



THE AFMLL

The Air Force Medical Logistics Letter

Delivering Global Integrated Logistics



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MEDICAL MATERIEL

Due to inclement weather, AFMLLs 02-96 and 03-96 have been combined as AFMLL 02/03-96 with a publication date of 02 February 1996.

Standard Systems Group (SSG) New Telephone System

Medical systems has implemented a new telephone system. The new system allows you to call one phone number 24 hours daily. During normal duty hours, calls will be routed directly to the Medical Logistics (MEDLOG) support staff. After duty hours, calls will be routed through the field assistance branch (FAB). The best way to get assistance is to dial DSN 596-5771 and when the recording begins, proceed as follows:

- a. Press 1 (for touch tone phone). If using a rotary phone hold on and an FAB attendant will assist you.
- b. Press 4 for Medical systems Help Desk.
- c. Press 1 for MEDLOG Help Desk.

Attachments

Clinical Engineering (ATCH 1)
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You do not have to listen to the entire recording. Once the recording begins, press 141 and you will be connected with the MEDLOG support staff (touch tone users only).

You can still call the individual phone numbers listed in the November 1995 USAF Medical Logistics Directory. However, these lines are not supported 24 hours daily and are not rotated to another line if no one is available to answer your call. Points of contact are SMSgt Stiles or MSgt Maupin. (SSG, MSgt Maupin, DSN 596-5771)

Standard Systems Group (SSG) Solicits Volunteers

Headquarters SSG/SBMB is soliciting volunteers to help test the Spring 1996 Medical Logistics (MEDLOG) software release. This release will provide the ability to control Defense Business Operations Fund (DBOF) assets from a forward location. This new process is called "Forward Ownership" (FO).

As part of any development effort, SSG thoroughly tests revised MEDLOG software under simulated field conditions. The final step in the development process is to load the software at selected bases for testing in a "real-world" environment. During this testing, it is important that the new procedures associated with the revised software be used and evaluated. Since the majority of the spring release will involve procedures to help manage FO assets, we are seeking bases that are already using a FO concept or bases that would be willing to implement this concept as part of loading the release.

a. Do not confuse FO with going "stockless." The last release provided the ability to go stockless by assigning a Unique Level Code of "S" and manage items from the using activity with the shopping guide level.

b. The spring release will allow you to go forward with assets still owned by the stock fund. In other words, you would be storing stock fund assets in a forward location and using the stock control

level in the Operating Balance Record to manage these items. Because stock control levels would be reduced, a comprehensive understanding of the End-of-Quarter (EOQ) method of inventory control is a must. The new procedures developed for this release include new codes to identify FO items; new listings to assist in managing FO items, adding fields, which identify FO items, to screens and computer output; and expedited procedures for inventorying the forward area and identifying requirements.

Bases chosen for these tests will receive comprehensive training prior to loading and using the new procedures.

If you are interested in implementing and testing FO, please SSG. We will be happy to answer any questions you might have about the process and new procedures. Points of contact are MSgt Jim Maupin (DSN 596-2588) and Mr. John Hudson. (SSG, Mr. John Hudson, DSN 596-2586)

Standard Materiel Accounting System (SMAS) and Integrated Accounts Payable System (IAPS)

AFMML 01-96 included a list identifying the Standard Materiel Accounting System (SMAS) and Integrated Accounts Payable System (IAPS) products which you should receive on a recurring basis. However, one product was inadvertently excluded from the list.

It is a SMAS product, the Monthly Transaction History, PCN SH118-SP0.

It lists all transactions processed in SMAS during the month, including all Medical Logistics (MEDLOG) and IAPS transactions. (AFMLO/FOS, Mr. Dale Lyons, DSN 343-4017)

Medical/Surgical (Med/Surg) Prime Vendor (PV)

The Med/Surg PV program is based on the same concept as the pharmaceutical PV program but the two commodities are very different. Your expectations of a Med/Surg PV contract should be different than your expectations of your pharmaceutical PV contract. Med/Surg PV can be a great asset to your facility but a lot of work is required up front to see benefits. Your results will reflect the amount of effort and commitment that you put into the program. Accounts are encouraged to use the contract to the fullest extent possible. Since DPSC PV contracts are requirements contracts, any items you identify as available from the PV must be purchased the same as stock items you have for the pharmaceutical PV. Some accounts may transfer all PV contract items immediately, while others may take a more cautious approach.

