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Health Services

MEDICAL LOGISTICS SUPPORT

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This publication implements Air Force Policy Directive (AFPD) 25-1, *War Reserve Materiel*, Department of the Air Force Policy Directive (DAFPD) 23-1, *Supply Chain Materiel Management*, and Department of Defense Instruction (DoDI) 5000.64_Department of the Air Force Instruction (DAFI) 23-111, *Accountability and Management of DoD Equipment and Other Accountable Property*. Department of the Air Force (DAF) Medical Logistics (MEDLOG) provide equipment, materiel, services, and information to enable the establishment and operation of DAF MEDLOG Stock Record Accounts (SRAs) and subordinate element accounts, supporting the overall MEDLOG operations of the War Reserve Materiel (WRM) Program and related mission. This publication is applicable to the entire DAF, including all uniformed members of the Regular Air Force (RegAF), United States Space Force (USSF), Air Force Reserve (AFR) and Air National Guard (ANG), except where noted otherwise, as well as to all DAF civilian employees, and those with a contractual obligation to abide by the terms of DAF issuances. Ensure all records generated as a result of processes prescribed in this publication adhere to Air Force Instruction (AFI) 33-322, *Records Management and Information Governance Program*, and are disposed in accordance with (IAW) the Air Force (AF) Records Disposition Schedule (RDS), which is located in the Air Force Records Information Management System. This publication may be supplemented at any level, but all supplements must be routed to the office of primary responsibility (OPR) of this publication for coordination prior to certification and approval. The authorities to waive wing or unit level requirements in this publication are identified with a tier ("T-0, T-1, T-2, T-3") number following the compliance statement. See Department of the Air Force Manual (DAFMAN) 90-161,

Publishing Processes and Procedures, for a description of the authorities associated with the tier numbers. Submit requests for waivers through the chain of command to the appropriate tier waiver approval authority or alternately to the requestor's commander for non-tiered compliance items. Refer recommended changes and questions about this publication to the OPR using the DAF Form 847, *Recommendation for Change of Publication*; route DAF Forms 847 from the field through the appropriate functional chain of command.

SUMMARY OF CHANGES

This document is new. This instruction supersedes AFI 41-201, 10 October 2017, Air Force Manual (AFMAN) 41-209, 4 January 2019, and AFMAN 41-216, 7 January 2019. Legacy and Service-specific technical procedures, and Defense Health Agency (DHA) publications have been evaluated for Active Duty (AD) readiness requirements and transferred into Technical Order (TO) TO 13C7-34-2-1-WA-1, Operations and Manual - *Operational Medical Logistics*. Substantive additions to this publication were made for the management of the Air Force Working Capital Fund / Medical-Dental Division (AFWCF/MDD) and the sustainment of the WRM in relation to operational and audit readiness, accountability, and funding to comply with Department of Defense (DoD) 7000.14-R, *Financial Management Regulation*, Volume 1, Chapter 9, *Financial Records Retention* and service contract management delegation of authority IAW DoDI 5000.72, *DoD Standard for Contracting Officer's Representative (COR) Certification*.

Chapter 1

GENERAL OVERVIEW

1.1. Overview. This publication implements the provisions of the DoDI 5101.15, *DoD Medical Materiel Management*, assigns responsibilities and establishes procedures for the DoD Medical Materiel Executive Agent as the single point of contact for orchestrating effective and efficient supply chain support for the DoD and the Air Force/Surgeon General (AF/SG) responsibilities for DoDI 6430.02, *Defense Medical Logistics Program*, for execution of the DAF MEDLOG readiness operational mission.

1.1.1. This instruction establishes policy for operation of DAF Department of Defense Activity Address Code (DoDAAC) series "FM" and "FY", supported with Air Force Working Capital Fund / Medical-Dental Division (AFWCF/MDD). "FM" DoDAACs are Stock Records Accounts and allow financial interface, supporting vendor direct orders, delivery, and retention of materiel; "FY" DoDAACs represent a ship to point, supporting delivery and retention of materiel, but not financial interface, and therefore, cannot place direct orders to a vendor without aligning under the host "FM" DoDAAC. Additionally, this instruction provides policy for other operational regional and theater MEDLOG teams interfacing with intermediate support activities for the documentation, codes and records, system administration, inventory management, procurement, controlled medical item management, equipment maintenance and management, medical materiel quality assurance, DAF WRM, and other Contingency Medical Materiel (CMM).

1.1.2. IAW this publication, TO 13C7-34-2-1-WA-1, Operations and Manual - *Operational Medical Logistics*, provides medical logistics officers, medical supply and medical equipment maintenance personnel operating procedures for tasks that require standardization between operational MEDLOG and utilization of the AFWCF/MDD, supporting DAF, ANG and AFR. This instruction and TO 13C7-34-2-1-WA-1 provides the readiness currency requirements for DAF personnel to execute the operational capability outlined in DAF Tactics, Techniques and Procedures (TTP) 3-42.8, *Expeditionary Medical Logistics (EML) System*, and Air Force Doctrine Publication (AFDP) 4-02, *Health Services*.

1.2. Roles and Responsibilities.

1.2.1. General.

1.2.1.1. All personnel are responsible for safeguarding AF property and may be held financially liable if evidence of negligence is determined for the loss, damage or destruction of such property IAW DoDI 5000.64_DAFI 23-111. **(T-0)**

1.2.1.2. Unless stated otherwise, duties outlined in this manual are the responsibility of the SRA Medical Logistics Flight Commander (MLFC) and the respective military chain of command for that individual. **(T-1)**

1.2.2. The Air Force Surgeon General (AF/SG) will:

1.2.2.1. Establish policy and procedures for managing medical materiel for contingency support, fiscal compliance for operation of the AFWCF/MDD, and personnel competency for Active Duty (AD) Medical Service Corps (MSC) officers, medical materiel logisticians

and biomedical equipment technicians (BMETs) in the Air Force Medical Service (AFMS). **(T-1)**

1.2.2.2. Consolidate WRM requirements and Program Objective Memorandum (POM) requirements to include programming for DAF Medical WRM sustainment costs in program element code 28038F. **(T-1)**

1.2.2.3. Train and equip DAF AD MEDLOG personnel to ensure readiness proficiency to provide MEDLOG functionality aligned with the *Joint Publication (JP) 4-02, Joint Health Services*. **(T-1)**

1.2.3. Air Force Medical Command, Logistics & Installation Support Division (AFMEDCOM/A4/10) will:

1.2.3.1. Administer policy and procedures for managing operational medical materiel, supply and medical equipment maintenance operations, contingency materiel support, transactional management, fiscal compliance for operation of the AFWCF/MDD, and operational training and publications. **(T-1)**

1.2.3.2. Manage financial objectives for the AFWCF/MDD, associated policy, transactions, and supporting documentation. **(T-1)**

1.2.3.3. Develop the POM to manage and distribute WRM funds required for the development, procurement, and sustainment of AF WRM assemblages in coordination with the Manpower and Equipment Force Packaging (MEFPAK) Responsible Agencies (MRAs), including budgeting for industrial operations, test support, and materiel solution development. **(T-1)**

1.2.3.4. Chair the Medical WRM Working Group under the Functional Area Manager (FAM)/MEFPAK Working Group. **(T-1)**

1.2.3.5. Provide compliance oversight for DAF CMM. **(T-1)**

1.2.3.5.1. Coordinate with AFMEDCOM Force Development & Management Division (AFMEDCOM/A1/7) 4A1 and 4A2 Career Field Managers (CFMs) for oversight/management of corps, career fields, and Department of the Air Force Specialty Code (DAFSC) management and development to ensure delivery of capabilities to meet the AFMS requirements in support of the DAF mission. **(T-1)**

1.2.3.5.2. Partner with the CFMs on AD manpower authorizations based on workload recorded in Defense Medical Logistics Standard Support (DMLSS) or applicable Accountable Property System of Record (APSR), personnel, developmental roles, and assignments. **(T-1)**

1.2.3.6. Function as the liaison between AF SRA and the Defense Logistics Agency-Troop Support (DLA-TS), General Services Administration (GSA), Theater Lead Agent for Medical Materiel (TLAMM), and other AF medical sources for WRM. TLAMM roles and responsibilities are IAW DoDI 5101.15, *DoD Medical Materiel Management*. **(T-1)**

1.2.3.7. Provide oversight, management, and publication of WRM allowance standards. **(T-1)** Product Support Managers will maximize the opportunity to collaborate with DHA MEDLOG in the development, maintenance, and utilization of the clinically derived standardized products and common medical item lists while managing allowance standards

for AFMS WRM assemblages. **(T-1)** See DHA-PM 6430.01, *Operational Medical Materiel Analysis Program*.

1.2.3.8. Manage DAF Shelf-Life Extension Program (SLEP). **(T-1)** Refer to DHA-PM 6430.05, *Shelf-Life Extension Program*, for procedures and guidance to manage SLEP, including designation of an AF SLEP manager and SLEP unit monitor.

1.2.3.9. Oversee sustainment of AF/SG-owned contingency response assemblages, WRM, and Force Health Protection (FHP) assets. **(T-1)**

1.2.3.10. Assist AFMS readiness division in the sustainment of Home Station Medical Response (HSMR) assets IAW AFI 41-106, *Medical Readiness Program*. See **Section 8C – HSMR**. **(T-1)**

1.2.3.11. Manage DoDAAC repository for AFWCF/MDD and DAF operational SRA to include modifications such as type address code (DoDAAC TAC: TAC1, TAC2, TAC3, TAC4) addresses. **(T-1)**

1.2.3.12. Function as MRA for the FHP Program. **(T-1)**

1.2.3.13. Conduct site visits to assist installation-level MEDLOG personnel in maintaining an optimum standard of operational MEDLOG support, currency, and readiness proficiency. **(T-1)**

1.2.3.14. Approve and manage requests for waiver from the DMLSS and LogiCole Segregation of Duty (SOD) function at the SRAs. **(T-1)**

1.2.3.15. Coordinate medical materiel deployments with MRAs at Air Combat Command (ACC), Air Mobility Command (AMC), and Air Force Special Operations Command (AFSOC). **(T-1)**

1.2.3.16. Authorize and provide SRA WRM asset sell-off guidance. **(T-1)**

1.2.3.17. Monitor the operational medical materiel supply chain and track deployed equipment unit type code (UTC) shipments to the point of debarkation. **(T-1)**

1.2.3.18. Manage funding and approves the SRA use of Transportation Account Codes (TACs) “F7MD” and “F7WR”. **(T-1)**

1.2.3.19. Administer the policy, allocation, procurement, and distribution for the WRM contingency medical equipment program. **(T-1)**

1.2.3.20. Provide support on an as-needed basis to DHA’s annual influenza vaccine requirements. **(T-1)**

1.2.3.21. Coordinate with the DAF Medical Operations Center (MOC) on MEDLOG support for all medical contingency operations. **(T-1)**

1.2.3.22. Manage Surgeon General Managed Equipment (SGME):

1.2.3.22.1. Validate that SGME are listed in the SG managed equipment application on the Air Force Medical Logistics (AFML) website. **(T-1)**

1.2.3.22.2. Ensure accurate catalog records for SGME items to include correct source of supply and commodity class. **(T-1)**

1.2.3.22.3. Process funding requests for repair or acquisition of SGME items. **(T-1)**

1.3. DAF Military Treatment Facility (MTF) Commander Roles and Responsibilities.

1.3.1. The MTF Commander (or equivalent), henceforth referred to as the unit commander, will:

1.3.1.1. Appoint an MSC as the SRA Accountable Medical Supply Officer (AMO) IAW, DoDI 5000.64_DAFI 23-111. **(T-1)** If an officer is not assigned to the MEDLOG flight or is absent greater than 60 days, submit a waiver in coordination with Major Command/Surgeon General Administrator (MAJCOM/SGA) to the Chief, Logistics & Installation Support Division, AFMEDCOM/A4/10. **Note:** ANG medical units - a duly appointed assistant United States Property and Fiscal Officer (USPFO) serves as the AMO for the relevant jurisdiction organization in possession of medical materiel. **(T-1)**

1.3.1.1.1. In the ANG, the assistant USPFO will only fulfill those responsibilities described in this DAFI related directly to the management and accountability of medical materiel and ANG-owned medical assemblages within the jurisdiction to which they are assigned. **(T-3)**

1.3.1.1.2. WRM maintained within the AFWCF/MDD on behalf of the ANG is the responsibility of the respective AF SRA AMO. **(T-1)**

1.3.1.2. Appoint a medical WRM Project Officer. This will typically be the AMO but can be a military member E7 or above, or federal government employee General Schedule (GS)-09/Wage Grade (WG) equivalent or higher, working in the MEDLOG flight or with WRM pre-position sites. **(T-1)**

1.3.1.3. Appoint an Accountable Property Officer (APO) in the rank of E-5 and above or civilian equivalent. **(T-1)**

1.3.1.4. Where DAF AD BMETs are assigned, ensure that MTF in-use medical equipment device codes equivalent to WRM include a “first look” provision in any service maintenance contract to retain currency. **(T-1)**

1.3.1.5. Enforce mandatory use of DLA-TS Prime Vendor (PV) contracts for pharmaceutical and consumable medical supplies equivalents. **(T-1)**

1.3.1.6. Act as the Inventory Adjustment Approval Authority (IAAA) to approve Inventory Adjustment Vouchers (IAVs). The MTF Commander (or equivalent) may delegate the role of the IAAA to the Deputy Commander or Administrator (or equivalent). **(T-2)**

1.3.1.7. Act as the approval authority for specific MEDLOG external unit support agreements. **Note:** Consider third party MEDLOG labor costs as AD staffing and DAF end strength are not augmented for local Memoranda of Agreement (MOAs). **(T-1)**

1.3.1.8. Nominate an authorized clinical representative to approve medical items requests from installation DAF non-medical units. **(T-1)**

1.3.1.9. Nominate AFWCF/MDD Government Purchase Card (GPC) holders and approving officials IAW DAFI 64-117, *Government Purchase Card Program*. **(T-0)**

1.3.1.9.1. Nominating Authority may be delegated to squadron commanders for cardholders.

1.3.1.9.2. BMETs (AD and civilian equivalents) will not be appointed as GPC holders. **(T-3)**

1.3.1.10. Appoint MTF property custodians (PCs), as the customer interface to the SRA in the requisition, management, accountability, and maintenance of supplies and equipment. **(T-3)** Reference DHA-AI 4000.01, *Property Accountability and Management of General Equipment*, for PC appointment and responsibilities.

1.3.1.10.1. Appointing Authority may be delegated to the squadron commander for the respective PCs. **(T-1)**

1.3.1.10.2. Before a PC is relieved from duty, transferred, separated from service, or absent from the account for a period longer than 45 calendar days, the unit commander will appoint a replacement PC. **(T-1)**

1.3.1.10.3. PCs may be appointed for more than one using activity. **(T-1)**

1.3.1.11. Nominate qualified MTF Contracting Officer's Representative (COR), IAW DoDI 5000.72. **(T-0) Note:** Nominating authority may be delegated to the squadron commander for the respective CORs. **(T-1)**

1.3.1.12. Act as the Approving Authority for any Financial Liability Investigation of Property Loss (FLIPL). **(T-1)**

1.3.1.12.1. Designate an Appointing Authority in writing to oversee requirements and responsibilities in determining accountability for financial liability investigation. Appointing Authority will be no more than two pay grades below the unit commander at a minimum in the military pay grade of O-4 or civilian equivalent. **(T-1)**

1.3.1.12.2. Ensure Appointing Authority designates investigating officers for FLIPL actions as required IAW DoD 7000.14-R, Volume 12, Chapter 7, *Financial Liability for Government Property Lost, Damaged, Destroyed or Stolen*. **(T-1)**

1.3.1.12.3. Ensure Appointing Authority designates in writing Financial Liability Investigation Manager (FLIM) to track, monitor and assess completeness of DD Form 200, Financial Liability Investigation of Property Loss. **(T-1)**

1.3.1.13. Appoint a primary and alternate Vehicle Control Official (VCO) IAW AFI 24-302, *Vehicle Management*, using AF Form 172, *Appointment of Vehicle Control Officials*. **(T-1)**

1.3.1.14. IAW AFI 44-108, *Infection Prevention and Control Program*, the Infection Prevention Officer will approve all new item requests in DMLSS for medical materiel from custodians and non-medical custodians supported by the Medical Logistics. **(T-1)** Unit commander or Infection Prevention Officer approval is not required for Air Force units designated as a TLAMM when supporting other DoD requirements. **(T-1)**

1.3.1.15. Appoint one or more disinterested destruction officers to be responsible for the destruction of Controlled Item Inventory Code (CIIC) Q and R, DEA Schedule II-V items. **(T-3)** Destruction officers will be a service member (MSgt or higher) or a federal employee (GS-07/WG equivalent or higher). **(T-3)** In addition, two disinterested individuals will witness the destruction. These witnesses will also be service members (MSgts) or federal employees (GS-07 or Wage Grade equivalent or higher).

1.3.2. The MLFC will:

1.3.2.1. Review, sign and track the monthly Maintenance Management Report (MMR) for each Maintenance Service Activity (MSA) contract. **(T-1)**

1.3.2.2. Manage the contingency medical equipment management program. **(T-3)**

1.3.2.3. Maintain contingency equipment records to include losses of equipment; see **paragraph 3.24**. **(T-2)**

1.3.2.4. Ensure SRA manual procedures are included in the MTF Medical Contingency Response Plan and exercised annually IAW DAFI 10-208, *Air Force Continuity of Operations (COOP) Program* and *AFI 41-106, Medical Readiness Program*. **(T-3)** The SRA will contact AFMEDCOM/A4/10 Operations Support Branch (AFMEDCOM/A4/10O) in the event of any network or systems outage affecting normal DMLSS operations for more than 24 hours. **(T-3)**

1.3.2.5. Ensure proper environmental, space, and security requirements are maintained for assets and submit facility repair or project requests as required; see **paragraph 3.16**. **(T-1)**

1.3.2.6. Ensure WRM assets are maintained in a ready state. **(T-1)**

1.3.2.7. Designate in writing a military member, or federal employee, as the DMLSS System Administrator (SA). Designated AD must be a 5-level (7-level preferred) or receive equivalent training if a civilian employee. Member must be assigned role as SA in DMLSS. **(T-1)**

1.3.2.8. Limit DMLSS inventory adjustment transaction roles to SRA staff in the rank of E-4 and above or equivalent civilians. **(T-1)**

1.3.2.9. Designate a service member (E-5 or higher), or federal employee (GS-05/WG equivalent or higher), to destroy other than Controlled Item Inventory Code (CIIC) Q and R items, as aligned with DHA-AI 6430.07, *Medical Logistics Inventory Management*. **(T-1)**

1.3.2.10. Designate in writing a subordinate staff member as the MEDLOG vaccine program coordinator. **(T-1)**

1.3.3. The AMO will:

1.3.3.1. Conduct and document an initial self-inspection upon appointment as the SRA AMO and inventory accountability transfer within 60 days of assignment to the unit and subsequent documented self-inspections on an annual basis. **(T-1)** Ensure non-compliant inspection checklist items that fall under the organization internal control are accounted and reported with corrective action plan into the Management Internal Control Toolset (MICT) system within 30 days of the findings. **(T-1)** Reference TO 13C7-34-2-1-WA-1 for the Self-Inspection Checklist and procedures.

