fragmented, duplicative, and the overall status of medical equipment is unknown. Much of the TOE medical equipment is currently being maintained on an ad hoc basis or is not being maintained at all. Some units are not aware of where to get their next level of maintenance.

e. The AMEDD Sustainment Maintenance Program will provide units with one-stop shopping and the MACOMS with continual visibility of medical equipment status. Field and sustainment maintenance support will be provided by the USAMMA Maintenance Divisions, MEDLOG Battalions, TDA MTFs, and Medical Battalion Training Sites (MBTS). Every Army TOE unit with medical equipment requiring medical maintenance support will have one point of contact for all of their medical equipment maintenance requirements.

f. While the program will be responsive to units with organic maintenance capability, it will also provide proactive support to units that lack medical equipment maintainers. USAMMA will maintain a listing of all medical units that require maintenance support due to the lack of medical equipment maintainers. The USAMMA will be responsible for assembling supporting data and programming dollars to fund the AMEDD Maintenance Sustainment Program.

g. In support of the Sustainment Maintenance Program and to better support medical maintenance requirements, the USAMMA Depot-level activities are regionalized as follows:

Medical Maintenance Operations Division, Tobyhanna, PA			
Alabama	Maryland	Ohio	Virginia
Connecticut	Maine	Pennsylvania	Virgin Islands
District of Columbia	North Carolina	Road Island	Vermont
Florida	New Hampshire	Puerto Rico	West Virginia
Georgia	New Jersey	South Carolina	
Massachusetts	New York	Tennessee	

The point of contact for TOE organizations within the Tobyhanna Region is DSN 795-7744; commercial 570-615-7744.

Medical Maintenance Operations Division, Tracy, CA			
Mississippi	New Mexico	Texas	Hawaii
California	Nevada	Oregon	Arkansas
Arizona	Oklahoma	Washington	Louisiana

The point of contact for TOE organizations within the Tracy Region is DSN 462-4556; commercial 209-839-4556.

Medical Maintenance Operations Division, Hill Air Force Base, UT			
Alaska	Iowa	Missouri	Utah
Colorado	Kansas	Montana	Wisconsin
Idaho	Kentucky	Nebraska	Wyoming
Illinois	Michigan	North Dakota	
Indiana	Minnesota	South Dakota	

The point of contact for TOE organizations within the Hill Region is DSN 586-4947; commercial 801-586-4947.

h. Questions, comments or concerns that cannot be resolved by contact with any of the above organizations should be directed to the USAMMA POC at DSN 343-9780; commercial 301-619-9780.

APPENDIX C. CENTRALIZED CLASS VIII REPAIR PARTS PROGRAM

THE US ARMY MEDICAL MATERIEL AGENCY (USAMMA)
CENTRALIZED CLASS VIII REPAIR PARTS PROGRAM

1. Repair parts for medical equipment encompass those components, supplies, and other materials necessary to facilitate unit and higher-level maintenance support of medical equipment. Medical equipment repair parts, though normally Class VIII or Class IX items, can include all supply classes where such parts or materials are required to perform maintenance services or equipment repairs to return an item to a fully mission capable status (FMC). Class VIII repair parts do not include accessories or consumable supplies, i.e., pipettes, operator replaceable tubing or batteries, jars or collection containers, etc., which should be provided and funded as part of the organizations' Unit Level maintenance program.

2. The US Army Medical Materiel Agency (USAMMA) operates a centralized medical repair parts program for Army organizations resourced within the authority of Modified Table of Organization & Equipment (MTOE). The purpose of the program is to provide an adequate and responsive Class VIII repair parts support contingency to support AMEDD MTOE organizations. The necessity to execute and manage a centrally-managed Class VIII repair parts program within the AMEDD, particularly for MTOE organizations, is required and essential to ensure deployable organizations with medical equipment are FMC upon deployment to support contingencies and combat operations.