One problem with Med/Surg PV is item identification. We have National Drug Code numbers for pharmaceuticals but no comparable number for Med/Surg items. AFMLO tackled this problem by devising a computer program that compares your "STR" and "LPF" files against the Product Price Comparison (PPC) tool. Upon award of your contract, AFMLO will run an Item Selection Report for you using this program. This will alleviate the time spent walking the shelves in the warehouse to identify supplies that are on contract. For best results, load catalog/part numbers and the manufacturer into your master record in Medical Logistics (MEDLOG). This step will reduce the number of items which must be physically checked in the warehouse. One word of caution: your Item Selection Report will only be as accurate as your

MEDLOG records.

Remember, with Med/Surg items, you will be dealing with a much larger universe of products and with many more internal customers. The Med/Surg contract will service several customers within your facility. This will make item selection much more difficult. You must decide how to identify items. One suggestion is to have account customers select what they want to use and then get "buy-in" from your smaller customers. You might want to establish a Product Standardization Committee to assist this process. You will most likely find between 30 and 50 percent of what is currently used on contract, but making half the Med/Surg purchases electronically to one vendor is a definite advantage. Once you have exhausted efforts to match items currently in use with items available under the PV contract or suitable substitutes, you can submit the remainder to DPSC for addition to the Distribution and Pricing Agreements (DAPAs).

Accounts currently using a Med/Surg PV contract have found the PV's electronic catalog is not as robust as the pharmaceutical PV electronic catalogs. To get the most benefit from the electronic catalog, ensure your PV representative provides training, and use the PPC tool for research as well.

Med/Surg contracts were awarded with some of the same requirements as the pharmaceutical contracts; i.e., next-day delivery. Experience, to date, indicates that small bases in isolated locations may not always get next-day delivery, although it is a contract requirement. As a result, you probably won't go "stockless," but how soon we forget pipelines of thirty days or more. Make your PV perform, but be realistic and focus on what is important.

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published every two weeks to provide timely medical materiel support data to Air Force medical activities worldwide. Our mission is to ensure that all Air Force medical facilities receive the highest level of medical logistics support. In that regard, we solicit your articles for inclusion in the AFMLL to relay information for use by other activities. For additional information concerning this publication, call (301) 619-4158/DSN 343-4158 or write to the Air Force Medical Logistics Office, ATTN: FOA, Building 1423, Sultan Street, Fort Detrick, Frederick, Maryland 21702-5006. Articles may be data faxed to (301) 619-2557 or DSN 343-2557.

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

Matters requiring AFMLO action after normal duty hours may be referred to the AFMLO Staff Duty Officer. The Staff Duty Officer may be reached at DSN 343-2400 or (301) 519-2400, between the hours of 1630 and 0700 weekdays, and anytime on weekends and holidays.

There are many advantages to full commitment to your Med/Surg PV contract. Reduced pipelines and reduced stock are among them. Once you BRR your biggest, bulkiest Med/Surg products to a PV routing identifier, you can save space because levels can be cut. Reduced cost is another benefit. Even though the actual price you pay for an item may be higher with the PV distribution fee and the DPSC PV surcharge, you will still see savings in the manhours spent ordering, and reduced inventory. Decentralized Blanket Purchase Agreements (DBPAs) are a great tool, but compare several phone calls to one electronic order with same day confirmation and next-day (or two to three-day) delivery. Additionally, inventory holding costs are valued at 25 percent of the cost of an item. PV should allow you to reduce inventory significantly. Med/Surg PV also allows for Extended Delivery Orders. This will allow you to order low usage items (those you order several times a year) from your PV with seven-day delivery. Another big advantage is central payment.

Take a good look at the way you currently do business, step into the future and you'll find that Med/Surg PV will work to the advantage of your customers and your logistics activity. Your commitment and input is essential to program improvement.