1.3.3.2. Ensure all medical materiel is procured and managed in the approved DoD APSR, currently the (AFWCF/MDD) DMLSS system. **(T-0)**

1.3.3.3. Maintain physical accountability for all AFWCF/MDD-owned assets in operating and WRM inventory. **(T-0)**

1.3.3.4. Obtain MTF Pharmacy and Therapeutics (P&T) Function or equivalent approval for customer issue of pharmaceuticals to non-MTF medical units. **(T-1)**

1.3.3.5. Ensure current and correct registration for controlled substances is maintained with the Drug Enforcement Administration (DEA). **(T-0)**

1.3.3.6. Designate a primary and alternate SRA controlled medical item custodian to receive, store and deliver items; and maintain accountable stock control records. Assigned AD must be a 5-level or receive equivalent training if a civilian employee or contractor. Designated contractors must have aforementioned duties codified in the performance work statement. **(T-1)**

1.3.3.7. Ensure accuracy of property records and auditable management controls are in place to minimize occurrences of fraud, negligence, theft, etc. This includes, but not limited to:

1.3.3.7.1. Completing all AFWCF/MDD physical inventories within required timeframes and processing balance adjustments as necessary. **(T-3)**

1.3.3.7.2. Maintaining auditable financial records in Julian date sequence. Ensure required supporting documents and retention periods per transaction type are complied with, according to **Table 1**., Medical Logistics Quality Control/Source Document Cross Reference. **(T-1)**

1.3.3.7.3. Maintaining necessary levels of security and escorted access to inventory storage locations (WRM and vault). **(T-1)**

1.3.3.7.4. Accomplishing AFWCF/MDD monthly financial reconciliation. **(T-1)**

1.3.3.7.4.1. Reconcile the DMLSS End of Month On-Hand Balance Report with line 11 of the Account Requirement Code (ARC) and Stratification (Strat) Report. Upon completion, the AMO will sign and date the reconciled report. The signed report will be retained for two years from the last day of the fiscal year in which the monthly reconciliation report was performed. **(T-0)**

1.3.3.7.4.2. Use the reconciled ARC and Strat Report to reconcile the Defense Finance and Accounting Service (DFAS) Medical Materiel Management Report (MMMR). **(T-0)**

1.3.3.7.4.3. Report and resolve any discrepancies in balances on the ARC and Strat Report and MMMR with the responsible DFAS Field Division Office. **(T-0)**

1.3.3.7.4.4. Monitor the account's Logistics Management Indicators (LMIs) and Key Performance Indicators (KPIs) on the AFML website (**https://medlog.us.af.mil/**) and adjust business practices to ensure they meet threshold limits as specified by AFMEDCOM/A4/10. **(T-1)**

1.3.3.7.5. Ensure the SOD function in DMLSS SA Tool always remains enabled unless there is an approved waiver. **(T-1)** To request a waiver, contact AFMEDCOM/A4/10O at **usaf.detrick.afms.mbx.afmedcom-a4-10o-mtf-field-support@health.mil**. The SOD is enabled to prevent fraud by ensuring that receipt and order of a single transaction is not performed by the same user. **(T-1)**

1.3.3.8. Prior to a permanent change of station, assignment, re-deployment, separation, or retirement, conduct an operating inventory and transfer the SRA to the incoming AMO. When the AMO is absent for 60 days, the unit commander will appoint a new AMO. **(T-0)** When transferring accountability:

1.3.3.8.1. The incoming and outgoing AMOs will sign a certificate of transfer **(T-0)** **Figure 1.1** provides a template.

1.3.3.8.2. The incoming AMO will retain the original certificate until accountability is transferred to a successor. **(T-0)**

1.3.3.8.3. A copy of the transfer certificate will be provided to the outgoing AMO upon relief of accountability. **(T-0)**

1.3.3.8.4. The MLFC will notify AFMEDCOM/A4/10O (email: **usaf.detrick.afms.mbx.afmedcom-a4-10o-mtf-field-support@health.mil**) when notified that an account will be deactivated. **(T-2)**

1.3.3.8.5. When an account is to be deactivated, the AMO will schedule an inventory of medical property items, including an assessment of asset condition. **(T-0)**

Figure 1.1. Medical Stock Record Account Certificate of Transfer.

_____20__

I certify that the balance shown on the records of activity/DoDAAC as of the above date and the last document number dated _____20__ is true and correct to the best of my knowledge and belief and that the property has been turned over this date pursuant to DAFI 41-230, *Medical Logistics Support*.

SIGNED: (Outgoing Accountable Medical Supply Officer)

I certify that I have received on this date all property pertaining to the above designated activity/DoDAAC for which my said predecessor was accountable, plus all proper charges against and less all authorized credits to my predecessor's activity/DoDAAC to the last document number dated _____20__ and that I have assumed on this date accountability for the property pertaining to this activity/DoDAAC.

SIGNED: (Incoming Accountable Medical Supply Officer)

1.4. AFWCF/MDD Stock Record Account.

1.4.1. "FM" DoDAACs utilize AFWCF/MDD Line of Accounting (LOA).

1.4.2. AFWCF/MDD is a revolving stock fund that operates on a "break-even" basis. SRA inventory will not be issued without a funded requisition (i.e., reimbursable basis) IAW DoD

7000.14-R, Volume 4, Chapter 4, *Inventory and Related* Property, **paragraph 4.4** (040404). Customer funds will be used to replenish the AFWCF/MDD. **(T-0)**

1.4.2.1. Prior to processing the sale of AFWCF WRM, the SRA will coordinate directly with the host Wing Comptroller or equivalent activity to provide a chargeable LOA by submitting a Project Fund Management Record (PFMR) request form to establish/load the PFMR and Responsibility Center/Cost Center (RC/CC) within the applicable financial systems. **(T-1)** Procedures in completing the PFMR request form is provided in TO 13C7-34-2-1-WA-1.

1.4.2.2. The PFMR will be set up to sell-off WRM assets. Asset sell-off must occur no later than 15 days after assets depart the site of origin, except for loans of WRM, which will adhere to **paragraph 8.23**. **(T-1)**

1.4.2.3. The Air Force Medical Logistics Operations Center (AFMLOC) is the authority for the sell-off of any WRM assets. The AMO must contact the AFMLOC prior to processing any issues in DMLSS for WRM items. **(T-1)**

1.4.3. Variances to the fund (i.e., losses) are recovered through the application of a surcharge. The surcharge is automatically applied to all reimbursable issues processed in DMLSS. **(T-0)**

1.4.4. The AFWCF/MDD is authorized contract authority to incur expenses when replenishing inventory and has an obligation ceiling that will not be exceeded. The AFWCF/MDD has a "Log Fund" target in DMLSS to control obligations. The SRA will obtain an AFWCF/MDD Log Fund Allocation report from AFMEDCOM/A4/10 supporting all obligation ceiling targets in DMLSS. **(T-0)**

1.4.5. DAF SRAs designated as TLAMMs will coordinate establishment or revision of a Project Center or Expense Center in support of that mission directly with DFAS. **(T-1)**

1.4.6. AFWCF/MDD SRAs will maintain DAF GPCs for transactions placed in the AFWCF/MDD and utilize them IAW DAFI 64-117. **(T-0)**

1.4.7. SRAs will only purchase DAF CMM supplies, equipment, and pharmaceuticals through AFWCF/MDD SRA DMLSS systems. **(T-0)**

1.4.8. SRAs will not use manual end-of-fiscal year processing on 30 September. **(T-1)**

1.5. Unit Operations and Maintenance (O&M) Funds.

1.5.1. Unless otherwise directed in a written agreement, all medical supplies and equipment for non-MTF units are unit funded with their O&M funds. **(T-0)**

1.5.2. For loading project centers fund targets in DMLSS, the Resource Management Office (RMO) or equivalent activity will provide fund target load/change form or letter, or locally approved fund target load/change document to SRA. **(T-3)**

1.5.3. The SRA will quality control (QC) fund targets load documents against the DMLSS Source Document Control Report to ensure targets are accurately loaded. **(T-1)**

1.5.4. Quarterly, RMO or equivalent activity and the SRA will reconcile targets, obligations, and expenses between DMLSS and DFAS. **(T-0)**

1.5.5. Only the SRA will establish project centers and expense centers in DMLSS. **(T-1)**

1.5.5.1. The RMO, or equivalent activity, will provide direction when establishing or revising a Project Center or Expense Center in DMLSS. **(T-3)**

1.5.5.2. Do not initiate DMLSS transactions for a new Project Center or Expense Center until all required DFAS actions are complete. **(T-0)**

1.6. Support to Detached Units.

1.6.1. AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures,* provides procedures for developing a MOA for supporting detached non-MTF units.

1.6.2. The SRA will not provide non-medical materiel or services to detached units. **(T-1)**

1.6.3. The supported unit is responsible for materiel transportation from MTF. **(T-1)**

1.6.4. Independent Duty Medical Technicians (IDMTs) and personnel who support squadron medical elements and remote sites will obtain required medical materiel from their designated medical supply support activity. They will utilize the same storage, issue, accounting, and inventory procedures and precautions required for drugs, supplies, and equipment as a MTF activity. **(T-1)** Refer to AFI 44-103, *The Air Force Independent Medical Technician Program,* for IDMT guidance.

1.6.5. Aeromedical Evacuation Squadrons (AES) will receive required medical materiel from their designated medical supply support activity. **(T-1)** They will use the same storage, issue, accounting, and inventory procedures and precautions required for drugs, supplies, and equipment as a MTF IAW AFMAN 10-2909, *Aeromedical Evacuation (AE) Equipment Standards*, AFMAN 11-2AEV3, *Aeromedical Evacuation (AE) Operations Procedures*, and AFMAN 11-2AEV3 Addenda A, *Aeromedical Evacuation Operations Configuration/Mission Planning*. **(T-1)**

1.6.6. Air Mobility Command/Surgeon General (AMC/SG) MEDLOG support to supported AE Critical Care Air Transport Team (CCATT) operational units is included in the Aeromedical Evacuation Operational Kit concept of operations.

1.7. Line of the DAF Units with Assigned Medical Materiel Technicians Responsibilities. DAFSC 4A1X1, Medical Materiel Technicians will:

1.7.1. Adhere to **paragraph 8.10** in providing detached medical unit WRM support. **(T-1)**

1.7.2. Provide medical supply and equipment embedded specialist proficiency to support their unique mission sets. **(T-2)**

1.7.3. Maintain Comprehensive Medical Readiness Program (CMRP) CAT II currency, Hazardous Declaration (HAZDEC) training, and Cargo Marshalling certification throughout the duration of their assignment. **(T-2)**

1.7.3.1. Coordinate with their host MTF MEDLOG Flight or installation as applicable to receive training. **(T-2)**

1.7.3.2. Elevate gaps in training support to the MAJCOM Functional Manager (MFM). **(T-1)**

1.7.3.3. Develop plans to resolve training deficiencies and support lapses in coordination with the MFM. **(T-2)**

1.7.4. Support UTC readiness assessment requirements on any deficits IAW **paragraph 8.20**.**(T-0)**

1.7.5. Maintain a current support agreement or MOA with the supporting MTF. **(T-1)**

Chapter 2

DATA RECORDS, DOCUMENTATION, AND QUALITY CONTROL

2.1. Purpose. This chapter provides guidance on the establishment and maintenance of accountable and auditable records.

2.2. Medical Materiel Records or Property Accounting Documents. A medical materiel record is an authorized property accounting document detailing a property action such as a requisition, receipt, shipment, issue, transfer, or adjustment. The AMO will:

2.2.1. Account for materiel on the SRA, including in-transit materiel. **(T-0)**

2.2.2. Use document numbers to identify materiel accounting source documents, maintain supporting document files to verify property transactions; and establish necessary internal controls and clear audit trails. **(T-0)**

2.2.3. Maintain a separate property record for each equipment and supply item in operating and WRM inventory. **(T-0)** Maintain and dispose of medical materiel records IAW AFI 33-322 and the AF RDS located in the Air Force Information Management System. **(T-0) Note:** If there are guidance conflicts, utilize the longer retention period.

2.2.4. Use **Table 1**., Medical Logistics Quality Control/Source Document Cross Reference, for the required supporting documents and retention periods by transaction type. **(T-0)**

2.3. Materiel and Property Documents Processing. The SRA will follow all guidance and procedures outlined in DHA-PI 6430.08, *Medical Logistics Order Management*, Enclosure 3, Paragraphs 1.b(1)-1.b(7). **(T-2)**

2.4. Quality Control.

2.4.1. The SRA will follow all guidance and procedures outlined in DHA-PI 6430.08, Enclosure 3, Paragraphs c.1.-c.2. **(T-1)**

2.4.2. QC Process. The SRA will follow all procedures IAW TO 13C7-34-2-1-WA-1, Chapter 2. **(T-0)**

2.5. Filing Source Documentation. The SRA will file numbered documents and supporting documents IAW **paragraph 1.3.3.6.2**. **(T-1)**

Chapter 3

INVENTORY MANAGEMENT

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

3.2. Responsibilities.

3.2.1. All AFWCF/MDD accountable materiel, IAW DoDI 5000.64_DAFI 23-111 will be recorded in DMLSS and stratified into one of the following categories:

3.2.1.1. Operating. On hand inventory that is serviceable. **(T-1)**

3.2.1.2. Special Projects. Operating on hand inventory that is serviceable and designated for special projects. SRAs must coordinate pre-approval for this category inventory through AFMEDCOM/A4/10O (email: **usaf.detrick.afms.mbx.afmedcom-a4-10o-mtf-field-support@health.mil**). **(T-1)**

3.2.1.3. Reparable. Operating on hand equipment and maintenance significant supply inventory that is suspended for use/issue and awaiting repair. **(T-1)**

3.2.1.4. Suspended. Operating on hand inventory that is suspended for use/issue and unserviceable. **(T-1)**

3.2.1.5. Excess. Operating on hand inventory that is in excess to the needs of the AFWCF/MDD. **(T-1)**

3.2.1.6. WRM. Serviceable, reparable and suspended on hand inventory that is designated as WRM. **(T-1)**

Section 3A—Issues and Orders.

3.3. General Inventory Issue Instructions.

3.3.1. The SRA will comply with all DEA requirements, as outlined in **Chapter 5**. **(T-0)**

3.3.2. The SRA will only issue pharmaceuticals to the MTF or to accounts with an approved P&T authorized drug list with the following exceptions:

3.3.2.1. Requests from DAF non-MTF medical units with a written drug list approved by the host P&T function.

3.3.2.1.1. Requests from Army Veterinary Clinics for human use drugs. **Note:** Issues of non-human drugs do not require P&T function approval.

3.3.2.1.2. Subsequent orders of approved drug items may be added to non-MTF medical unit's catalog and issued on a recurring basis.

3.3.2.1.3. The SRA will only issue drug items in full units of issue. **(T-3)** The SRA will not accept return of previously dispensed pharmaceuticals (i.e., BWCW). **(T-1)**

3.3.2.2. All issues will comply with **paragraph 5.4**. **(T-0)**

3.3.2.3. Pharmaceutical drug items by National Stock Number (NSN) listed on a current AF/SG-approved allowance standard, Air National Guard Surgeon General (ANG/SG)-approved allowance standard or State ANG/SG-approved annex.

3.3.2.4. Bulk FHP issued to Troop Leader IAW **paragraph 8.21.6**. **(T-0)**

3.3.2.5. Requests for issue of controlled items from a TLAMM to DAF or other Service units to locations in the 50 United States, its territories, and the District of Columbia (DC) must be registered with the DEA to procure, order, store, and collect controlled medical items IAW Title 21 Code of Federal Regulations (CFR), Chapter II, Part 1301, *Registration of Manufacturers, Distributors, and Dispensers of Controlled Substances*. **(T-0)**

3.3.3. The SRA will manage medical kits IAW AF TO 00-35A-39, *Instructions for Procurement, Issue, Use and Maintenance of Medical Kits*. **(T-0)**

3.3.4. Warehouse refusals, items delivered with no due in order, will be researched and reconciled. **(T-3)**

3.4. Backorder Procedures.

3.4.1. The SRA will notify customers of the status of backorders and aid in finding substitute items or canceling items no longer needed. **(T-3)**

3.4.2. Any due-out that has not been awarded can be canceled without charge. If an order has been awarded, the SRA will confirm cancellation with the vendor before canceling the due-out in DMLSS. **(T-2)**

3.5. Authorization to Receive Controlled Items. The SRA will obtain signature receipt from authorized representatives for controlled items (Q and R). Individuals will be appointed in writing (include printed name and signatures) to receive controlled items. The letter will be sent to the SRA and must be retained for at least two years. **(T-1)**

Section 3B—Receipts.

3.6. General. The SRA will inspect 100 percent of all orders, including PV, verifying the quantity received, item identity (part number, nomenclature, etc.), and condition. A copy of the DD Form 250, *Material Inspection and Receiving Report*, will be completed IAW TO 13C7-34-2-1-WA-1, Chapter 4, Section 4A. **(T-0)**

3.7. Receiving Hazardous Materials (HAZMAT).

3.7.1. The SRA will function as the DAF installation MTF HAZMAT Tracking Activity (HTA) for medical materiel purchased by the SRA, IAW AFMAN 32-7002, *Environmental Compliance and Pollution Prevention*. The SRA will utilize the Air Force Hazardous Material tracking system, Enterprise Environmental and Occupational Health-Management Information System (EESOH-MIS) to track, receive, handle, store, inspect and distribute hazardous material. **(T-0)**

3.7.2. Ensure the receipt matches Hazardous Material against the correct Safety Data Sheet (SDS) using EESOH-MIS IAW AFMAN 32-7002 and has proper labeling when breaking down units of purchase to units of issue.

3.7.3. Follow all hazardous material receiving procedures. **(T-0)** Align procedures with DHA-AI 6430.07, Enclosure 3, paragraph 2.b. **(T-3)**

3.8. Reporting and Documenting Discrepancies in Shipment.

3.8.1. For discrepancies involving PV shipments, the SRA will:

3.8.1.1. Document discrepancies on the DLA-TS "Prime Vendor Discrepancy Report" within two business days of PV delivery. **(T-0)**

3.8.1.2. Forward a copy of the discrepancy report to DLA-TS by email at **pvdiscrepancy@dla.mil**. **(T-0)**

3.8.1.3. For discrepancies other than PV, submit a Standard Form (SF) 364, *Report of Discrepancy*, to report and document the discrepancy IAW DLM 4000.25, Volume 2, *Supply Standards and Procedures*, Chapter 17, *Supply Discrepancy Reporting*. MEDLOG accounts will have two business days to report any discrepancies. **(T-0)**

3.8.1.4. For discrepancies from local contract sources, contact the administering contracting activity for resolution. **(T-2)**

3.8.1.5. Maintain discrepancy documentation for two years IAW AF RDS Table 23-08, Rule 01.00. **(T-1)**

Section 3C—Gains and Losses of Inventory

3.9. General.

3.9.1. MEDLOG will document loss or damage caused by fire, theft, natural disasters, or other causes not associated with normal supply activities by FLIPL IAW **paragraph 3.24**. **(T-0)**

3.9.2. MEDLOG will issue only serviceable materiel to using activities IAW the Food and Drug Administration (FDA) Modernization Act of 1997. Unneeded, unserviceable, and suspended items will be turned-in to MEDLOG and will become the property of the AFWCF/MDD. **(T-0)**

3.9.3. MEDLOG will not process inventory gains for supply or equipment items with the transaction reason code Found on Base (FOB). **(T-1)**

3.10. Customer Turn-Ins.

3.10.1. The customer will provide a DD Form 1348-6, *DoD Single Line Item Requisition System Document* (Manual Long Form or equivalent) identifying the items being turned in. **(T-0)** Spreadsheets can be attached to list multiple line items.

3.10.2. Customer turn-ins are limited to full units of issue. **(T-1)**

3.10.3. Pharmaceuticals without a pre-existing operating level will not be accepted for turn-in until expired. **(T-1)**

3.10.4. Credit may be granted for:

3.10.4.1. Serviceable supplies (including HSMR assets) that can be resold to other activities and for which there is adequate usage history of other customers.

3.10.4.2. Specified unserviceable and reparable items for which a known credit is to be received (e.g., items suspended by a DoD Hazard Alerts and Recalls (HAR) message where the return credit is specifically cited in the message).