3. The program's objective is to make available to organizations with a field or sustainment maintenance capacity, the repair parts necessary to sustain deployable medical equipment in a FMC status. It has been determined that a contributing factor to TOE organizations not having an effective medical maintenance program has been the inability of repairers to obtain parts needed to maintain the unit's medical equipment.

a. Prevalent problems associated with the Class VIII repair parts process include parts no longer available from original equipment manufacturer (OEM) and a lack of standardization causing supply chain unresponsiveness, both of which result in frequently rejected parts requests at the local level.

b. Utilization of in-house medical maintenance expertise within the supply chain has proven to reduce many repair parts difficulties. Moreover, the availability of a robust inventory of existing assets and a depot level cannibalization point, coupled with $25K Credit Card Authority, has significantly improved repair parts supply chain responsiveness and customer satisfaction.

c. Measurable benefits realized at the unit level, above and beyond the availability of class VIII repair parts to support a comprehensive medical maintenance program, are reduced costs associated with minimum order requirements, as well as a reduction in man-hours required for investigation and research.

d. Additionally, the centrally-managed Class VIII repair parts program facilitates the development of a central source of supply with a comprehensive information repository capable of providing repair parts utilization data to build push packages to support contingency operations.

4. Class VIII Repair Parts Support Request Procedures

a. Typically, the medical maintenance support structure should coincide with the medical supply support structure. Medical maintenance personnel should attempt to utilize established supply channels to the maximum extent possible. Appropriate use of the supporting supply channel, i.e., MEDLOG, IMSA, SMLIM, assists in establishing consequential and future logistical support requirements.

b. Installation Medical Supply Activities (IMSAs) and Medical Logistics Battalions/ Companies (MEDLOGs) providing sustainment level medical maintenance support should consider contacting USAMMA directly to obtain repair parts support.

c. Likewise, unit-level maintenance organizations - which due to locality are experiencing challenges with conventional supply channels to the extent that equipment or unit readiness is impacted - may consider contacting USAMMA to obtain repair parts support.

5. The Centralized Class VIII Repair Parts Program is not intended to provide initial supply or resupply of PLL stocks and/or inventories.

6. Management of USAMMA's centralized medical materiel repair parts program will be in accordance with the following Regulations:

- *AR 710-1, Centralized Inventory Management of the Army Supply System*;
- *AR 710-2, Inventory Management Supply Policy Below the Wholesale Level*;
- *AR 40-61, Medical Logistics Policies and Procedures*;
- *DA PAMs 710-2-1* and *710-2-2*.

7. The Centralized Class VIII Repair Parts Program will provide sustainment level maintenance repair parts support to Army MTOE organizations. Funding for repair parts support differs depending on whether the organization is operating in garrison as opposed to operating in contingency operation. In addition to the unit's operating status, funding is also dependant on the unit's component.

a. Contingency Operations. Due to extreme conditions, as well as the extraordinary operation tempo associated with contingency operations, the Department of Defense allocates separate operating budgets "theater dollars" to support contingency operations. The US Army Medical Materiel Agency Centralized Class VIII Repair Parts Program will provide any and all repair parts support requested on a prepaid by theater or reimbursable basis for MTOE units in contingency operations.

b. Garrison Operations. Funding for Repair Parts Support of MTOE units operating in garrison (not contingency operations) is further defined as follows:

(1) Non-reimbursable (Sustainment Maintenance Program)

(a) **COMPO 1** (Active Army). Repair parts support for active Army MTOE organizations includes all direct, general, and depot level maintenance parts and support requirements while the organization is in garrison.

(b) **COMPO 2** (National Guard). Repair parts support for Army National Guard organizations includes all direct, general, and depot level maintenance parts and support requirements while the organization is in garrison.

(c) **COMPO 3** (Army Reserve). Mission Essential Equipment Training (MEET) and Base Equipment Sets (BES). Repair parts support for the USARC managed MEET and BES equipment includes only depot level maintenance support parts requirements. Medical repair parts that are no longer available from commercial sources are the only exception.

(2) Reimbursable/Prepaid (Unit/MACOM Funded)

COMPO 6 (Army Prepositioned Stocks {APS}). All repair parts support for APS medical equipment must be funded by the APS program on a reimbursable or prepaid basis. The exception is APS that has been handed off to a unit participating in contingency operations, for which funding is provided by the theater.

8. For sustainment level medical maintenance repair parts support, call the USAMMA Maintenance Depot at Hill Air Force Base, Ogden, UT, at 801-586-4947; DSN 586-4948.

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By Order of the Secretary of the Army:

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