Contact AFMLO with any questions, concerns, or suggestions. (AFMLO/FOCO, Capt Theresa Wood, DSN 343-4168)

Prime Vendor (PV) Tidbits

Before you run out of call numbers for PV orders, contact your contract manager at the Defense Personnel Support Center (DPSC) for a new block

of numbers. If you don't know who to call, contact AFMLO.

Some accounts have experienced problems with items being dropped off contract since the new year. Some Federal Supply Schedules (FSS) expired, but although Distribution and Pricing Agreements (DAPAs) are sometimes based on FSS pricing, none have expired. Any problems of this nature may be directed to AFMLO. (AFMLO/FOCO, Capt Theresa Wood, DSN 343-4168)

Standard Materiel Accounting System (SMAS) Daily Processing Summary PCN SH118-FMO

The Daily Processing Summary, Section 2, Parts 1 & 2 (**Attachment 4**) is a product from the Standard Materiel Accounting System (SMAS) daily. The medical logistician should review this report daily as it contains very important information.

Part 1, "Interfaces Processed Today" provides a list of interfaces since the last end of session; hopefully, the prior duty day. It will normally only have a few entries. This section is important as it tells you if Finance is processing your runs daily.

Part 2, "Interface Sequence Control" lists all interfaces processed during the previous 45 days. This article concentrates on Part 2.

The SMAS differs significantly from the old Medical Materiel Accounting System. One difference is that SMAS processes cycles out-of-sequence. Because it processes out-of-sequence, it is important to monitor Interface Sequence Control to ensure Finance processes all cycles. Missing interfaces cause many rejects and problems experienced by the Finance personnel. Missed cycles mean transactions did not process, and records did not update. If records did not update, the Medical Materiel Management Report and Trial Balance did not update. Also, issues did not record and reimbursement did not occur. Missed interfaces from the Integrated Accounts Payable System

(IAPS) mean the receipt line on the “MMMR” did not update. In IAPS, missed interfaces mean the local purchase records did not properly update, especially receipts, causing bill paying problems.

Now that we have defined the problem with missing interfaces, let’s look at the list. The columns are *System Code, SRAN, Source File, Creation Date, Sequence Number, Control Count, Transactions Processed, and Error Messages.*

The **System Code** defines the system from which the interface is coming. For medical there are only two systems which interface with SMAS; “AJ” indicating the Medical Logistics (MEDLOG), and “TQ” indicating the IAPS.

The **Stock Record Account Number (SRAN)** is self-explanatory. With regionalization upon us, it is important for you to get the list pertaining to your stock record account.

The **Source File** defines the incoming file, and would normally be “MEDLOG/FTF” or “IAPS/G5A.”

The **Creation Date** is very important. It indicates the creation date of the source file. Every run processed in MEDLOG creates an ascending sequence number. The End-Of-Month assigns a sequence number to the Due In File (DIF). The numbers start at 001 with the December End-of-Month and sequence through the last daily of the following December. IAPS numbers also start over January 1.

The **Control Count** is the number of transactions identified to be on the file.

Transactions Processed is the actual number of transactions processed. This should equal the Control Count.

Error Messages identify missing sequence numbers and unmatched transaction counts.

It is important for the logistician to review the Interface Sequence Control daily to identify any missing sequence numbers. Finance must locate and

process any missing daily cycles as soon as possible. Look at the example at Attachment 4. As you can see, MEDLOG interface number 206 is missing and IAPS interfaces 021 and 024 are missing. One IAPS interface on 22 November is numbered incorrectly, showing #901.

Remember, the Interface Sequence Control only shows the last 45 days of interfaces. Processing of the missing cycles must occur before the 45 days expire or you lose sight of the fact they are missing. As an example, the IAPS interface number 021 has been missing since 14 December. The date of the listing is 5 January. It's already 22 days old without processing. Finance should locate and process any missing interfaces before processing any End-of-Month. If they do not, your products will not reconcile.

Many times, a missing interface will be the monthly DIF cycle. It’s important for Accounting and Finance to process that cycle before they process their monthly. Once they have processed a daily in the new month, they should not process the missing DIF file. As you can see on the example, the missing MEDLOG interfaces are probably the monthly DIF cycles. I say that because sequence numbers fall at the end of month in both cases. Many finance personnel say they do not need to process the monthly DIF file. When they present this argument, refer them to AFM 177-383, Section 3, para 3.2d (page 3-4) under Source, MEDLOG. It states, “The ABJDIFUND00 file contains monthly reconciliation transactions for medical. SMAS reads this file as soon as it is available from MEDLOG.”