3.10.5. Credit will not be allowed for:

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

3.10.5.2. Materiel to be destroyed or turned-in to Defense Logistics Agency-Disposition Services (DLA-DS) or commercial credit returns vendor. **(T-0)**

3.10.5.3. Materiel suspended from issue and use, except for items suspended by DoD Medical Materiel Quality Control (MMQC) message where the return credit is specifically cited in the message. **(T-0)**

3.10.5.4. All equipment items. **(T-0)**

3.10.5.5. Expired drugs. **(T-0)**

3.10.5.6. Centrally managed items. **(T-0)**

3.10.5.7. Customer returns re-stratified into WRM projects. **(T-0)**

3.11. Destructions and Credit Returns.

3.11.1. Controlled medical items credit returns will be processed IAW **paragraph 5.11**. **(T-0)**

3.11.2. All other medical items will follow destruction and credit return process aligned with DHA-AI 6430.07, Enclosure 3, Paragraphs 3.c. and 3.d.

3.12. Inventorying SRA Operating Supplies.

3.12.1. The SRA will inventory AFWCF/MDD operating supplies no less frequently than 12 months from the previous inventory; the actual due date for the inventory completion is the final calendar day of the anniversary month. **(T-0)**

3.12.2. Unit commander or unit deputy commander may waive the 12-month requirement for up to 90 calendar days when unforeseen or unavoidable conditions prevent inventory completion. **(T-1)**

3.12.3. Follow inventory procedures IAW TO 13C7-34-2-1-WA-1, Chapter 5.

3.13. Gifts and Donations.

3.13.1. Authorization for donated or gifted equipment or personal property including medical and non-medical materiel is established by written acceptance, IAW AFI 51-506, *Gifts to the Department of the Air Force from Domestic and Foreign Sources*, attachments 4 and 6. **(T-0)**

3.13.2. The SRA will maintain the signed acceptance letter for ten years or the life of the equipment plus two years, whichever is longer, in the equipment document file. **(T-0)**

3.14. Materiel Withdrawn from DLA-DS. Property may be withdrawn from DLA-DS to fill assemblage shortages and will be accounted for in DMLSS IAW the allowance standard. **(T-1)**

3.15. Transfers to DLA-DS.

3.15.1. Turn-in SRA materiel that cannot be redistributed and does not meet the criteria for destruction to DLA-DS. **(T-0)**

3.15.2. Medical maintenance activity will validate condition of the equipment by item inspection and review of maintenance history. **(T-3)** Include service literature and the EDF with the turn-in to DLA-DS. **(T-1)**

3.15.2.1. Prior to sending equipment to DLA-DS, ensure all Protected Health Information (PHI) is removed IAW Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996,* DoDM 6025.18 *Implementation of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule in DoD Health Care Programs*. **(T-0)** NOTE: Follow TO 13C7-34-2-1-WA-1, Chapter 6, for turn-in procedures.

3.15.2.2. Condemned medical equipment may be cannibalized or disassembled by medical maintenance activity for serviceable parts or components prior to the processing of the transfer loss transaction in DMLSS and shipment to DLA-DS. Medical maintenance activity will pick these parts up on bench stock record as needed. **(T-2)**

3.15.3. Contact the medical Radiation Safety Officer or Installation Radiation Safety Officer prior to initiating disposition of radioactive material. **(T-0)**

3.15.4. MEDLOG will process disposal of Hazardous Material IAW installation directives, DoDM 4160.21, Volume 1, *Defense Materiel Disposition: Disposal Guidance and Procedures*, Air Force Joint Instruction (AFJI) 23-504, *Radioactive Commodities in the Department of Defense Supply System*, Air Force Joint Manual (AFJMAN) 23-209, *Storage and Handling of Hazardous Materials*, AFMAN 32-7002, and AFMAN 40-201, *Radioactive Materials (RAM) Management*. **(T-0)**

Section 3D—Storage.

3.16. General.

3.16.1. WRM storage facilities will have proper environmental, space, and security controls and must have a Care of Supplies in Storage (COSIS) program established to ensure materials in storage are maintained in a ready-for-issue condition or to prevent deterioration of unserviceable materials. WRM storage facilities without proper environmental, space, and security controls will be identified in writing to the installation WRM Officer and forwarded to the AFMLOC. **(T-0)** Guidance for establishing a facility COSIS program is provided in DoDM 4140.01, Volume 5, *DoD Supply Chain Materiel Management Procedures: Delivery of Materiel*.

3.16.2. Accelerated deteriorative cost associated with inadequate storage is the responsibility of the respective storage site MAJCOM. **(T-2)**

3.17. Controlled Medical Items. Controlled medical items in possession of the SRA will be maintained IAW **paragraph 5.10.1**. **(T-0)**

3.18. Deteriorative Items.

3.18.1. Deteriorative items will be stored IAW manufacturer specifications. **(T-0)**

3.18.2. For refrigerators and freezers used for storage of medical supplies, AMO will ensure remote notification alarm systems are installed. **(T-0)** AMO will conduct alarm system operating checks from the refrigerator/freezer unit sensor to the remote monitoring station and telephone or alerting mechanism no less than monthly. **(T-3)** AMO will document alarm

system checks and test results either by a locally generated alarm test record or on a recurring maintenance record in an APSR. **(T-3)**

3.18.3. If the facility or geographic constraints do not support installation of remote alarm systems for SRA inventory, personnel will document twice daily temperature checks, including weekends and holidays. **(T-0)**

3.19. Hazardous Materials. Store hazardous materials on DAF installations IAW special storage and handling requirements in AFMAN 32-7002, AFJMAN 23-209, National Fire Protection Association (NFPA) 101, *Life Safety Code*, MIL-STD-3007G, *DoD Standard Practice Unified Facilities Criteria, Facilities Criteria and Unified Facilities Guide Specifications*, and AFMAN 24-604, *Preparing Hazardous Materials for Military Air Shipments*. **(T-0)**

3.20. Access. The SRA will limit unescorted access to all SRA storage areas to individuals authorized in writing by the MLFC. **(T-1)**

Section 3E—Shipping

3.21. Shipment Funding. Authorization must be obtained to use AFWCF/MDD TAC to ship its assets between locations. To obtain authorization, the SRA will complete/submit a request using the AFWCF TAC Request application on the AFML website. **(T-1)**

3.22. Shipping Controlled Medical Items, Hazardous Material, and Temperature-Sensitive Items.

3.22.1. The SRA will ship all controlled items by traceable means. **(T-0)**

3.22.2. Ship Hazardous Material IAW Defense Transportation Regulation (DTR) 4500.9-R-Part II, Chapters 204 and 208, AFJI 23-504, AFJMAN 23-209, DAFMAN 24-210, *Packaging of Hazardous Material*, AFMAN 24-604, and AFMAN 40-201. **(T-0)**

3.22.3. The SRA will ensure the application of cold chain management principles in the packaging, handling, marking, shipping and storage of temperature-sensitive medical products IAW Defense Logistics Agency Regulation (DLAR) 4145.21, *Preparation of Medical Temperature-Sensitive Products Requiring Cold Chain Management for Shipment*. **(T-0)**

Section 3F—Excess

3.23. General. Stratify SRA materiel excess in DMLSS when no longer authorized in an allowance standard or operating inventory level when all the following applicable conditions apply:

3.23.1. Supply items with a minimum line-item value of $3,000, and 120 days until expiration for shelf-life dated items. **(T-1)**

3.23.2. Equipment with DMLSS Condition Codes A, B, and C. **(T-1) Note:** Do not report WRM equipment excess. Contact AFMEDCOM/A4/10 Contingency Materiel Management Branch (AFMEDCOM/A4/10M) for disposition instructions.

3.23.3. ANG units will:

3.23.3.1. Report excess medical equipment items to the Air National Guard Surgeon General Administrator, Medical Logistics Support (ANGRC/SGASL) for possible redistribution within the ANG. **(T-3)**

3.23.3.2. Turn in all other medical materiel, including equipment determined by the ANG to be excess, to the host medical SRA. **(T-0)**

Section 3G—DAF FLIPL

3.24. General.

3.24.1. Execute a FLIPL for AFWCF/MDD-owned inventory if any of the following conditions apply IAW DoD FMR 7000.14-R Volume 12, Chapter 7:

3.24.1.1. Total inventory adjustments (excluding validated adjustments) above $50,000. **(T-0)**

3.24.1.2. All Lost, Damaged or Destroyed (LDD) government equipment with initial unit acquisition cost (value) of $5,000 or greater. **(T-0)**

3.24.1.3. Gains and losses of pilferable items when the unit price times the quantity is equal to or greater than $2,500.00 for each item ID. **(T-0)**

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

3.24.1.5. Repetitive losses when the cumulative dollar value of the inventory losses equals or exceeds the projected cost of the financial liability investigation. **(T-0)**

3.24.2. For all validated losses, the SRA will:

3.24.2.1. Forward information required to complete blocks 1-8 of DD Form 200, *Financial Liability Investigation of Property Loss*, to the FLIM 5 calendar days following a report of LDD government property **(T-0)** The completion of this action constitutes discovery of the loss.

3.24.2.2. Ensure DD Form 200 is provided to the base FLIPL monitor for adjudication.

3.24.2.3. Adjust accountable property records and file the signed IAV no later than 50 calendar days of discovery of the loss or "UL" designation. **(T-1)**

3.24.2.4. Maintain file copies of information provided to the MTF FLIM as source documents for inventory adjustments processed as a result of FLIPL actions. **(T-0)**

Chapter 4

PROCUREMENT

4.1. General.

4.1.1. The Air Force's strategy for procurement of CMM, which combines WRM, HSMR, customer-owned and MAJCOM-owned assemblages is to maximize electronic purchasing to ensure the greatest efficiency of available manpower. The SRA will follow the procurement hierarchy outlined in DHA-PI 6430.08, Enclosure 3, Paragraph 2.a. **(T-1)**

4.1.2. The use of source of supply SMS is intended for procurement of military specific items. If utilized for procurement of other items, it will only be used after exhausting all other sources of supply. **(T-1)**

Section 4A—Purchasing

4.2. Funds. The SRA will execute all purchases using the AFWCF/MDD with the following exceptions:

4.2.1. Equipment with a unit or system cost, including facility modification, over $250,000 or the current capital equipment threshold at time of action. **(T-0)**

4.2.2. AFWCF/MDD funds will not be used for peacetime non-medical materiel procurement. **(T-1)**

4.2.3. Purchases of non-medical supplies for WRM assemblages will be funded with AFWCF/MDD funds.

4.2.4. Service contracts, rentals, and leases. **(T-0)**

4.2.5. Furnishings (e.g., office, conference and waiting furniture, curtains, art, etc.). **(T-0)**

4.2.6. Non-WRM information technology equipment (computers, servers, etc.). **(T-0)**

4.3. Follow-up. The SRA will conduct follow-up actions for all non-equipment due-ins every 30 days. The SRA conduct follow-up actions for equipment due-ins IAW **paragraph 6.5** every 90 days. All follow-up actions will be documented in DMLSS utilizing the notes function in the Due-in/Due-out Search.

4.4. PV and Electronic Catalog (ECAT). Only SRA personnel are authorized to place orders, including credit account ordering, against a PV contract. **(T-1)**

4.5. Medical Gases.

4.5.1. The SRA will store, handle, and maintain medical gases following DHA-PM 6040.06, *MEDLOG Medical Gas Services*, Enclosure 3, and NFPA 55, *Compressed Gases and Cryogenic Fluids Code*, NFPA 99, *Health Care Facilities Code*, and NFPA 101, *Life Safety Code*. **(T-0)**

4.5.2. The SRA will not maintain medical gases in operating inventories. **(T-1)**

4.6. Centrally Procured Vaccines.

4.6.1. The MLFC will appoint a MEDLOG Point of Contact for the vaccine program that will coordinate Anthrax and Smallpox Vaccine requirements. **(T-1)**

4.6.2. Anthrax and Smallpox Vaccine. The United States Army Medical Materiel Agency (USAMMA) Distribution Operations Center (DOC) manages and provides oversight of the DoD anthrax and smallpox vaccine program. AFMEDCOM/A4/10M will oversee all DAF requirements relating to receiving and processing USAMMA-DOC Anthrax and Smallpox Vaccine requests. **(T-1)**

Section 4B—Service Contracts

4.7. General. CORs will be appointed IAW DoDI 5000.72 and supporting contracting activity guidance. **(T-2)**

Chapter 5

CONTROLLED MEDICAL ITEMS

5.1. Purpose. This chapter codifies policy for controlling and safeguarding CMM controlled medical items.

5.2. General. Controlled medical items are coded in the catalog record in DMLSS using CIICs. The following categories are included:

5.2.1. Drugs or other substances designated by the DEA as Schedule I and II (CIIC R) and Schedule III, IV, or V (CIIC Q) are controlled medical items.

5.2.2. Precious metals such as gold, silver, and platinum (CIIC R).

5.3. Responsibilities. Controlled medical item custodians will:

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

5.3.2. Ensure chain of custody of controlled item movement. **(T-0)**

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

5.3.4. Act as the MTF Precious Metals Recovery Program Monitors. **(T-1)**

5.4. DEA Registration.

5.4.1. SRAs in the 50 United States, its territories, and the District of Columbia (DC) will register with the DEA to procure, order, store, and collect controlled medical items IAW Title 21 CFR, Chapter II, Part 1301 and DoDI 6025.25, *Drug Take Back Program*. **(T-0)** OCONUS DEA registration is managed by DLA-TS Customer Pharmacy Operations Center (CPOC). Delivery of Schedule II controlled substances to US Military Medical Facilities and units overseas is permitted to locations other than the address on the DEA Form 222.

5.4.2. Appropriate type of registration is issued by DEA Field Division Offices IAW Title 21 CFR, Chapter II, Part 1301. **(T-0)**

5.4.3. The signatory of the current SRA DEA registration may grant Power of Attorney (POA) to individuals designated as approving officials for the procurement of controlled medical items IAW with Title 21 CFR, Chapter II, Part 1305.05, *Power of Attorney*. **(T-0)**

5.4.4. Procurement of CIIC R items from commercial sources requires use of the DEA Form 222, *U.S. Official Order Form for Schedule I and II Controlled Substances*. Officials signing the order form must be the signatory of the current DEA registration or individuals designated by POA. **(T-0)** Unexecuted/blank and completed DEA Form 222s are controlled items IAW Title 21 CFR, Chapter II, Part 1305.17, *Preservation of DEA Forms 222*, and will be maintained in a locked, secured area. **(T-0)** In the 50 United States, its territories and DC, ordering officials will primarily utilize electronic method to submit DEA Form 222 through the Narcotics Order, Review, and Approval (NORA) system. **(T-1)** Manual submission of DEA 222s are to be utilized only when NORA system is not available. **(T-1)** For controlled drug orders to an approved DoD Pharmacy Distributor (i.e., PV) or Drug Manufacturer that does not accept the electronic DEA Form 222 and for manual off-line non-submit orders using credits, ordering officials will use the hardcopy of the DEA Form 222. **(T-1)**

5.4.4.1. The SRA will ensure all executed DEA Form 222s, invoices, supporting documents (Delivery Lists, and Signature Cards), and POAs are maintained locally and to include any unaccepted or defective forms IAW Title 21 CFR, Chapter II, Part 1305.17. **(T-0)** Documentation must be filed numerically by the DEA Form 222 number. **(T-3)**

5.4.4.2. The SRA will ensure controlled medical item record retention procedures outlined in TO 13C7-34-2-1-WA-1 chapters 4 and 5 are followed. **(T-0)**

5.4.4.3. The SRA will immediately report any lost or stolen unexecuted DEA Form 222s or the compromise of Controlled Substances Ordering System (CSOS) digital signatures to the DEA for appropriate actioning. **(T-0)** Additionally, the SRA will notify the Office of Special Investigation (OSI) and unit commander within one business day. DEA defines business days to Monday through Friday, exclusive of federal holidays. **(T-0)**

5.4.5. The AMO will obtain a DEA distributor registration for issue of controlled substances to non-collocated storage locations. **(T-0) Note:** Collocation is typically defined as the medical "campus" where the SRA registrant address is not separated from the customer storage location by a named roadway. Consult with the supporting regional DEA Field Division Office for site-specific questions.

5.4.5.1. Non-collocated controlled medical item customers require DEA registration to receive controlled medical items from the SRA. **(T-0)**

5.4.5.2. Non-collocated controlled medical item customers will submit a DEA Form 222 to the SRA for each order. **(T-0)**

5.4.5.3. The SRA DEA distributor registrants will record controlled medical item transactions on the day of physical transfer to the customer in both DMLSS and the DEA Automation of Reports and Consolidated Orders System (ARCOS). **(T-0)**

5.5. Item Management.

5.5.1. The registrant will maintain separate files for Schedule I and II (CIIC R), and Schedule III-V (CIIC Q) controlled drug records. **(T-0)**

5.5.2. The registrant will maintain the following physical products for a period of two years IAW Title 21 CFR, Chapter II, Part 1304.04, *Maintenance of Records and Inventories*:

5.5.2.1. Hard copies of the DMLSS Business Report "LOG-Owned Assemblage Management" or "Operating Controlled Item Inventory Code Q & R Balance Report," report type "Controlled Items," used to perform an inventory. **(T-0)**

5.5.2.2. Delivery Lists used to account for all issue transactions of CIIC Q and R items. The vault custodian and using activity representative will print their name and rank and sign and date to validate all issue transactions. **(T-0)**

5.5.2.3. Documentation of DEA-mandated biennial inventories. **(T-0)**

5.5.2.4. Completed DEA Form 222s. **(T-0)**

5.5.2.5. Completed DEA Form 333, *Automation of Reports and Consolidated Orders System (ARCOS) Transaction Reporting*, if registered as a distributor. **(T-0)**

5.6. Receiving Controlled Medical Items.

5.6.1. Controlled Medical item custodians will secure controlled items immediately upon receipt, and annotate the quantity received for each line item on DEA Form 222. **(T-1)** For Schedule II items, annotate the number of packages received and the date received for each line item of the DEA Form 222. **(T-1)**

5.6.2. When a discrepancy exists in the receipt, accomplish the following:

5.6.2.1. Suspend the shipment, segregate the materiel in the designated secure storage area, mark as suspended, and initiate an investigation into the potential cause of a discrepancy. **(T-1)**

5.6.2.2. If investigation of the shortage indicates the items may have been removed in an unauthorized manner at the SRA initiate procedures for lost or stolen controlled substances. **(T-3)**

5.6.2.3. When all notifications, certifications, and investigative documentation have been completed, release the materiel from suspension and complete the receiving action. **(T-3)**

5.7. Issue of Controlled Pharmaceutical Items. The SRA will only issue Schedule II-V controlled pharmaceutical items to the pharmacy except as specified below IAW Title 21 CFR, Chapter II, Part 1307, *Miscellaneous*. **(T-0)**

5.7.1. The SRA may issue controlled pharmaceuticals with a DEA "Collector" registration to another CONUS SRA if the issued quantity does not exceed 5% of the issuing DEA Registrant's annual narcotic dispensed quantity. **(T-0)** For Schedule II controlled pharmaceuticals, a DEA Form 222 must be completed by the losing SRA. **(T-0)**

5.7.2. The SRA with a DEA "Collector" registration may bulk issue Schedule III-V controlled pharmaceuticals to a Troop Leader. They will only act as a courier and turn into the deployed medical element if the following requirements are met: **(T-0)**

5.7.2.1. Issued quantity does not exceed 5% of the issuing DEA Registrant's annual narcotic dispensed quantity. **(T-0)**

5.7.2.2. An invoice highlighting a change of custody is produced identifying that the controlled pharmaceuticals will be turned into the deployed SRA. The invoice must include the name of the substance, each finished form of the substance (e.g., 10-milligram tablet or 10-milligram concentration per fluid ounce or milliliter), the number of units or volume of each finished form in each commercial container (e.g., 100-tablet bottle or 3-milliliter vial), and the number of commercial containers of each such finished form (e.g., four 100-tablet bottles or six 3-milliliter vials). **(T-0)**

5.7.2.3. The Troop Leader and issuing SRA will print name, rank, date, and sign the invoice prior to change of custody. This invoice will be retained in the vault for two years. **(T-0)**

5.8. Inventory of Controlled Medical Items. Inventory WRM controlled medical items IAW TO 13C7-34-2-1-WA-1, Chapter 5.

5.8.1. Title 21 CFR, Chapter II, Part 1304.11, *Inventory Requirements*, require registrants to conduct an inventory of all controlled substances no less frequently than every 24 months. **(T-1)**

5.8.2. All requirements are satisfied when the disinterested inventory officer completes and documents the quarterly inventory. **(T-1)**

5.9. Reporting Loss or Theft of SRA Controlled Medical Items. When a loss of a WRM controlled medical item is determined, the AMO will:

5.9.1. Immediately notify the unit commander. **(T-1)**

5.9.2. Contact the local DAF OSI. **(T-3)**

5.9.3. Report the loss to the unit FLIPL Monitor (FLIM) and ensure FLIPL action is initiated IAW **paragraph 3.24**.. **(T-0)**

5.9.4. If the SRA is located within the 50 United States and its Territories, submit DEA Form 106, *Report of Theft or Loss of Controlled Substances*, to the nearest DEA Field Division Office. **(T-0)**

5.10. Storage of Controlled Medical Items.

5.10.1. Controlled medical items in possession of the SRA will be stored in areas that meet the criteria mandated by *Title 21 CFR, Chapter II, Part 1301.75, Physical Security Controls for Practitioners,* and *Part 1301.72, Physical Security Controls for Non-practitioners; Narcotic Treatment Programs and Compounders for Narcotic Treatment Programs; Mobile Narcotic Treatment Programs; Storage Areas*. **(T-0)**

5.10.2. SRA vaults are designated as Protection Level 4 areas IAW DAFI 31-101, *Integrated Defense*. DAFI 31-101 is accessible on the Warehouse Management System (WMS) at **https://www.e-publishing.af.mil/Tools/WMS/**.

5.10.3. Intrusion detection systems or duress alarm systems must be checked quarterly and must be documented on a DMLSS maintenance record or another computer-generated product. **(T-3)**

5.10.4. Only the SRA vault custodian(s) and the AMO will know the combination of the SRA vault and caged storage areas. **(T-3)** The SRA will utilize a SF 700, *Security Container Information*, to maintain a record for the combination. The SF 700 will be classified at the same level as the highest classification of the material authorized for storage in the container and stored in a vault or safe of equivalent classification IAW DoD Manual 5200.01, Volume 3, *DoD Information Security Program: Protection of Classified Information*. **(T-1)**

5.10.5. Controlled medical items will not be commingled with other items. **(T-1)**

5.10.6. Establish written procedures, approved by the Unit Commander, to address emergency access to the vault (e.g., Force Protection Conditions, natural disasters, mass casualties, etc.). **(T-3)**

5.11. Commercial Credit Returns.

5.11.1. The SRA will not process commercial credit returns for pharmaceuticals with greater than 120 days shelf life. **(T-1)**

5.11.1.1. Pharmaceuticals being turned in to reverse distribution with greater than 120 days shelf life will be maintained in SG95 until they are within 120 days of expiration and then processed with commercial credit returns. **(T-1)**

5.11.1.2. Controlled pharmaceuticals being turned in to reverse distribution with greater than 120 days shelf life will be maintained in SG95, physically segregated within the vault until they are within 120 days of expiration and then processed with commercial credit returns. **(T-1)**

5.11.2. The SRA will process separate call numbers for controlled medical items and non-controlled items. **(T-0)**

5.11.3. The returns contractor will provide a fully annotated DEA Form 222 for all Schedule II items. **(T-0)**

5.11.4. The SRA will maintain documents associated with controlled item commercial credit returns, including documentation of customer turn-ins, initial and adjusted inventory reports from the vendor, DEA Form 222 (if applicable), and Commercial Return Reports and Destruction Reports for two years IAW Title 21 CFR, Chapter II, Part 1304.04, *Maintenance of Records and Inventories*. **(T-0)** If state and local requirements require longer retention times, SRAs will maintain documents IAW those more stringent regulations.

Chapter 6

MEDICAL EQUIPMENT MANAGEMENT

6.1. Purpose. The DAF contingency equipment management program provides a system for contingency medical equipment control and reporting at each SRA including deployed sites.

6.2. Accountable Equipment. The SRA will account for the following categories of contingency medical equipment:

6.2.1. All medical equipment having an acquisition cost of $5,000 or more that meets the definition of nonexpendable equipment: The accountable equipment criteria IAW DoDI 5000.64, *Accountability and Management of DoD Equipment and Other Accountable Property.* Nonexpendable equipment is defined as items which are neither consumed nor lose their identity during periods of use, and normally are capable of performing a function independently.

6.2.2. The following types of contingency medical equipment in DMLSS records regardless of cost:

6.2.2.1. All equipment with predefined scheduled maintenance intervals specified in the device code. **(T-0)**

6.2.2.2. All non-implantable equipment that is subject to tracking under the Safe Medical Device Act. **(T-0)**

6.2.2.3. All major components of a system. Components are defined as a part or element of a system that do not generally operate independently and work with all other intended components of the system. See TO 13C7-34-2-1-WA-1, Chapter 6, on procedures to associate and account for equipment system components.

6.3. Validating AFWCF Equipment Due-ins. Every 90 days, the SRA will take the following actions to follow-up on active due-ins:

6.3.1. Validate that there is still a requirement for the equipment. **(T-1)**

6.3.2. Follow-up with the vendor to ascertain the status of the order. **(T-1)**

6.3.3. Document all actions taken in the DMLSS due-in record utilizing the notes functionality. **(T-1)**

6.4. Processing AFWCF Medical Equipment Receipts.

6.4.1. Open and inspect medical equipment shipments immediately upon receipt. **(T-0)**

6.4.2. Process receipt transactions in DMLSS immediately. **(T-0)**

6.4.3. QC the source documentation. **(T-0)**

6.4.4. Ensure the acquisition date and acquisition cost is accurately recorded. **(T-0)**

6.4.5. For equipment not requiring an acceptance work order, the maintenance activity will change the Accounting Status in DMLSS from “Received” to “in Service” within one duty day of receipt date. **(T-0)** For equipment requiring an acceptance work order, the maintenance activity will change the Accounting Status in DMLSS from “Awaiting Acceptance” to “in Service” within one duty day from completion of the acceptance work order. **(T-0)**

6.4.6. The maintenance activity will ensure acceptance work orders are completed. **(T-0)**

6.5. Issue of Deployed Medical Equipment.

6.5.1. Obtain the custodian's signature on the CAL and file in the PC file. **(T-0)**

6.5.2. Destroy the CAL when the item appears on a CRL signed by the PC. File the CRL.

6.6. Inventory of Deployed Medical Equipment.

6.6.1. Inventory deployed in-use medical equipment when the PC is replaced, but no less than every 12 months before the end of the anniversary month. **(T-0) Note:** Medical Maintenance work order completion functions as the inventory date for equipment with a maintenance interval.

6.6.2. Before completing the physical inventory, PCs will conduct a floor check of their assigned work area. **(T-0)**

6.6.2.1. The floor check consists of a walk-through of the entire work area for any accountable equipment items not on the custodian equipment list. For equipment items found during the floor check, the APO will determine whether the found items belong to a different custodian account or whether the found equipment items need be gained on record and added to the custodian equipment list. **(T-0)**

6.6.2.2. Items which are loaned within the deployed MTF, or moved without Medical Maintenance work order (e.g., training simulation mannequins), the PC will use AF Form 1297, *Temporary Issue Receipt*, to record accountability. **(T-1)**

6.7. Deployed Medical Equipment Documentation.

6.7.1. PC file must contain the following:

6.7.1.1. Custodian appointment letter signed by an authorized unit commander. **(T-0)**

6.7.1.2. A current, signed CRL. **(T-0)**

6.7.1.3. All current, signed Custodian Action Lists (CAL). **(T-0)**

6.7.2. MEDLOG will maintain a medical equipment permanent document file. Files must be maintained for ten years or the life of the equipment plus two years, whichever is longer. The following documents will be filed:

6.7.2.1. The purchase request and all supporting documentation. **(T-0)**

6.7.2.2. The copy of the signed contract and all signed modifications. The contract must be signed (ink or electronic) by the contracting officer. **(T-0)**

6.7.2.3. Receipt documentation. QC and file the properly annotated receiving documentation, including the receiving report, packing slip, and other supporting documentation.

6.7.2.4. Equipment gain documentation.

6.7.2.5. Documentation of equipment disposition. MEDLOG will use a DD Form 1348-1A, *Issue Release/Receipt Document* as the source document for transferring equipment to DLA-DS. **(T-0)**

6.7.2.5.1. For transfers to DLA-DS, the DLA-DS representative will sign and date the document.

6.7.2.5.2. QC and file. Maintain for two years IAW AF RDS. **(T-1)**

6.8. Deployed Medical Equipment Unable to Locate (UL) for Maintenance.

6.8.1. If equipment cannot be located, MEDLOG personnel will work with the PC to locate the equipment. **(T-3)** If the equipment cannot be located, MOA personnel will change the work order status to "Unable to Locate" on the main tab of the DMLSS MA Work Order Detail Screen. **(T-3)**

6.8.2. If the equipment is on accountable records, initiate a FLIPL IAW **paragraph 3.24**. **(T-0)**

6.8.3. If the equipment is not on accountable records, no further action is required unless FLIPL action is directed by the unit commander, applicable squadron commander, the IAAA, or the MLFC.

6.9. Marking Medical Equipment and Durable Supplies.

6.9.1. The SRA will sustain a marking program to prevent theft or unauthorized use of government property, and to show ownership IAW MIL-STD-130N with Change 1, *DoD Standard Practice Identification Marking of U.S. Military Property*. **(T-0)**

6.9.2. Use of the DMLSS Equipment Control Number label satisfies the requirement of MIL-STD-130N. **(T-1)**

6.9.3. The requirement to mark materiel is limited to accountable and maintenance significant assets only. **(T-1)**

6.10. Loan of Deployed Medical Equipment.

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

6.10.2. The unit commander may authorize the loan of equipment and durable supplies to authorized units; the AF Form 1297 will be used to document issue/receipt of loaned property. **(T-3)**

6.10.3. Equipment loans will be coordinated with the maintenance activity to ensure required maintenance is current prior to loan. Maintenance activity personnel will indicate a date the equipment should be returned for future maintenance inspection actions. **(T-0)**

6.10.4. Returned equipment must be inspected by maintenance activity personnel before being returned to service. **(T-0)**

Chapter 7

QUALITY ASSURANCE AND HAZARD ALERTS AND RECALLS (HAR) MANAGEMENT

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

7.2. Responsibilities. The SRA will:

7.2.1. Ensure the quality of medical supplies and equipment through inspection, classification, and surveillance as materiel is received, issued, stored, or shipped. **(T-3)**

7.2.2. Manage the HAR program for WRM materiel. **(T-3)**

7.2.3. Utilize DMLSS as the system of record for all HAR messages received by SRA, regardless of source. **(T-1)**

7.2.4. Remove all affected materiel from WRM storage areas, and all other SRA storage areas. **(T-0)**

7.2.5. Manage HAR program IAW TO 13C7-34-2-1-WA-1, Chapter 4. **(T-3)**

Chapter 8

DAF CMM MANAGEMENT

8.1. Purpose. To provide policy in managing contingency medical materiel.

Section 8A—General Management

8.2. General.

8.2.1. **Section 8A** provides guidance that applies to all facets of CMM management.

8.2.2. The SRA will utilize DMLSS AM (Assemblage Management) module to maintain quality assurance data, document inventory results, process all financial transactions, and replenish all contingency medical materiel assemblages regardless of the source of funding. **(T-0)**

8.3. Selecting Contingency Materiel.

8.3.1. Contingency Medical Materiel items in the AFMS WRM UTCs are selected by the appropriate Pilot Units for review and approval by the applicable UTC MEFPAK managers for addition to the Allowance Standards. Each NSN is then reviewed by AFMEDCOM/A4/10M to ensure procurability, maintainability, sustainability, and interoperability with other services are adequate before adding to the Allowance Standards. SRAs will only purchase NSNs that are authorized in the UTCs Allowance Standards. **(T-0)**

8.3.2. Substitute materiel will be used to fulfill requirements when medically acceptable to facilitate rotation of stocks or make use of available excess materiel or fulfill requirements when Prime NSN is not available. See Allowance Standard Management System (ASMS) application on the AFML website. **(T-3).**

8.3.3. Only Safe to Fly (AE certified) equipment will be used as a substitute for prime NSNs on Allowance Standards that fall under the ownership of AMC/SG, Logistics Readiness AMC/SGXL items requiring Safe to Fly certification. **(T-0)**

8.3.4. Items not in AMC UTCs selected as suitable substitutes that are not in ASMS will be approved by AFMEDCOM/A4/10M Allowance Standard Managers. Substitution approval will be filed in the Miscellaneous tab of the UTC continuity file. Approval will be maintained until substitute item is no longer on hand in the UTC. The ASMS application can be accessed on the AFML website. **(T-3)**

8.3.5. Ensure substitute consumables linked to an equipment item are compatible. **(T-3)**

8.3.6. If an item is non-procurable or terminal, find a suitable substitute and then submit recommendations for item substitutions, replacements, or deletions through the Non-Procurable Item Tracker on the AFML website. **(T-1)**

8.4. Assemblage Identification Codes. Assemblage identification codes can be found in TO 13C7-34-2-1-WA-1, Chapter 3. Non-standard assemblages are not permitted without written approval from AFMEDCOM/A4/10M. Written approval will be maintained in the miscellaneous tab of the assemblage continuity folder. See **paragraph 8.8**. **(T-0)**

8.5. Deferred Procurement Programs.

8.5.1. The centrally managed Deferred Procurement Program, "S" coded, will be managed at AFMEDCOM/A4/10M and exercised annually. AFMEDCOM/A4/10M will provide an after-action report to the applicable WRM Project Officer and MRA. **(T-1)**

8.5.2. Local Deferred Procurement Programs for WRM must be approved by the unit Medical Readiness Committee (MRC) and AFMEDCOM/A4/10M every 12 months. Non-MTF unit's participation in the Deferred Procurement Program for WRM must be approved by the Defense Readiness Reporting System (DRRS) unit commander and AFMEDCOM/A4/10M every 12 months. **(T-1)** OCONUS sites are not authorized to create Local Deferred Procurement Programs. **(T-1)**

8.5.3. SRAs approved for local Deferred Procurement must develop a plan to ensure effective order and delivery execution. All plans must be maintained in the assemblage continuity file. **(T-3)** An annual validation of materiel availability will be conducted for all locally developed Deferred Procurement Plans. Submit the after-action reports to the MRC or, for non-MTFs, to AFMEDCOM/A4/10M and maintain documentation of exercise results in the assemblage continuity file. **(T-3)**

8.5.4. Code items as deferred in DMLSS when approved by AFMEDCOM/A4/10M. The Deferred Procurement code takes precedence over the critical item code. **(T-1)**

8.6. AFMS WRM Accountability and Management of 463L Pallets and Nets.

8.6.1. The Air Force 463L Pallet and Net Manager for AMC Logistics Standardization and Resources Branch (AMC/A4TS) has designated AFMEDCOM/A4/10 as the Pallet and Net Manager for the AFMS.

8.6.2. AMC/A4TS has authorized the AFMS to maintain an inventory of required 463L pallets and nets, separate from the normal host base inventory.

8.6.3. These AFMS requirements will be calculated annually by AFMEDCOM/A4/10. **(T-0)**

8.6.4. APOs will maintain the serviceability of on-hand 463L pallets and nets per TO 35D33-2-2-2, Technical Manual – *463L Air Cargo Pallets* and TO 35D33-2-3-1, Technical Manual – *Air Cargo Pallet Nets*. **(T-0)**

8.6.5. If a unit is unable to store required 463L pallets and nets, the unit must obtain a waiver from AFMEDCOM/A4/10 to defer the 463L pallets and nets, and a MOA must be established between the DRRS reporting commander and the Logistics Readiness Squadron Commander (LRS/CC) outlining the deferment procedures IAW **paragraph 8.5**. **(T-0)**

8.6.6. If authorized, pallets and nets in the assemblages that have allowance standard quantity will be assigned Deferred Procurement code in DMLSS. SRAs will not defer pallets and nets in SG99 or SG90 assemblages. **(T-0)**

8.7. SLEP and Expiration Dated Items.

8.7.1. The purpose of SLEP is to reduce replacement costs of selected pharmaceuticals approved by the FDA as SLEP candidates by extending their expiration dates.

8.7.2. Follow all SLEP procedures in TO 13C7-34-2-1-WA-1, Chapter 4. **(T-0)**

8.8. WRM UTC Continuity Files. Continuity files will be maintained IAW TO 13C7-34-2-1-WA-1, Appendix C, *Assemblage Continuity Folder*. **(T-0)**

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

8.9.1. The SRA will enter the Medical Resource Letter (MRL) Record Number "Recnum" in the BCN field in DMLSS AM module for all contingency assemblages authorized by the MRL. **(T-1)**

8.9.2. In conjunction with the Medical Readiness Flight, the WRM Project Officer will annually review the MTF Designed Operational Capability (DOC) statement and MRL and make changes in DMLSS as required. Document via Memorandum for Record (MFR) or MRC minutes. **(T-1)**

8.9.2.1. The WRM Project Officer will ensure assets are packed in a manner that will meet Designed Operational Capability (DOC)-stated response time. **(T-1)**

8.9.2.2. DOC-stated response time will be exercised and documented. **(T-1)**

8.9.3. If an assemblage is not authorized on the MRL (i.e., MAJCOM-owned), the SRA will ensure it is included on the DOC statement. Input the fund number as the BCN. **(T-1)**

8.9.4. MAJCOM-directed and locally approved CMM programs must have a MAJCOM-directed Assemblage ID and will be managed as a customer-owned assemblage. **(T-1)** Only AFMEDCOM/A4/10M is authorized to build a MAJCOM-directed shell in the ASMS application on the AFML website. **(T-1)**

8.10. Detached Medical Unit WRM Support.

8.10.1. WRM for detached active, DAF Reserve, and ANG units assigned to the host unit on the MRL will be accounted for on host SRA records. **(T-1)**

8.10.2. The SRA is responsible for supporting sustainment IAW a support agreement. **(T-1)**

8.10.3. The detached unit, if assigned full-time Medical Materiel Technicians, will be responsible for conducting WRM management and sustainment, to include replenishment, COSIS, dated item management, quality assurance data, stock rotation, destructions, commercial returns, inventories, staging, packing, and any other duties related to WRM management, maintenance, or taskings. Additionally, they will be the liaison to the host SRA for non-WRM medical supplies and equipment. **(T-2)**

8.10.4. Detached units, if not assigned full-time medical logisticians, must make UTCs available to the SRA for required inventories within 10 days of notification of inventory. **(T-1)**

8.10.5. Detached unit s will not utilize local unit funds to sustain or replenish AFWCF WRM UTCs. Only AFWCF/MDD funds will be used for sustainment and replenishment of AFWCF WRM assets. **(T-0)**

8.10.6. Detached units will not deploy or utilize AFWCF WRM assets for exercise/training without first providing an MOA (**Figure 1.2**) for use of WRM, IAW 8.21.2 or providing a Unit Line Number (ULN) to the host SRA for an official tasking. **(T-1)**

Section 8B—WRM Management

8.11. Purpose. Provide policy to manage WRM.

8.12. Control and Accountability.

8.12.1. WRM physically located at a detached activity will be maintained as a separate detachment or organization code using the Unit Identification Code of the unit on the host SRA records. **(T-1)**

8.12.2. Funds generated from issuing WRM assets are not available for use locally. These funds are centrally managed by AFMEDCOM/A4/10. The SRA will:

8.12.2.1. Request replacement funding for assemblage reconstitution. **(T-1)**

8.12.2.2. Request replacement funding for FHP assets. **(T-1)**

8.12.3. Inventory.

8.12.3.1. The SRA will inventory WRM no less frequently than 24 months from the previous inventory. The actual due date for the inventory completion is the final calendar day of the anniversary month. **(T-0)** Note: Customer-owned assemblages are inventoried on an annual basis and SRA may assist with the inventory.

8.12.3.2. The SRA will inventory SG20, SG40, SG90, SG91, SG95, and SG99 and any other SG-directed assemblages annually. **(T-1)**

8.12.3.3. If an inventory cannot be performed in DMLSS, i.e., no assets within the assemblage, an inventory summary letter will be accomplished certifying that there is no stock on records and will be signed by the AMO and the MLFC. **(T-0)**

8.12.3.4. An inventory is not complete until all inventory actions outlined in **paragraph 8.12.3.15** are completed. **(T-1)**

8.12.3.5. If inventory adjustments are required and discrepancies require a FLIPL, initiate a FLIPL IAW **paragraph 3.24**. **(T-0)**

8.12.3.6. AFMEDCOM/A4/10-designated Low Unit of Measure (LUM) stock not accounted for in a UTC must be inventoried annually in accordance with **paragraph 8.12.3.8**. **(T-1)**

8.12.3.7. UTCs in production (DoDAAC FM9133) that are on hand for fewer than 24 months following initial funding are exempt from inventory. UTCs not outshipped within the 24-month timeline require a completed inventory by the last day of the 24th month after the date initial funding was provided to FM9133 SRA to begin production. **(T-0)**

8.12.3.8. The AMO will act as the approval authority for the inventory. The inventory is complete when the AMO completes the following actions: reviews the summary report with all items in **paragraph 8.12.3.14** as attachments, includes the statement, “The signature below validates that I have reviewed and approved this inventory and its results evidenced by this letter and all its attachments”, marks “approve” or “disapprove” and signs the report. **(T-1)**

8.12.3.9. WRM assets must be accounted for no later than 60 calendar days following the completion of an exercise or deployment. Assemblage assets that do not leave the owning unit’s warehouse to support an exercise do not require inventory. **(T-2)**

8.12.3.10. The DRRS unit commander or AFMEDCOM/A4/10 Division Chief may waive the inventory suspense one time for up to 90 days when unforeseen or unavoidable

conditions prevent the completion of an inventory. **(T-2)** Extensions beyond 90 days will not be granted. **(T-0)** If the waiver is approved, SRA must notify the AFMLOC within 5 duty days of the waiver being granted. **(T-0)**

8.12.3.11. Blind counts are required for inventories of CMM. Inventories will be completed IAW TO 13C7-34-2-1-WA-1, Chapter 5. **(T-1)**

8.12.3.12. Research inventory discrepancies IAW TO 13C7-34-2-1-WA-1, Chapter 5. **(T-1)**

8.12.3.13. The AMO will document results of the inventory on an inventory summary report. **(T-1)** Inventory records will be unfrozen, and IAVs, if applicable, will be processed prior to completing the report. **(T-1)** The report will include documentation of inventory training, post-count research actions, discrepancy causes and effects, project code and instance, total units counted, inventory accuracy, dollar value of overages, dollar value of shortages, and lessons learned. **(T-1)**

8.12.3.13.1. The AMO will certify the IAVs. **(T-0)**

8.12.3.13.2. The IAAA will approve the IAVs and return them to the SRA for filing. **(T-0)**

8.12.3.13.3. The inventory accuracy standard is 99% IAW DLM 4000.25, Volume 2, Table C6.T1, General Supplies Record Accuracy Goals Stratification Sub-Populations and Associated Goals and Tolerance Levels. The SRA will create a corrective action plan when assemblage accuracy falls below 99% and upload into the MICT system within 30 days of completion. **(T-1)**

8.12.3.14. Accomplishing post inventory actions, the SRA will file and maintain the following inventory documents:

8.12.3.14.1. Inventory summary report. **(T-0)**

8.12.3.14.2. DMLSS Inventory Accuracy Analysis Report. **(T-0)**

8.12.3.14.3. Annotated copies of all count lists. **(T-0)**

8.12.3.14.4. Post count research actions for any loss. For losses meeting **paragraph 3.24.1**, copies of post-count research actions will additionally be provided to the MTF FLIM to support FLIPL action generated as a result of the inventory. These documents will be maintained as the source document for losses processed as a result of FLIPL actions. **(T-0)**

8.12.3.14.5. Copies of signed IAVs certified by the AMO and approved by the IAAA. **(T-0)**

8.12.3.14.6. AARs by the In-Garrison Maintenance Contractor (if applicable). **(T-0)**

8.12.3.14.7. Copies of the Expeditionary/Contingency Medical Materiel (ECMM) Trip Report, if inventory was conducted by ECMM contractors. The SRA will ensure open actions and recommendations in the Trip Report are resolved **(T-2)**

8.12.3.14.8. All inventory documents must be retained for two years. **(T-0)**

8.13. Computing WRM Requirements and Levels.

8.13.1. The SRA will compute WRM program requirements for population-driven projects utilizing the Calculated Allowance Standard Level (CASL) application on the AFML website. **(T-1)**

8.13.2. For programs not supported by an allowance standard, the SRA will document and file the initial rationale for item selection and evidence of annual reviews. **(T-1)** Documentation will be maintained in the miscellaneous tab of the Assemblage Continuity Folder. **See paragraph 8.8**. The current Assemblage Management Allowance Status Report will reflect the results of the review.

8.13.3. Facility Bed Expansion Program.

8.13.3.1. Facility Bed Expansion program levels will be briefed annually at the MRC. **(T-3)**

8.13.3.2. Locally managed levels above the CASL-directed standard will not be funded with AFWCF-MDD. **(T-0)**

8.13.4. FHP Programs.

8.13.4.1. FHP programs include Self-Administered Biological Warfare/Chemical Warfare (BWCW), Biological Chemical Warfare – Clinician Administered (BCWB), and Anti-Malaria ChemoProphylaxis (AMCP). **(T-1)**

8.13.4.2. FHP levels are available through the CASL application on the AFML website. SRAs requesting adjustments to BWCW, BCWB or AMCP levels must coordinate the request with the MAJCOM/SG and the FHP MEFPAK. **(T-1)**

8.13.4.3. SRAs will process DMLSS Assemblage Management updates within 30 days of changes to the Allowance Standard. **(T-1)**

8.13.4.4. OCONUS SRAs will maintain 110% and AFSOC SRAs will maintain 100% of their BWCW, AMCP and BCWB level or level amount coordinated with and approved by AFMEDCOM/A4/10. **(T-1)** All other SRAs will maintain 60% (already calculated in the CASL) or level amount coordinated with and approved by AFMEDCOM/A4/10. **(T-1)**

8.13.4.5. The Mass Casualty First Aid Kits under the Shelter First Aid Kit (SFAK) allowance standard consist of prepositioned Tactical Combat Casualty Care (TCCC) supplies. One first aid shelter kit and six rigid pole litters are authorized for each 100 programmed military personnel or a portion thereof. The OCONUS MAJCOMs will define the requirements for affected bases. **(T-1)**

8.14. Controlled Cryptographic Items (CCI). DAF-owned CCI are managed IAW AFMAN 17-1302-O, *Communications Security (COMSEC) Operations*, which is accessible on WMS at **https://www.e-publishing.af.mil/Tools/WMS/**.

8.14.1. The SRA will adhere to all procedures for CCI shipment and transportation outlined in TO 13C7-34-2-1-WA-1, Chapter 5. **(T-1)**

8.14.2. The SRA will account for WRM CCI in DMLSS by NSN and serial number. **(T-0)** The SRA will adhere to accounting procedures mandated in AFMAN 17-1302-O, accounting for and reporting specific CCI equipment by serial number to a location or activity charged

with accountability. **(T-1)** CCI will be secured, locked, and segregated from assemblages. **(T-3)**

8.14.3. The SRA will inventory all CCI IAW AFMAN 17-1302-O, AFMAN 23-122, *Materiel Management Procedures*, and AFI 23-101. Inventories will be completed semiannual between (15 March and 15 April) and (15 September and 15 October) IAW AFI 23-101, Table 5.5. Inventory discrepancies will be reported IAW AFMAN 23-122, **paragraph 5.7.3.3.10** and will be reported to AFMEDCOM/A4/10M. **(T-1)**

8.14.4. AFMEDCOM/A4/10M will notify WRM Project Officers of all applicable recalls, alerts, or required actions. **(T-1)**

8.15. Surgeon General Managed Equipment (SGME).

8.15.1. SRAs will:

8.15.1.1. Identify SGME shortages and overages to the SGME Manager at AFMEDCOM/A4/10M. **(T-1)**

8.15.1.2. Initiate internal transfers of SGME within your WRM program if authorized by AFMEDCOM/A4/10M. **(T-1)**

8.15.1.3. Review the Commodity Class and Source of Supply (SOS) Data Summary report annually to validate correct SOS is loaded in DMLSS for WRM SGME items. **(T-1)**

8.15.1.3.1. Access reports on the SG Managed Equipment List application on the AFML website. **(T-1)**

8.15.1.3.2. Validate the correct SOS using the ASMS application on the AFML website prior to the purchase of the SGME item. **(T-1)** Note: SOS "F04" is only a placeholder to identify the item as SGME.

8.15.2. When SGME Manager authorizes and provides funding to SRA for the single purchase of SGME items for the WRM program, SRA will ensure the correct SOS is loaded in the catalog record for the vendor in DMLSS and obligate the funds within 5 duty days. The SGME Manager will provide detailed instructions at the point of approval. **(T-1)**

8.16. Low Unit of Measure.

8.16.1. WRM LUM items will be identified by "UM" in position 14 and 15 of the NSN. **(T-1)**

8.16.2. SRAs will request LUM replenishment through the ASMS application on the AFML website. **(T-1)**

8.16.3. SRAs will use an inshipment gain transaction to add LUM items to accountable records in DMLSS. **(T-1)**

8.16.3.1. Orders with 9 or fewer LUM items will process individual inshipment gain transaction utilizing the document number from DD Form 1348-1A, *Issue Release/Receipt Document* provided by Consolidated Storage and Deployment Branch (AFMEDCOM/A4/10W). **(T-1)**

8.16.3.2. Orders with 10 or more LUM items will process inshipment gain transaction using the 21 outshipment file process outlined in TO 13C7-34-2-1-WA-1, Chapter 3. **(T-1)**

8.16.4. SRAs will process inshipments into DMLSS within 10 duty days of receipt. **(T-1)**

8.16.5. SRAs will confirm receipt within 30 calendar days of receipt in the ASMS application on the AFML website. **(T-1)**

8.17. Non-medical WRM Items. Do not order from SOSs funded by other divisions of the AFWCF. The SRA will procure non-medical WRM directly from the medical SOS using WRM funds. **(T-0)**

8.18. Loaner, Repair and Return Centers (LRRC). Designated LRRCs will maintain expeditionary medical equipment and repair parts in customer-owned assembly SG97 as outlined in TO 13C7-34-2-1-WA-1, Chapter 6. **(T-1)**

8.19. Funding.

8.19.1. AFMEDCOM/A4/10 will identify materiel shortages for currently fielded assemblages and distribute funds for procurement action. SRAs will have a WRM fund target authorization document from AFMEDCOM/A4/10 Strategic & Business Operations Branch (AFMEDCOM/A4/10S).

8.19.2. If additional shortages occur and funds are not available, the SRA will request additional funds from AFMEDCOM/A4/10S using the Assemblage Funds Request Form template, located on the AFML website [AFML website/Landing Page/Publication Library/Medical Logistics Resource Directory)]. **(T-1)**

8.19.3. When WRM equipment is beyond economical repair, the SRA will request replacement funding from AFMEDCOM/A4/10S. **(T-1)**

8.19.4. WRM capital equipment will be centrally managed by AFMEDCOM/A4/10M and procured utilizing AFWCF/MDD funding. **(T-1)**

8.19.5. The SRA will request funding for WRM Repair Parts in SG91 from AFMEDCOM/A4/10S. **(T-0)**

8.20. Reporting WRM Asset Availability.

8.20.1. The Air Force Input Tool calculates the S-level and on-hand category level of equipment and supplies using DMLSS assemblage data interface with LogiCole Reporting and Analytics and the Medical Readiness Decision Support System (MRDSS). MEFPAKs determine the reporting of assigned assemblages by changing the reportable toggle in the MRL. Air Force Input Tool uses the critical percentage for each assemblage unless the assemblage does not have critical items, in which case it uses the total Materiel Availability Percentage (MAP). The lowest of all assigned assemblages becomes the S-level driver for the unit IAW AFI 10-201, *Force Readiness Reporting*. The SRA will provide details regarding limiting factors, corrective actions, and get-well dates to the Medical Readiness Flight and supported Air Force Reserve for remarks regarding assemblages below 90 percent. **(T-0)**

8.20.2. Capability Readiness Assessments. The DRRS unit commander (or equivalent) conducts a monthly assessment of the ability of the unit to accomplish the full spectrum mission using the AFMS Core Mission Essential Task List (METL). Assessments include both expeditionary SRA and garrison functions. Garrison SRA functions are assessed to include facility expansion, TLAMM, and Medical Maintenance. **(T-0)**

8.20.3. UTC Readiness Assessments. Monthly assessments of each assigned UTC are accomplished in DRRS IAW AFI 10-401, *Operations Planning and Execution*. Report both

critical and gross MAP to the Medical Readiness flight to include any materiel shortages or limiting factors as cited in **paragraph 8.20.1**. If the assemblage has no critical items, the SRA will only report the gross MAP. **(T-0)**

8.20.4. The MLFC will review the following reports and sign monthly: Equipment Readiness Rate Overview (ERRO) v3 or later and contingency equipment 30-60-90-day report. These reports assess the readiness status of contingency medical equipment. Maintain copies of all reports on file for two years. **(T-1)**

8.21. Use of Medical WRM.

8.21.1. Medical WRM should only be used when officially tasked. However, it may be used as follows: to save life or prevent undue suffering when authorized by the DRRS unit commander; when directed by the Component-Major Command/Surgeon General (C-MAJCOM/SG) for national emergencies; when used for offsite exercises; when used for major exercises with a Plan Identification (PID) and assigned ULN for asset tracking.

8.21.1.1. The C-MAJCOM/SG will coordinate with the MRAs at ACC/SG Medical Readiness Office (ACC/SGX), AMC/SG Medical Readiness Office (AMC/SGX), or AFSOC/SG Medical Readiness Office (AFSOC/SGX) to prevent conflict with higher-level taskings. **(T-1)**

8.21.1.2. In the event of the use of WRM for other than deployment tasking, the SRA will contact the AFMLOC at **usaf.detrick.afms.mbx.afmedcom-a4-10m-readiness-afmloc@health.mil** for inventory accountability instructions. **(T-1)**

8.21.1.3. Replenishment will occur the following fiscal year at the earliest. **(T-0)**

8.21.1.4. Medical WRM loaned must adhere to **paragraph 8.23** to include the requirement for a MOA signed by the borrowing commander accepting that all losses or damage will be reimbursed by the borrowing unit prior to the loan. When WRM is used to save life or prevent undue suffering, a MOA will be accomplished within 30 calendar days of first date of use. See Template Memorandum of Agreement for Loan of WRM (**Figure 1.2**). **(T-1)**

8.21.1.4.1. All WRM that is loaned, exercised, sold-off or transferred must be entered into the CMM Exercise/Deployment tracker on the AFML website. **(T-1)**

8.21.1.4.2. WRM that is transferred from FM9133 are not entered in CMM Exercise/Deployment tracker. **(T-2)**

8.21.2. The SRA will ensure equipment has proper preventative maintenance and calibrations completed prior to deployment. **(T-0)** The maintenance activity will not deploy unserviceable equipment for operational taskings. **(T-2)**

8.21.3. Reimbursement of the WRM program will be accomplished at the time of issue.

8.21.3.1. The SRA will not withhold required WRM assets because of insufficient funds. **(T-1)** The Project Center and Element of Resource (EOR) will be allowed to go negative and process the transaction. Report negative Project Center and EOR balances to the AFMLOC on a monthly basis. **(T-1)**

8.21.3.2. The SRA will report reimbursement delays past 5 days to the MAJCOM/SG and the AFMLOC. **(T-3)**

8.21.4. Force Health Protection Prescription Products (FHPPP) are pharmaceuticals maintained in the BWCW, BCWB and AMCP assemblages.

8.21.5. Title 21 United States Code (USC), *Food and Drugs*, and DoDI 6490.03, *Deployment Health*, mandates FHPPP pharmaceuticals be dispensed under a practitioner's prescription. SRA will not dispense issued FHPPP products directly to deploying personnel. **(T-0)** SRA, instead, will provide issued FHPPP products to the pharmacy and in-turn, will dispense to deploying personnel. **(T-0)**

8.21.6. If directed by deployment orders, SRAs may bulk issue (not dispense) FHPPP products to a Troop Leader who will act as a courier until the materiel can be turned into the medical element at the deployed location IAW **paragraph 5.7.2**. **(T-0)**

8.21.7. SRAs will not accept FHPPP that has been dispensed to deployers for disposal, storage or reverse distribution. **(T-0)**

8.21.8. Within the US and Territories, unused FHPPP may be returned to a DEA registrant for disposal or destruction if the DEA registrant also has "collector" designation IAW Title 21 CFR, Chapter II, Part 1317, *Disposal*.

8.22. Shipping WRM.

8.22.1. Transportation of WRM assets between DAF accounts is funded with AFWCF/MDD funds. **(T-1)** See **paragraph 3.21** for shipment funding.

8.22.2. When shipping WRM, the SRA will:

8.22.2.1. Ensure the assemblage inventory is current. **(T-1)**

8.22.2.2. Coordinate transfer with gaining base. **(T-1)**

8.22.2.3. Obtain shipping cost estimates and contact AFMEDCOM/A4/10S for funding authorization. **(T-1)**

8.22.2.4. Process out-shipment transactions. **(T-1)**

8.22.3. The WRM Project Officer will prepare a transfer letter and forward it to the gaining base with a copy of the out-shipment files, project continuity file, and prime-substitute list. **(T-1)** The letter will contain:

8.22.3.1. The reference authorizing the transfer. **(T-1)**

8.22.3.2. The date the assemblage was last inventoried. **(T-1)**

8.22.3.3. Any limiting factors or major equipment issues. **(T-1)**

8.22.3.4. The MAP and critical MAP prior to out-shipment. **(T-1)**

8.22.3.5. A list of outstanding due-in materiel, and whether the materiel will be forwarded upon receipt. **(T-1)**

8.22.4. Gaining SRA will process the appropriate inventory gains of redistributed assemblages within 30 days of receipt and complete an inventory NLT 60 days of receipt IAW **paragraph 8.12.3**. **(T-1)**

8.22.4.1. For modernizations, SRAs will process the appropriate gains and/or losses and account for and/or validate modernized assemblage items per the transition guidance to include timelines supplied by AFMEDCOM/A4/10M. **(T-1)**

8.22.4.2. If modernizations cannot be completed within the timeframes outlined in the transition guidance, a waiver request (citing non-compliance justification to include projected completion date) must be submitted to AFMEDCOM/A4/10M. **(T-1)**

8.23. Loan of WRM.

8.23.1. WRM may be loaned to an authorized activity for a maximum of 120 days. **(T-0)**

8.23.2. Prior to the loan of WRM assets, a MOA will be approved by the DRRS unit commander, signed by the lending organization's accountable officer and borrowing organization's commander, and coordinated with the MAJCOM and MRA. **(T-1)** The borrowing unit's commander will provide a line of accounting (LOA) in the MOA and acknowledge in the MOA that all losses or damage will be reimbursed by the borrowing unit. See Template Memorandum of Agreement for Loan of WRM (**Figure 1.2**). **(T-0)**

8.23.2.1. The borrowing unit will establish a RC/CC (create LOA) with their Resource Advisor and will be created and associated to a Project Center, Expense Center, and Service Customer in DMLSS prior to borrowing WRM assets. When the loan period of WRM assets crosses to the next Fiscal Year (FY), the borrowing unit will provide a new FY funded LOA. **(T-3)**

8.23.2.2. The unit commander will obtain PMI release authority from AMC/SGXL for assets stored on their respective DAF installation. **(T-1)**

8.23.3. Within 60 calendar days of the return of the assets, the SRA will complete an inventory of the assemblage and inspect all materiel for serviceability. The borrowing unit will be charged using the appropriate service customer for items damaged, missing, or consumed. **(T-1)**

8.23.4. Pharmaceuticals will not be included with the assemblage loan. If pharmaceuticals are requested, they must be sold off in their entirety. **(T-1)**

8.23.5. Pharmaceutical and consumable requirements for use during an exercise or training are to be planned for and funded by the borrowing unit. The unit will place orders of these items through the Host MTF MEDLOG well in advance of the WRM loan. **(T-1)**

8.24. Joint Use Equipment.

8.24.1. As a cost-effective means of maintaining WRM equipment in a deployable condition, the equipment may be designated as joint use. The SRA will request designation of the WRM as joint use equipment to the AFMLOC and the MEFPAK for consideration and approval. **(T-1)** These designated WRM assets can be used in peacetime only after a MOA has been established with the using organization and approved by the DRRS unit commander. **(T-1)**

8.24.2. The SRA will draft the MOA outlining the using organization's requirement to provide funding for maintenance and sustainment of the joint use asset while in use and procedures to be followed when the assets are recalled. **(T-1)** These assets will be maintained on WRM records for DRRS. **(T-1)**

8.24.3. The WRM project officer will maintain a copy of signed MOA in the appropriate WRM continuity file. **(T-3)**

8.24.4. The WRM project officer will update the host account DMLSS Equipment module and Assemblage Management records with the physical location of the equipment. **(T-1)** The maintenance activity will use in-use maintenance cycles for generating preventative maintenance and calibration schedules. **(T-0)**

Section 8C—Home Station Medical Response (HSMR)

8.25. Purpose. Manage HSMR program.

8.26. Accountability.

8.26.1. MEDLOG will maintain HSMR as a customer-owned assemblage in DMLSS system. **(T-0)**

8.26.2. MTF Readiness Office designates HSMR team chief for each HSMR project. A PC for each RC/CC is designated by the appropriate HSMR team chief. **(T-3)**

8.26.3. MEDLOG will utilize DMLSS AM module to maintain quality assurance (QA) information, document inventory results, and replenish all HSMR assemblages.

8.27. Levels, Requirements, Inventory, and Storage.

8.27.1. For all inventories, retain copies of the inventory report for two years. **(T-1)**

8.27.2. MEDLOG and HSMR team chiefs will ensure copies of ECMM Trip Reports are retained for two years and will ensure open actions and recommendations in the Trip Report are resolved **(T-2)**

8.27.3. Levels for HSMR assemblages will be established based on the published allowance standard. MEDLOG will accomplish adjustments to published allowance standard levels IAW AFI 41-106. **(T-1)**

8.27.4. Inventories of HSMR assemblages will be completed no less frequently than 12 months from the previous inventory. The actual due date for inventory completion is the final calendar day of the anniversary month. An inventory is not considered closed until all the actions outlined in **paragraph 8.27.2** are complete and documented. **(T-0)**

8.27.4.1. Inventories of HSMR assemblages will be completed within 60 days of an exercise. **(T-2)**

8.27.4.2. MEDLOG will provide training and guidance for HSMR assemblages inventories. **(T-3)**

8.27.4.3. Inventory HSMR assemblages IAW **paragraph 8.12.3**, with the following variations:

8.27.4.3.1. The HSMR team chiefs will ensure inventory actions are completed and documented IAW paragraphs **8.12.3.12** and **8.12.3.13**.

8.27.4.3.2. The HSMR team chiefs will act as the approval authority for the inventory. **(T-2)**

8.27.4.3.3. The HSMR team chiefs will certify the IAVs. **(T-2)**

8.27.4.3.3.1. The IAAA will approve the IAVs and return them to Medical Readiness for filing. **(T-0)**

8.27.4.3.3.2. MEDLOG and HSMR team chiefs will ensure all inventory documents are retained for two years IAW AF RDS **(T-1)**

8.27.5. Storage.

8.27.5.1. The HSMR team chiefs will store materiel to best support an immediate response. If the MTF stores HSMR assemblages in the SRA warehouse, a plan for the HSMR team chiefs to access those assets after normal duty hours must be developed. **(T-3)**

8.27.5.2. HSMR assemblages stored in SRA warehouses must be segregated from other AFWCF/MDD operating and WRM inventories. **(T-3)**

8.27.5.3. Pharmacy will account for HSMR controlled items on pharmacy inventory records. **(T-0)**

8.28. Funding.

8.28.1. HSMR expense centers will utilize line of the DAF O&M funds, Fund Code 30, program element code 28036F (or USSF equivalent) to procure HSMR items. **(T-1)**

8.28.2. Expense centers must be established for all HSMR assemblages using the approved RC/CC. Reference TO 13C7-34-2-1-WA-1, Chapter 3, Table 3.1 for the list of RC/CC. **(T-1)**

8.28.3. MEDLOG will procure, receive, and issue all required items identified by the HSMR team PC based on the allowance standard levels established in DMLSS AM module. **(T-3)**

8.29. Use of HSMR. When HSMR supplies are utilized during an exercise or real-world event, process a non-reimbursable issue out of the appropriate HSMR assemblage in DMLSS AM module. **(T-0)**

Section 8D—Patient Movement Item (PMI)

8.30. Purpose. The PMI program supports patient movement through prepositioning, exchanging, and recycling of PMI so that MTF medical capability is not degraded. Reference DoDI 6000.11, *Patient Movement*; United States Transportation Command Instruction (USTCI) 4200.04, *Policy for Global Patient Movement Operations*, Volume 11; JP 4-02, Annex B to Appendix B; DAFI 48-107, Volume 2, *En Route Critical* Care; and AFMAN 10-2909 for PMI program policies and procedures.

8.31. Accountability. PMI equipment and durable medical and non-medical materiel are accounted and maintained in a customer-owned assemblage associated to "XX5881" expense center in DMLSS AM module using the appropriate PMI allowance standard.

8.32. Collection. PMI equipment should be sanitized IAW AFI 44-108 after each use from a patient and returned to the nearest MEDLOG activity; MEDLOG, in turn, forwards the equipment to the closest PMI center location.

8.33. Equipment Maintenance. Local biomedical activity provides the repair and maintenance of PMI in-kind equipment for supported Aeromedical Evacuation units and Critical Care Air Transport Team during peacetime and contingency operations. When local biomedical activity support is unavailable, scheduled and unscheduled maintenance may be coordinated with the

closest biomedical activity. When capability does not exist in a proximate biomedical activity, the equipment may be sent to an appropriate commercial repair service activity. Reference TO 13C7-34-2-1-WA-1, Chapter 6, for service maintenance procedures.

Chapter 9

CONTINGENCY MEDICAL EQUIPMENT MAINTENANCE PROGRAM

9.1. General.

9.1.1. Perform maintenance IAW TO 13C7-34-2-1-WA-1, Chapter 6. **(T-1)**

9.1.2. Create and maintain an individual Equipment Data File (EDF) for each maintenance significant medical equipment item in either hard copy or electronic file. **(T-0)**

9.1.3. Maintain a technical reference file on each item of medical equipment, including operating and service literature, and contingency equipment publications. For specific reference instructions, see TO 13C7-34-2-1-WA-1. **(T-0)**

9.1.4. Mark contingency equipment with DD Form 1574, *Serviceable Tag-Materiel* (Yellow), DD Form 1577, *Unserviceable (Condemned) Tag- Materiel* (Red), or DD Form 1577-2, *Unserviceable (Repairable) Tag-Materiel* (Green). **(T-1)**

9.1.5. Complete acceptance inspections on all medical equipment before issuing the item to an assemblage. **(T-0)**

9.1.6. Change the Condition Code field in DMLSS Maintenance module to “F - Unserviceable-Reparable" when a contingency equipment item is undergoing repair or maintenance and is not mission ready. Reference TO 13C7-34-2-1-WA-1, Chapter 6 for condition code information. **(T-1)**

9.2. Maintenance Activity NCOIC Responsibilities. The maintenance activity NCOIC will:

9.2.1. Ensure the contingency equipment maintenance activity MMR is reviewed monthly and signed by the MLFC. Maintain copies on file for at least two years IAW AF RDS. **(T-1)**

9.2.2. Conduct and document an initial self-inspection within 60 days of assignment to the unit and subsequent documented self-inspections on an annual basis. **(T-1)**

9.2.3. Ensure the equipment readiness status is reviewed monthly and signed by the AMO. Readiness data is acquired using the ERRO Report. Maintain copies on file for at least 2 years IAW AF RDS. **(T-1)** Equipment in SG-directed assemblages and production builds are not required to be kept ready and will not take priority over assemblage maintenance services. These assets are not reported for Force Readiness Reporting. **(T-1)**

9.3. Deployed Equipment Operator Responsibilities. Equipment operators will:

9.3.1. Use only authorized equipment inspected by the maintenance activity. **(T-0)**

9.3.2. Operate assets IAW manufacturer recommendations and instructions for use. **(T-0)**

9.3.3. Visually inspect equipment for electrical hazards and correct before use. **(T-0)**

9.3.4. Perform operator maintenance specified in the operator’s manual. **(T-1)**

9.3.5. Immediately report equipment malfunctions or damage to the maintenance activity. **(T-0)**

9.3.6. Not use medical equipment past the inspection date label affixed to the item. **(T-3)**

9.3.7. Immediately impound equipment (do not change the settings) and consumables involved in a patient safety incident, notify the maintenance activity and conduct an incident report IAW **paragraph 9.13**. **(T-0)**

9.3.8. Clean equipment IAW infection control policies, see AFI 44-108 prior to, and after routine maintenance. **(T-0)**

9.4. Scheduled Maintenance.

9.4.1. Perform scheduled maintenance IAW the individual equipment device code. **(T-1)**

9.4.2. The maintenance activity will not extend maintenance intervals for WRM or contingency equipment. **(T-1)**

9.4.3. For equipment that cannot be removed from the area of service in a deployed location (i.e., fixed or hard-wired device, failure to meet scheduled maintenance safety standards), affix a AF Form 979, *Danger Tag*, to the equipment until the problem is corrected IAW Title 29 CFR, Chapter 17, Subpart J, *General Environmental Controls*, Section 1910.145, *Specifications for Accident Prevention Signs and Tags*. Adhere to local lockout/tag-out procedures as applicable. **(T-0)**

9.4.3.1. Notify the department chief and/or safety officer about the danger tag. See DAFMAN 91-203, *Air Force Occupational Safety, Fire, and Health Standards*, for the proper use of mishap prevention tags. **(T-0)**

9.4.3.2. If no alternatives exist and the medical provider determines the equipment will remain in service for the patient, maintenance activity will document the decision with the deployed site MTF Patient Safety Officer or equivalent and immediately remove the equipment from service when replaced, no longer needed, or if Patient Safety Officer directs removal of the equipment. **(T-0)**

9.5. Unscheduled Maintenance and Repair.

9.5.1. If unscheduled maintenance affected any electrical components of the equipment item, complete an electrical safety check. **(T-0)**

9.5.2. BMETs who perform unscheduled maintenance on fixed/installed equipment will follow local lockout/tag-out policies and procedures as applicable. **(T-0)**

9.5.3. The maintenance activity with manual record systems will use AF Form 1763, *Medical Maintenance Manual Work Order*, to record the work request and action, and transcribe data, including condition code, to the appropriate AF 509, *Medical Equipment Maintenance Record*. **(T-1)**

9.5.4. Upon completion of repairs, BMETs will ensure that any required inspection, preventative maintenance, and/or calibrations are completed if repairs affect the calibration, or the equipment failed scheduled services prior to repair. **(T-0)**

9.6. Maintenance Service Contract.

9.6.1. All MSA contracts utilized by the maintenance activity will be loaded into the DMLSS Service Contract module. **(T-1)**

9.6.2. Where AD BMETs are assigned, do not recommend or approve contract maintenance for MTF in-use medical equipment that is in the same DMLSS Medical Device group as WRM

without inclusion of a “first-look” maintenance activity provision in order to maintain BMET currency requirements. **(T-1)**

9.6.3. Ensure recurring MSA contracts for scheduled, unscheduled, and one-time repair actions specify the equipment involved, whether parts are included, hours of service, response time, performance standards, frequency of servicing, documentation of work performed, reporting instructions, and distribution of service reports. **(T-1)**

9.6.4. Monitor and validate maintenance performed IAW contract terms and report findings to the contracting activity or the COR. **(T-0)**

9.6.5. Keep a copy of the MSA contract in the EDF. **(T-2)**

9.6.6. All contractor service reports will be filed in the EDF. **(T-1)**

9.7. Management of Test Measurement and Diagnostic Equipment (TMDE).

9.7.1. Medical TMDE assets are unique to the medical industry for patient care, first medical response, or test equipment designed exclusively to simulate human physiology used for testing and calibration of patient care equipment.

9.7.2. TMDE will be assigned a device code and recorded in DMLSS on the maintenance activity property account to ensure sustainment and periodic maintenance. **(T-1)**

9.7.3. Contingency medical TMDE will use DAF Precision Measurement Equipment Lab (PMEL) services, when feasible. **(T-1)**

9.7.4. General purpose test equipment (oscilloscopes, digital multi-meters, frequency counters, etc.) will be calibrated IAW AFMAN 21-113, *Air Force Metrology and Calibration (AFMETCAL) Management* and TO 33K-1-100-2, *Equipment Calibration Requirements List*, for general purpose test equipment. **(T-1)**

9.7.5. Calibration determination requests, AFTO Form 45, *Request for Calibration Responsibility Determination*, will be submitted through AFMEDCOM/A4/10 Clinical Engineering & Sustainment (Equipment) Branch (AFMEDCOM/A4/10E) for general purpose test equipment not listed in TO 33K-1-100-2. **(T-1)**

9.7.6. TMDE that PMEL cannot calibrate or certify will be accomplished by the manufacturer or other entities to manufacturer specifications using standards traceable to the National Institute of Standards and Technology (NIST). **(T-0)**

9.8. Equipment Turn-Ins. See **paragraph 3.15**.

9.9. Modifying Medical Equipment.

9.9.1. A modification is a change in the design or assembly, including duplication or replication of a product or part by additive manufacturing (three-dimensional printers), of an item to meet revised specifications, correct defects, or improve performance. Medical maintenance will only use OEM-approved parts when performing equipment modifications. **(T-0)**

9.9.2. Modifications required due to a hazard alert message will be accomplished IAW the manufacturer’s instructions. **(T-0)**

9.9.3. Submit contingency equipment modification requests to (AFMEDCOM/A4/10E). **(T-1)**

9.10. Food and Drug Administration Modernization Act (FDAMA) of 1997.

9.10.1. The FDAMA, *Title 21 USC, Food and Drugs, Chapter 9, Federal Food, Drug and Cosmetic Act, Subchapter 5, Drugs and Devices,* requires manufacturers to track some equipment. For current tracking guidance, visit **https://www.fda.gov/regulatory-information/search-fda-guidance-documents/medical-device-tracking**. **(T-0)**

9.10.2. The medical maintenance activity will provide data for equipment items (non-implantable) on the FDA traceable devices listed at the above FDA website. **(T-0)**

9.11. Medical Device Quality Assurance and Hazard Alerts and Recalls.

9.11.1. Contingency Medical Maintenance will use DMLSS as the authorized system for tracking and recording HAR messages and actions IAW **Chapter 7**. **(T-0)** The contingency equipment point of contact for Emergency Care Research Institute (ECRI) accounts is AFMEDCOM/A4/10E.

9.11.2. Complete recall action(s) and document any HAR message that affects an equipment item within the DMLSS equipment inventory as a "QUALITY ASSURANCE" or "MODIFICATION" work order. **(T-0)**

9.11.3. Any HAR message received external to DMLSS will be added as a local Quality Assurance Record in DMLSS and notify AFMEDCOM/A4/10E of any that match contingency equipment inventory. **(T-1)**

9.11.4. Inform the SRA HAR manager daily of completed HAR actions/work orders with the DMLSS work order number. **(T-0)**

9.12. Medical Equipment Defect and Incident Reporting. Validate equipment defects for DAF contingency equipment and provide a copy of materiel complaint to AFMEDCOM/A4/10. **(T-0)** **Note:** AFMEDCOM/A4/10 can assist with incident reports and investigations.

Chapter 10

REGIONAL CONTINGENCY EQUIPMENT MAINTENANCE SUSTAINMENT SUPPORT

10.1. General. The DAF manages regional and geographically separated contingency medical equipment support for DAF units not assigned BMETs based on Sustainment Support Levels (SSL) within certain SRA. SSLs are designated by AFMEDCOM/A4/10. **(T-1)**

10.1.1. SSL1 - Largest WRM SRA with regional responsibility.

10.1.2. SSL2 - Other WRM SRA with regional responsibilities.

10.1.3. SSL3 - All other SRA storing or are hosts for DAF WRM stored at geographically separated locations.

10.2. Support to AFR and ANG Contingency Equipment.

10.2.1. AFR and ANG units and AE squadrons that are authorized and assigned DAFSC 4A2X1 or equivalent contract personnel will perform organizational maintenance support for the unit's WRM not in an AD SRA DMLSS. **(T-1)**

10.2.2. Units may request intermediate support for unit contingency medical equipment from an active component SRA SSL1 or SSL2 through a support agreement. **(T-3)**

Chapter 11

MEDICAL EQUIPMENT ELECTRICAL SAFETY

11.1. General. Medical Maintenance will ensure electrical safety for all contingency medical equipment by identifying potential site and use hazards, correcting hazards, and training personnel IAW NFPA 99, NFPA 101, NFPA 70, *National Electrical Code, Unified Facilities Criteria (UFC) 3-560-01 Operation and Maintenance: Electrical Safety*, 15 May 2023, UFC 3-501-01, *Electrical Engineering*, and DAFMAN 91-203. **(T-0)**

11.2. Electrical Safety Action.

11.2.1. Electrical safety testing will include visual inspection of the unit, physical integrity of power cords and strain reliefs, resistance test, leakage current, lockout tagout procedures and other tests as defined in NFPA 99. **(T-0)**

11.2.2. Ensure equipment proposed for purchase is compatible with existing utility systems and electrical safety standards. **(T-0)**

11.2.3. Report defects in electrical power systems to Facility Management or equivalent at deployed sites, who is responsible for the repair of ground fault detection systems and line isolation monitors. **(T-0)**

JOHN J. DEGOES
Lieutenant General, USAF, MC, FS
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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DD Form 1348-6, *DoD Single Line Item Requisition System Document (Manual - Long Form)*

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DD Form 1577, *Unserviceable (Condemned) Tag-Materiel*

DD Form 1577-2, *Unserviceable (Repairable) Tag-Materiel*

DD Form 200, *Financial Liability Investigation of Property Loss*

DD Form 250, *Material Inspection and Receiving Report*

DAF Form 1297, *Temporary Issue Receipt*

DAF Form 847, *Recommendation for Change of Publication*

AF Form 979, *Danger Tag*

DEA Form 106, *Report of Theft or Loss of Controlled Substances*

DEA Form 222, *U.S. Official Order Form, Schedule I & II*

DEA Form 333, *Automation of Reports and Consolidated Orders System (ARCOS) Transaction Reporting*

AFTO Form 45, *Request for Calibration Responsibility Determination*

SF 700, *Security Container Information*

Abbreviations and Acronyms

ACC—Air Combat Command

AD—Active Duty

AE—Aeromedical Evacuation

AES—Aeromedical Evacuation Squadron

AF—Air Force

AFFOR—Air Force Forces

AFI—Air Force Instruction

AFMAN—Air Force Manual

AFMEDCOM—Air Force Medical Command

AFML—Air Force Medical Logistics

AFMS—Air Force Medical Service

AFMLOC—Air Force Medical Logistics Operations Center

AFR—Air Force Reserve

AFSOC—Air Force Special Operations Command

AFWCF/MDD—Air Force Working Capital Fund / Medical-Dental Division

AMC—Air Mobility Command

AMCP—Anti-Malaria ChemoProphylaxis

AMO—Accountable Medical Supply Officer

ANG—Air National Guard

APO—Accountable Property Officer

APSR—Accountable Property System of Record

ARC—Account Requirement Code

ARCOS—Automation of Reports and Consolidated Orders System

ASMS—Allowance Standard Management System

BCN—Build Control Number

BCWB—Biological Chemical Warfare – Clinician Administered

BMET—Biomedical Equipment Technician

BWCW—Biological Warfare/Chemical Warfare

CAL—Custodian Action List

CASL—Calculated Allowance Standard Level

CCATT—Critical Care Air Transport Team

CCI—Controlled Cryptographic Items

CFM—Career Field Manager

CIIC—Controlled Item Inventory Code

CLIN—Contract Line-Item Number

CMM—Contingency Medical Materiel

CMRP—Comprehensive Medical Readiness Program

COOP—Continuity of Operations

COR—Contracting Officer's Representative

COSIS—Care of Supplies in Storage

CPOC—Customer Pharmacy Operations Center

CRL—Custodian Receipt/Location List

CSDC—Consolidated Storage and Distribution Center

DAF—Department of the Air Force

DAFSC—Department of the Air Force Specialty Code

DEA—Drug Enforcement Administration

DFAS—Defense Finance and Accounting Service

DHA—Defense Health Agency

DLA—Defense Logistics Agency

DLA—DS—DLA Disposition Services

DLA—TS—DLA Troop Support

DMLSS—Defense Medical Logistics Standard Support

DMLSS AM—Defense Medical Logistics Standard Support, Assemblage Management (module)

DOC—Designed Operational Capability

DoDAAC—Department of Defense Activity Address Code

DoDAAC TAC—Type Address Code: TAC1 (mail); TAC2 (freight); TAC3 (billing); TAC4 (commercial small parcel shipment) addresses

DoD—Department of Defense

DRRS—Defense Readiness Reporting System

ECAT—Electronic Catalog

ECRI—Emergency Care Research Institute

EDF—Equipment Data File

EESOH-MIS—Enterprise Environmental and Occupational Health-Management Information System

EML—Expeditionary Medical Logistics

EOR—Element of Resource

ERCS—En Route Care System

ERRO—Equipment Readiness Rate Overview

FAM—Functional Area Manager

FDA—Food and Drug Administration

FHP—Force Health Protection

FLIPL—Financial Liability Investigation of Property Loss

GPC—Government Purchase Card

GS—General Schedule

GSA—General Services Administration

HAR—Hazard Alerts and Recalls

HAZMAT—Hazardous Materials

HAZDEC—Hazardous Declaration

HIPAA—Health Insurance Portability and Accountability Act

HQ—Headquarters

HSMR—Home Station Medical Response

HTA—HAZMAT Tracking Activity

IAAA—Inventory Adjustment Approval Authority

IAV—Inventory Adjustment Voucher

IAW—in accordance with

IDMT—Independent Duty Medical Technician

KPI—Key Performance Indicator

LDD—Lost, Damaged or Destroyed

LMI—Logistics Management Indicator

LOA—Line of Accounting

LUM—Low Unit of Measure

MAJCOM—Major Command

MAJCOM/FLDCOM—MAJCOM/Field Command

MAP—Materiel Availability Percentage

MEDLOG—Medical Logistics

MEFPAK—Manpower and Equipment Force Packaging

MFM—MAJCOM Functional Manager

MFR—Memorandum for Record

MICT—Management Internal Control Toolset

MLFC—Medical Logistics Flight Commander

MMMR—Medical Materiel Management Report

MMQC—Medical Materiel Quality Control

MMR—Maintenance Management Report

MOA—Memorandum of Agreement

MOC—Medical Operations Center

MRA—MEFPAK Responsible Agency

MRC—Medical Readiness Committee

MRDSS—Medical Readiness Decision Support System

MRL—Medical Resource Letter

MSA—Maintenance Service Activity

MSC—Medical Service Corps

MTF—Military Treatment Facility

NFPA—National Fire Protection Association

NIST—National Institute of Standards and Technology

NORA—Narcotics Order, Review, and Approval

NSN—National Stock Number

O&M—Operations and Maintenance

OPR—Office of Primary Responsibility

PAD—Public Access Defibrillator

PC—Property Custodian

PFMR—Project Fund Management Record

PHI—Protected Health Information

PID—Plan Identification

PMI-ATS—Patient Movement Item-Asset Tracking System

PMI—Patient Movement Item

POM—Program Objective Memorandum

PV—Prime Vendor

QC—Quality Control

RC/CC—Responsibility Center/Cost Center

RDS—Records Disposition Schedule

RMO—Resource Management Office

RMS—Resource Management Systems

SA—System Administrator

SDS—Safety Data Sheet

SF—Standard Form

SFAK—Shelter First Aid Kit

SG—Command Surgeon General

SGME—Surgeon General Managed Equipment

SLEP—Shelf-Life Extension Program

SMA—Service Medical Activity

SOD—Segregation of Duty

SOS—Source of Supply

SRA—Stock Record Account

SSL—Sustainment Support Level

TAC—Transportation Account Code

TCCC—Tactical Combat Casualty Care

TLAMM—Theater Lead Agent for Medical Materiel

TMDE—Test Measurement and Diagnostic Equipment

TO—Technical Order

TRIMEDS—Tri-Service Medical Excess Distribution System

ULN—Unit Line Number

USC—United States Code

USPFO—United States Property and Fiscal Officer

UTC—Unit Type Code

VCO—Vehicle Control Official

WRM—War Reserve Materiel

WG—Wage Grade

WRM—War Reserve Materiel

Office Symbols

ACC/SG—Air Combat Command Surgeon General

ACC/SGX—Medical Readiness Office

AF/SG—Air Force Surgeon General

AFFOR/SG—Air Force Forces Surgeon General

AFMEDCOM/CC—Air Force Medical Command Commander

AFMEDCOM/A1/7—Air Force Medical Command, Force Development & Management Division

AFMEDCOM/A4/10—Air Force Medical Command, Logistics & Installation Support Division

AFMEDCOM/A4/10E—Clinical Engineering & Sustainment (Equipment) Branch

AFMEDCOM/A4/10M—Contingency Materiel Management Branch

AFMEDCOM/A4/10O—Operations Support Branch

AFMEDCOM/A4/10S—Strategic and Business Operations Branch

AFMEDCOM/A4/10W—Consolidated Storage and Deployment Branch

AFSOC/SG—Air Force Special Operations Command Surgeon General

AFSOC/SGX—Medical Readiness Office

AMC/A4TS—Air Mobility Command Logistics Standardization and Resources Branch

AMC/SG—Air Mobility Command Surgeon General

AMC/SGX—Medical Readiness Office

AMC/SGXL—Logistics Readiness Branch

ANG/SG—Air National Guard Surgeon General

ANGRC/SGASL—Air National Guard Surgeon General Administrator, Medical Logistics Support

C-MAJCOM/SG—Component-Major Command Surgeon General

LRS/CC—Logistics Readiness Squadron Commander

MAJCOM/SG—Major Command Surgeon General

MAJCOM/SGA—Major Command Surgeon General Administrator

MDG/CC—Medical Group Commander

USAMMA-DOC—United States Army Medical Materiel Agency - Distribution Operations Center

Terms

Accountability—The obligation imposed by law, lawful order, or regulation, accepted by an organization or person for keeping accurate records and to ensure control of property, documents or funds, with or without physical possession. The obligation, in this context, refers to the fiduciary duties, responsibilities, and obligations necessary for protecting the public interest.

Accountable Equipment—All medical equipment having an acquisition cost of $5,000 or more that meets criteria in accordance with DoDI 5000.64.

Accountable Property Officer—An individual who oversees the medical equipment management office responsible for managing medical and non-medical in-use equipment at each SRA.

Aeromedical Certification—The culmination of processes to assure that a piece of equipment will perform as specified during the stresses of flight without jeopardizing the safe operation of the aircraft.

Aeromedical Evacuation Squadron—An operational medical organization concerned primarily with the management and control of patients being transported via an aeromedical evacuation system or system echelon.

Aeromedical Staging Facility—A medical unit that operates transient patient beds located on, or in the vicinity of an enplaning and deplaning air base or airstrip. It provides for the reception, administration processing, ground transportation, feeding and limited medical care for patients entering, en route, or leaving an aeromedical system.

Air Force Working Capital Fund/Medical-Dental Division—A division of the Air Force Working Capital Fund authorized to procure, receive, store and issue expense type medical items, under the Requirements Management System concept. The AFWCF/MDD provides a revolving account for expense type materiel (as defined for RMS purposes) from the time of its acquisition until it is issued. Overall responsibility for management of the AFWCF/MDD is vested in the Surgeon General and has been delegated to the Air Force Medical Logistics Division. Other directives concerning stock fund operations are Defense Finance and Accounting Service-DER 7420-1, *Procedures in Support of Air Force Stock Fund*, and Defense Finance and Accounting Service-DER 7000-8, *Materiel and Property Accounting*.

Allowance Standard—A UTC allowance document that prescribes basic authorizations of assets to support a capability.

Appoint—Designate in writing an individual to perform a specific duty, position, or responsibility signed by the appointing authority as specified in this or other specified AFI, DoDI, AFMAN, DHA guidance, or regulation.

Care of Supplies in Storage—A program composed of a set of processes and procedures whose purpose is to ensure that materiel in storage is maintained in ready-for-issue condition or to prevent uneconomic deterioration of unserviceable materiel.

Collectors—DEA-registered distributors, reverse distributors, and MTFs with an on-site pharmacy, and retail pharmacies authorized to receive a controlled substance for the purpose of destruction from an ultimate user.

Consumable Supply Item—An expendable item that loses its identity when used, cannot be reused for the same purpose or is not durable enough to last one year. Pharmaceuticals, X-ray film and adhesive tape are examples.

Contingency Medical Materiel—Program encompassing WRM, HSMR, customer-owned and MAJCOM-owned assemblages.

Controlled Medical Item—An expendable item of medical materiel that, because of its susceptibility to misuse and theft, requires special accounting, storage, shipment and issue precautions.

Consolidated Storage and Distribution Center—Large, non-MTF MEDLOG SRAs, designated by AFMEDCOM/A4/10, serving as centers of excellence for sustainment and distribution of WRM assets.

Defense Logistics Agency—The medical material executive agent for the DoD responsible for the wholesale management, procurement and distribution of items of supply common to the military departments.

Defense Medical Logistics Standard Support—A DoD APSR used to manage property and financial records for accountable assets and property.

Deferred Codes—Codes used to identify assemblage materiel that is purchased using an existing deferred procurement plan. Assets with these codes are considered on-hand assets and calculated into the item stock percentages that appear on assemblage status reports. Code V refers to DoD-owned stock contracted to Prime Vendor; Code E refers to service-owned stock contracted to Corporate Exigency Contracts; Code R refers to service-owned stock contracted to Vendor Managed Inventory; Code S refers to service-owned stock contracted Prime Vendor WRM.

Deferred Procurement—Procurement of selected shelf-life consumables for targeted CMM UTCs by establishing contingency contracts that guarantee access to commercial inventory with time-defined delivery options. Items must be procurable through a DLA contract. Local programs require approval by the MRC, codified in signed minutes. Procurement must be exercised annually, with an after-action report submitted to AFMEDCOM/A4/10M.

Delayed Procurement—Procurement that allows requiring activities to forecast and order pharmaceuticals with a required deliver date (RDD) 30 to 180 calendar days out, while also guaranteeing 12 months or greater shelf-life. Delayed Procurement allows the Primary Prime Vendor time to research and acquire the requested pharmaceuticals, alleviating challenges with product backorders and allocation restrictions.

Department of the Air Force—DAF includes the United States Air Force (USAF) and USSF and all entities under both services, i.e., reserve, guard, major/field command (MAJCOM/FLDCOM), wing/delta, group/garrison and below. With regard to publications and forms control numbers, "DAF" is used to reflect applicability to both the USAF and USSF at all levels.

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

Deteriorative Items—Medical items, particularly drugs, that deteriorate rapidly when exposed to direct sunlight, excessive heat or cold, or moisture.

Durable Supplies/Item—An expendable item that is not consumed in use and has a life expectancy in excess of one year but does not qualify as an equipment item.

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

Financial Improvement and Audit Readiness—Congressionally mandated program requiring all DoD agencies to prepare for, undergo, and pass a full financial statement audit by an independent public accountant. In order to pass financial audit, DoD must demonstrate reasonable assurance that proper controls are in place and key supporting documentation is available to support transactions on the General Ledger.

Financial Liability Investigation of Property Loss—The process used to investigate the loss or damage of government property and to determine who is financially liable for the loss.

Financially Liable—Those personal, joint, or corporate monetary obligation to make good for any lost, damaged, or destroyed property resulting from negligence.

General Services Administration—An independent agency of the United States government, that helps manage and support basic functions of federal agencies, for example, develops government-wide cost minimizing policies.

Hazardous Materials—Includes all items, including medical and non-medical items, with the exception of drugs in their finished form and pharmaceuticals in individually-issued items, covered under the Emergency Planning and Community Right-to-Know Act or other host nation, federal, state or local tracking or reporting requirements, the Occupational Safety and Health Administration Hazard Communication (HAZCOM) and Occupational Exposure to Hazardous Chemicals in Laboratories Standards, and all Class I and Class II Ozone Depleting Substances.

Home Station Medical Response (HSMR)—The program that plans, prepares, and employs assigned assets for the initial installation medical response to an incident at home stations (i.e., fixed-site airbases) using an all-hazards approach. HSMR assemblages include Patient Decontamination, Pharmacy, Bioenvironmental Engineering (BE), Laboratory Biological Detection (LBDT), Field Response (FRT), Triage, Clinical, Manpower/Security, and Public Health (PH).

Installation Hazardous Material Management Program (IHMP)—A DAF standardized program for authorizing, procuring, issuing, and tracking of Hazardous Materials. This program was previously called the Hazardous Materials Pharmacy Program (HPP).

Joint-Use Equipment—Equipment that may be used to meet both an existing organization's mission and a wartime additive mission requirement. Joint-use equipment is accounted for on APO and WRM records.

Medical Logistics—The functional area within a medical organization responsible for support of patient care in peacetime and wartime contingency. MEDLOG functions include responsibility for Materiel Management, Facility Management, Medical Equipment Management, Biomedical Equipment Maintenance, and CMM management.

Medical Logistics Flight Commander—An MSC officer or civilian equivalent assigned to manage and coordinate all logistics activities in the MTF. At most small and medium size facilities, the MLFC is also the AMO.

Medical Materiel—Those items listed in the federal supply catalog as Class VIII and any similar non-stock listed items.

Medical Resources Letter—Document approved by the AF/SG identifying AFMS UTC (personnel and WRM) and HSMR asset apportionment.

Medical WRM Project Officer—An individual appointed by the MTF Commander (or equivalent) to be responsible for the management of all WRM programs within the MTF or non-MTF sites.

Memorandum of Agreement—A document that codifies agreement and execution or delivery of support with or without reimbursement between any two or more parties. MOAs will comply with DoDI 4000.19, *Support Agreements*. A MOA to which a non-appropriated fund instrumentality is a party must also comply with DoDI 1015.15, *Establishment, Management, and Control of Nonappropriated Fund Instrumentalities and Financial Management of Supporting Resources* and

DoD 7000.14-R, *Financial Management Regulation*, Volume 13, Chapter 5, *Income and Expenses*.

Memorandum of Understanding—A document that codifies a mutual understanding between any two or more parties that does not contain an expectation of payment, and under which the parties do not rely on each other to execute or deliver on any responsibilities. MOUs will comply with DoDI 4000.19, *Support Agreements.*

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

Inventory—A physical count that is conducted to formally validate accountable record balances against physical balances. Perform and correct discrepancies found between actual quantities and maintained accounting record balances.

Operational Medical Logistics—The MEDLOG to support operational medical capabilities for Role 1, Role 2, Role 3 and Role 4 units. An integral component of the MHS that provides capabilities to organize and conduct life-cycle management of the specialized medical products and services required to operate an integrated health system anywhere in the world. Support operations include medical management of the following functions: medical materiel (which includes procurement, storage, and distribution), medical equipment maintenance and repair, blood management (cold-chain storage, distribution, and disposal), and PMI. It also includes health facilities planning and management, contracting support, medical hazardous waste management and disposal, and production and distribution of medical gases.

Patient Movement Item—Those items that are required to support a patient during aeromedical evacuation. For this program, Patient Movement Item is generally confined to those items to be exchanged for patient care during transportation that are critical to sustain aeromedical evacuation operations and maintain medical capabilities. Patient Movement Item assets are funded with Health Affairs O&M dollars.

Patient Movement Item Cell—A package of limited manpower, which may include materiel, and a PMI-ATS, UTC "FFQP4," to be sent to a forward medical element or MTF to track PMI in the En Route Care System and facilitate PMI use. This capability will be used to support PMI Nodes in emergency response by facilitating PMI maintenance, theater inventory management, and recycling of PMI in an AOR, temporary operation, or Defense Support to Civil Authorities (DSCA) event for the duration of the event or operation.

Patient Movement Item Center—An enduring regional site for PMI management which has PMI equipment and levels, UTC "FFQP3," supporting tracking, inventory management, maintenance and repair, communication with other PMI Centers, and recycling or distribution of PMI to meet regional needs or needs of a supported CCDR, PMI Cell or Node when assigned PMI assets are ULN tasked.

Patient Movement Item Node—A site that has prepositioned PMI levels to facilitate patient movement. The node supports tracking, inventory management, maintenance and repair, and recycling of Patient Movement Item in support of Area of Responsibility, temporary operation, or Defense Support to Civil Authorities event for the duration of the event or operation. The node is normally supported by a Patient Movement Item Cell or Center.

Prime Vendor—A DLA managed program in which a "prime" supplier for a commodity line provides the majority of the AFMS WRM program requirements for that commodity line. The purpose of the program is to shorten the logistics pipeline and make it more reliable.

Property Custodian—An individual typically appointed by the MTF Commander, who accepts custodial responsibility for property, typically by signing a hand-receipt. The property custodian is directly responsible for the physical custody of accountable property under their control.

Quality Assurance Data—The manufacture information used for inspecting, sampling, classifying, evaluating and reporting materiel to ensure only serviceable items are issued and in use or stored for contingency operations.

R-Level—Equipment Condition Category Level.

Ready—Equipment with a condition code of "A," no unscheduled work orders, no aged scheduled work orders, and no work orders awaiting parts or contractor service. Supplies that are in a serviceable condition and available for use.

Records Disposition Schedule (RDS)—A document providing mandatory instructions for what to do with records (and non-record materials) no longer needed for current government business. It includes provision of authority for the final disposition of recurring or nonrecurring records; also called records control schedule, records retention schedule, disposition schedule, or schedule. The set of all DAF records disposition schedules legally approved by the National Archives and Records Administration (NARA) is known as the DAF Records Disposition Schedule (RDS). The DAF RDS is maintained in the Air Force Records Information Management System (AFRIMS).

Resource Management Systems—A DoD system of programming, budgeting and managing an operating activity based on recurring quantitative information. Included are systems for inventory management and acquisition, accounting and disposition of capital assets.

S-Level—Equipment and Supplies On-Hand Category Level

Safety Data Sheet—A written or printed information concerning a hazardous material meeting requirements of 29 Code of Federal Regulations 1910.1200 (g).

Segregate—Physically separate or store apart from other similar items.

Segregation of Duties—Procurement and management control processes to minimize opportunity for fraud or misuse of funds using written procedures and automated systems to cross- check key tasks by multiple individuals and approval authorities.

Service Contract Review and Authorization Activity—A group or individual appointed to review and approve all unfunded new and existing contract requirements to include option year renewals.

Short Shelf-Life Deferred Procurement—A centrally managed Deferred Procurement Program that targets short shelf-life laboratory consumables in CONUS-stored WRM.

Source Documentation—Key Supporting Documentation (KSD) required to support transactions against the financial general ledger accounts. KSD support all requisition, receipt, shipment, issues, transfers, or adjustment transactions and includes backup or explanatory material such as packing lists and invoices.

Stock Record Account—The account where actions or activities occur to record by item, the receipt and issuance of property, the balances on hand and such other identifying or stock control data as may be required by proper authority.

Stratification—A procedure for grouping elements of materiel assets and requirements by categories, that is, strata such as inventory segments, stock levels and issue and adjustment requirements.

Support Agreement—A negotiated arrangement between parties to provide or receive -support. With the exception of Federal Acquisition Regulation Subparts 17.5 and 17.7, Federal Acquisition Regulation-based contracts, all federal assistance awards (e.g., grants and cooperative agreements in accordance with Chapter XI of Title 2, Code of Federal Regulations), real property transactions, and Other Transaction Agreements authorized and executed in accordance with Sections 4021 and 4023 of Title 10, U.S.C., are not support agreements.

Surcharge—A charge or discount added to the product cost or potential discount to compensate the AFWCF/MDD for transportation costs, estimated foreseeable net stock losses (i.e., pilferage, damage, deterioration, and physical inventory shortages), other losses, and other authorized expenses.

Surgeon General Managed Equipment—WRM equipment that is centrally budgeted and managed by AFMEDCOM/A4/10. The complete life cycle of the item is managed by AFMEDCOM/A4/10 for UTC requirements.

Unauthorized Obligation—An obligation or expenditure of funds in advance of an appropriation or in excess of an appropriation, apportionment, or formal subdivision of funds, whether occurring at the time the liability was incurred or at the time the obligation was properly recorded, may result in a reportable violation of the Anti-Deficiency Act.

Using Activity—An organization or element of an organization that requests and funds authorized supplies from MEDLOG and equipment from the APO.

War Reserve Materiel—Materiel which must be on hand at the time a conflict begins in addition to peacetime operating stocks and mobility resources. This materiel must be capable of sustaining operations for the scenarios authorized for sustainability planning in combatant commander war plans and war mobilization planning documents. Medical WRM assets are procured with AFWCF/MDD obligation authority (with the exception of investment equipment) and maintained in AFWCF/MDD-funded inventories.

Attachment 2

MEMORANDUM OF AGREEMENT

A2.1. Memorandum of Agreement examples.

Figure A2.1. Template Memorandum of Agreement for Loan of WRM.

MEMORANDUM OF AGREEMENT

BETWEEN

[DEFENSE READINESS REPORTING SYSTEM (DRRS) UNIT]

AND

[BORROWING ORGANIZATION]

FOR

LOAN AND REIMBURSEMENT COST OF AIR FORCE MEDICAL WAR RESERVE MATERIEL (WRM)

1. AUTHORITIES & REFERENCES:

a. DoDI 4000.19, *Support Agreements*, 16 December 2020
b. DoD Financial Management Regulation 7000.14-R, Volumes 4 and 11b
c. AFI 25-101, *War Reserve Materiel*, 27 August 2019
d. AFI 25-201, *Intra-Service, Intra-Agency, and Inter-Agency Support Agreement Procedures*, 18 October 2013
e. DAFI 41-230, *Medical Logistics Support*, D MMMM YYYY

2. PURPOSE AND SCOPE: This agreement establishes the financial arrangements between the [BORROWING ORGANIZATION] and the [DRRS RESPONSIBLE UNIT] for the loan of Medical WRM assets and to reimburse the Air Force Working Capital Fund/Medical-Dental Division (AFWCF/MDD) for the use of Air Force WRM equipment, as discussed herein. This agreement shall be uniquely identified by reference number _____. (Unique Agreement Identification Numbers are provided by the Air Force Medical Logistics Operations Center (AFMLOC)). Contact the AFMLOC via email at **usaf.detrick.afms.mbx.afmedcom-a4-10m-readiness-afmloc@health.mil** to obtain this information).

a. Assets to be loaned:

(1) Allowance Standard: _____
(2) Unit Type Code (UTC)/Description: _____

(3) Build Control Number: _____
(4) Assemblage ID: _____
(5) Quantity: _____

(6) Assemblage On-Hand Value: _____
(7) Total Assemblage Value: _____

b. Asset loan dates:

(1) Date assets are needed at borrowing site: _____
(2) Date assets are due back at site of origin: _____

c. Reason for loan: _____

3. RESPONSIBILITIES OF THE PARTIES:

a. The [DRRS RESPONSIBLE UNIT] will:

(1) Provide the above-mentioned assets to the [BORROWING ORGANIZATION] on the date specified in this MOA. Equipment/durable items will be fully operational/certified.

(2) If assets must be recalled, notify the [BORROWING ORGANIZATION] within 24 hours. The Air Force Medical Service must maintain the capability to respond on an as-required basis to contingencies and to meet the needs of the AFMS, which has limited medical contingency capabilities. The loaned materiel is subject to immediate recall in the event of a higher priority mission tasking arising unexpectedly.

(3) Process DMLSS issues against the [BORROWING ORGANIZATION]'s provided Line of Accounting (LOA) for the costs of items used, lost, damaged, or otherwise not returned during the loan period. If funds are not readily available, the Project Fund Management Record (PFMR) will be set to go negative, and DMLSS issues will be processed ensuring reimbursement is provided to the AFWCF. See paragraphs **8.21.3.1** and **8.21.3.2** for PFMR negative balance reporting.

(4) Inventory all assets identified in this agreement within 60 days of return, and items damaged or not returned will be issued out in DMLSS to the PFMR set up against the LOA identified in the Financial Details for a Reimbursable MOA (**Figure 1.2.1**). A complete list of shortfalls and damaged items indicating dollar by line item will be provided to the [BORROWING ORGANIZATION].

b. The [BORROWING ORGANIZATION] will:

(1) With the exception of assets recalled, return all assets covered under this MOA not later than 120 days from the date the assets leave the site of origin.

(2) Incur all costs associated with this loan to include transportation to and from the [BORROWING ORGANIZATION] and training site and back to the site of origin

(including any overnight express shipping back to the loaning organization if the equipment is recalled).

(3) Provide funds to repair any equipment items that are damaged during the loan period to include transit to and from loaning organization. [BORROWING ORGANIZATION] shall be responsible for all training (user and/or BMET), facility modifications, acceptance testing, physicist inspections, and/or site prep costs and execute any contracts required to use the device at their facility. If the device is currently under a servicing contract, [BORROWING ORGANIZATION] shall be responsible for costs associated with such servicing contract. If the device is under warranty, [BORROWING ORGANIZATION] shall be responsible for complying with all terms of the warranty. Equipment damaged beyond economic repair will be issued against the [BORROWING ORGANIZATION's] line of accounting (LOA) at the full value of the equipment. If equipment fails during the loan period, [BORROWING ORGANIZATION] is responsible for all costs associated with the repairs (i.e., repair parts, OEM service, labor, travel, etc.).

(4) Agree that assets not returned within 120 days will be issued and expensed to the Responsibility Center/Cost Center (RC/CC) for their complete cost. The total cost of assemblages borrowed under this MOA is total cost of assets being loaned.

(5) Agree to provide new FY funded LOA when the loan period of WRM assets crosses to the next FY.

4. GENERAL PROVISIONS:

a. POINTS OF CONTACT (POCs): The following POCs will be used by the Parties to communicate matters concerning this MOA. Each Party may change its POC upon reasonable notice to the other Party.

(1) For the [BORROWING ORGANIZATION]:

(a) [Name, position, office identification, phone number and email of primary POC]

(b) [Name, position, office identification, phone number and email of alternate POC]

(2) For the [DRRS RESPONSIBLE UNIT]:

(a) [Name, position, office identification, phone number and email of primary POC]

(b) [Name, position, office identification, phone number and email of alternate POC]

b. CORRESPONDENCE. All correspondence to be sent and notices to be given pursuant to this MOA will be addressed, if to the [BORROWING ORGANIZATION], to:

(1) [Mailing address] and, if to the [DRRS RESPONSIBLE UNIT], to:

(2) [Mailing address] or as may from time to time otherwise be directed by the Parties.

c. REVIEW OF AGREEMENT. This MOA will be reviewed on or around the anniversary of its effective date annually for financial impacts; if there are substantial changes in resource requirements, the agreement will be reviewed in its entirety.

d. MODIFICATION OF AGREEMENT: This MOA may only be modified by the written agreement of the Parties, duly signed by their authorized representatives.

e. DISPUTES: Any disputes relating to this MOA will, subject to any applicable law, Executive Order, or DoD issuance, be resolved by consultation between the Parties.

f. TERMINATION OF AGREEMENT: This MOA may be terminated by either Party by giving at least 30 days' written notice to the other Party. The MOA may also be terminated at any time upon the mutual written consent of the Parties.

g. TRANSFERABILITY: This MOA is not transferable except with the written consent of the Parties.

h. ENTIRE AGREEMENT: It is expressly understood and agreed that this MOA embodies the entire agreement between the Parties regarding the MOA's subject matter, thereby merging and superseding all prior agreements and representations by the Parties with respect to such subject matter.

i. EFFECTIVE DATE: This MOA takes effect beginning on the day after the last Party signs.

j. EXPIRATION DATE: This MOA expires on [insert date].

k. NO THIRD-PARTY BENEFICIARIES: Nothing in this MOA, express or implied, is intended to give to, or will be construed to confer upon, any person or entity not a party any remedy or claim under or by reason of this MOA and this MOA will be for the sole and exclusive benefit of the Parties.

l. SEVERABILITY: If any term, provision, or condition of this MOA is held to be invalid, void, or unenforceable by a governmental authority and such holding is not or cannot be appealed further, then such invalid, void, or unenforceable term, provision, or condition shall be deemed severed from this MOA and all remaining terms, provisions, and conditions of this MOA shall continue in full force and effect. The Parties shall endeavor in good faith to replace such invalid, void, or unenforceable term, provision, or condition with valid and enforceable terms, provisions, or conditions which achieve the purpose intended by the Parties to the greatest extent permitted by law.

m. OTHER FEDERAL AGENCIES: This MOA does not bind any federal agency, other than the Parties, nor waive required compliance with any law or regulation.

5. FINANCIAL DETAILS: Assets being loaned, assemblages they are from, and reason for loan are annotated on the Financial Details for a Reimbursable MOA (**Figure 1.2.1**).

a. AVAILABILITY OF FUNDS. This MOA does not document the obligation of funds between the Parties. The obligation of funds by the Parties, resulting from this MOA, is subject to the availability of funds pursuant to the DoD Financial Management Regulation. No provision in this MOA will be interpreted to require obligation or payment of funds in violation of the Anti-Deficiency Act, Section 1341 of Title 31, United States Code.

b. BILLING. The [DRRS RESPONSIBLE UNIT] will process all transactions related to the sell-off of WRM assets within DMLSS against the line of accounting provided by the [BORROWING ORGANIZATION] in accordance with applicable guidance.

FINANCIAL SPECIFICS. See Financial Details for a Reimbursable MOA (**Figure 1.2.1**) for all other details and information on the reimbursable support identified in this MOA.

6. LIST OF ATTACHMENTS:

a. Financial Details for a Reimbursable MOA (**Figure 1.2.1**).

AGREED:

Note: Final approval authority and MRA required signatures may vary.

If the Borrowing Organization does not fall under the DRRS unit commander, the final approval for the use of the WRM is the DRRS unit commander. In this instance, the Borrowing Organization unit commander is signing with the understanding that the LOA provided in this MOA will be utilized to process issues for any items used, lost, damaged, or otherwise not returned to the site of origin within the timeframe identified in this MOA.

If the Borrowing Organization falls under the DRRS unit commander, the final approval for use of WRM falls to the DRRS unit commander. In this instance, the DRRS unit commander is signing with the understanding that replenishment funding for all assets issued out to the LOA provided in this MOA may not be available until the next FY, during 1st quarter funding.

The ACC and AMC MRAs are the DRRS unit commanders for all WRM assets located within AFMEDCOM/A4/10W (i.e., at the Port of San Antonio, Charleston, or Travis CSDC). Therefore, they are the final approval for WRM assets being used under an applicable MOA.

[Borrowing organization cc sig block] [DRRS unit cc sig block]

[MRA signature block]
(Only if items are from AFMEDCOM/A4/10W)

Figure A2.2. Financial Details for a Reimbursable MOA.

MEMORANDUM OF AGREEMENT BETWEEN [DRRS RESPONSIBLE UNIT] AND [BORROWING ORGANIZATION] FOR LOAN AND REIMBURSEMENT COST OF AIR FORCE MEDICAL WAR RESERVE MATERIEL (WRM)

Financial details for a reimbursable MOA

1. Reimbursable Support: The total cost of WRM loaned to [BORROWING ORGANIZATION] that is used, lost, damaged, or otherwise not returned to [DRRS RESPONSIBLE UNIT] within 120 days will be issued and expensed for its complete cost.
2. Total cost of assets loaned: $_____
3. Full line of accounting:
4. Financial points of contact:

a. [DRRS RESPONSIBLE UNIT]: [Name, position, office identification, phone number and [email]

b. [BORROWING ORGANIZATION]: [Name, position, office identification, phone number and email]

5. In the event this MOA is activated between 1 Jun and 30 Sep of any given year, the [BORROWING ORGANIZATION] will provide new fiscal year (FY) funded LOA for reimbursement of issues that may be processed in DMLSS after the end of the FY during which the items were utilized.

A2.2. Medical Logistics Quality Control/Source Document Cross Reference.

Table A2.1. DMLSS Inventory Management – Source Document.

DMLSS Transaction Code	Description	Transaction Reason Type Code	Corresponding Transaction Reason(s) Type	Required Supporting Document	Required Record Retention
RND	Receipt Not Due-in	N/A	N/A	DD Form 1155, DD Form 250, DD Form 1348-1A	Ten years or life of the item, whichever is longer
RRD	Receipt	N/A	N/A	DD Form 1155, DD Form 250, DD Form 1348-1A	Ten years or life of the item, whichever is longer
DQC	Due-in Cancellation	N/A	N/A	Local Form or Memo for Record, if Medical Logistics processed DQC; DMLSS system if status DQC	Ten years
ESD	Establish Due-in	N/A	N/A	DMLSS (system archived)	Ten years
CRL	Commercial Returns Loss	CRL	N/A	DMLSS CRL Document	Two years after asset is removed from accountable records

DDL	Destruction	DDL	N/A	DMLSS Destruction/ Document	Two years after asset is removed from accountable records
DMLSS Transaction Code	**Description**	**Transaction Reason Type Code**	**Corresponding Transaction Reason(s) Type**	**Required Supporting Document**	**Required Record Retention**
IAG	Inventory Adjustment Gain	IAG	N/A	Inventory Adjustment Document (IAD)	Two years after asset is disposed of and/or removed from
IAL	Inventory Adjustment Loss	IAL	Inventory Adjustment Loss	IAD	Two years after asset is removed from accountable records
IAL	Inventory Adjustment Loss	MIL	Natural Disaster Inventory Loss	IAD	Two years after asset is removed from accountable records
MSG	Miscellaneous Gain	EIG	End Kit Item Gain	Gain/Loss Report with reason indicated	Two years after asset is removed from accountable records
MSG	Miscellaneous Gain	IIG	Individual/Component Gain	Gain/Loss Report with reason indicated	Two years after asset is disposed of and/or removed from accountable records
MSG	Miscellaneous Gain	MDG	Capitalization of SF Asset	Gain/Loss Report with reason indicated	Two years after asset is disposed of and/or removed from accountable records
MSL	Miscellaneous Loss	EIL	End/Kit Item Loss	Gain/Loss Report with	Two years after asset is removed from

				reason indicated	accountable records
DMLSS Transaction Code	**Description**	**Transaction Reason Type Code**	**Corresponding Transaction Reason(s) Type**	**Required Supporting Document**	**Required Record Retention**
MSL	Miscellaneous Loss	IIL	Individual/Component Loss	Gain/Loss Report with reason indicated	Two years after asset is removed from accountable records
SHG	Shipment Gain	SFG	Inshipment Gain	DD Form 1348-1A, DD 1149, or document received with shipment	Two years after asset is removed from accountable records
SHG	Shipment Gain	DPG	Donated Item Gain	DD Form 1348-1A	Two years after asset is removed from accountable records
SHG	Shipment Gain	FZG	Receipt DLA-DS SFG-Inshipment Gain	DD Form 1348-1A	Two years after asset is removed from accountable records
SHL	Shipment Loss	RXL	Return Excess to DLA (Defense Logistics Agency)	DD Form 1348-1A	Two years after asset is removed from accountable records
SHL	Shipment Loss	SFL	Outshipment Loss	DD Form 1348-1A	Two years after asset is removed from accountable records
SHL	Shipment Loss	TZL	Outshipment to DLA-DS	DD Form 1348-1A	Two years after asset is removed from accountable records

DMLSS Transaction Code	**Description**	**Transaction Reason Type Code**	**Corresponding Transaction Reason(s) Type**	**Required Supporting Document**	**Required Record Retention**
TIG	Turn-in Adjustment Gain	FGB	Found on Installation	DD Form 1348-1A, 1348-6, or equivalent form	Two years after asset is removed from accountable records
TIL	Turn-in Adjustment Loss	RTL	Return to Source of Supply	DD Form 1348-1A Gain/Losses	Two years after asset is removed from accountable records
TIL	Turn-in Adjustment Loss	RVL	Return to Source of Supply	DD Form 1348-1A Gain/Losses	Two years after asset is removed from accountable records
TIL	Turn-in Adjustment Loss	TRL	Return to Source of Supply	DD Form 1348-1A Gain/Losses	Two years after asset is removed from accountable records

Table A2.2. DMLSS Funds Transactions – Source Document.

DMLSS Transaction Code	**Description**	**Transaction Reason Type Code**	**Corresponding Transaction Reason(s) Type**	**Required Supporting Document**	**Required Record Retention**
ADP	Adjust Funds Target	N/A	N/A	AF Form 1269, Locally Developed Form; Fund Load Documents, messages, or emails	Two years
RCC	Revise Customer ID	N/A	N/A	Local Form	No required record retention

DMLSS Transaction Code	Description	Transaction Reason Type Code	Corresponding Transaction Reason(s) Type	Required Supporting Document	Required Record Retention
ESP	Establish Project or Expense Center	N/A	N/A	Local Form	No required record retention
ECC	Establish Customer Organization	N/A	N/A	Local Form	No required record retention