You can identify several other situations by looking at the interface control sequence. Notice how long it takes for Finance to process the interfaces. On Attachment 4, the date on the most current MEDLOG interface processed was 960102, yet the listing has a date of 5 January. That’s a three-day period. Only you know if you processed dailies during that period. You can also see that Logistics is cutting off their processing early each month, probably at the request of Accounting and Finance. In November, they ran their last daily on Wednesday, the 29th. One day is not too bad, but that means they could not open up again for business

until Friday, which they did. The same thing happened at the end of December. The last run was on Thursday, the 28th.

It's also important to ensure the cycles run in the correct month, or your monthly products will be out-of-balance.

You should keep copies of your daily FTF files until they appear on the interface control sequence as processed. You may want to annotate your Finance Transaction List with the date the cycle processed in SMAS.

In summary, remember:

- a. Get this list daily from your accounting office.
- b. Ensure all runs are processing.
- c. Ensure they are processing in the correct month.
- d. Ensure you keep the pressure on finance to locate and process any missing runs. (AFMLO/FOS, Mr. Dale Lyons, DSN 343-4017)

384th Training Squadron Courses

Greetings from the 384th Training Squadron. We spoke with Chief Rea, the Career Field Manager, about the class schedule for 1996 and decided to let the career field know what classes are available. The following class information is provided for 1996:

Medical Materiel Apprentice Course, (J3ABR4A131-000)

This course awards a three-level upon graduation. The course is 21 days long with an additional four days for medical readiness training. Students earn their three-level and seven semester hours of college credit toward an associates degree with the CCAF. Fifteen classes are scheduled for this year.

<u>Class Number</u>	<u>Grad Date</u>
960117	960221
960207	960313
960301	960404
960322	960425
960412	960516
960503	960607
960524	960628
960617	960722
960709	960812
960730	960903
960820	960924
960911	961016
960930	961104
961022	961126
961113	961218

Medical Materiel Craftsman Course, (J3ACR4A171-001)

This 10n-day course is the "finishing touch" to the seven-level upgrade training. The only requirement upon completion of the course is for supervisors to forward paperwork to update personnel records. Six classes are scheduled this year. Personnel are selected to attend this class by the Military Personnel Center. Students earn four semester hours of college credit.

<u>Class Number</u>	<u>Grad Date</u>
960108	960119

960207	960216
960401	960412
960506	960517
960708	960719
960909	960920

**Supplemental Medical Materiel Craftsman
Course,
(J3AZR4A171-003)**

This 20-day course supplements the training personnel have completed since receiving their seven-level. It is also a refresher for personnel who have been out of the career field, and aids personnel taking over an account for the first time. This course does not award a skill level, but graduates earn eight semester hours of college credit with the CCAF. Three classes are scheduled this fiscal year.

<u>Class Number</u>	<u>Grad Date</u>
960304	960329
960603	960628
960805	960830

**Supplemental Medical Materiel Craftsman
Course (Mobile),
(J4AZT4A171-003)**

This new course is identical to the J3AZR4A171-003 course, except it is mobile. The location of this course is undetermined at this time. Locations must have a spare AT&T system and at least eight workstations. The workstations do not have to be AT&T, but need to be 486 personal computers with the ability to interface with the Medical Logistics (MEDLOG) using "Smart Term" or "Kermit." Both of these software packages allow a PC to emulate the MEDLOG workstation. The minimum class size is eight students. TDY funds must be

provided by the requesting location to fund two instructors.

If you are scheduled to attend any of our courses, please note there is a *no smoking policy* for all students during the academic day. If you have any questions on any of the courses, please give us a call. (384th Training Squadron, MSgt Hardie, DSN 736-6909)

Materiel Obligation Validation (MOV)

From mid-December through early January, we received many calls on canceled requisitions. After a bit of leg work, we found many bases did not react to an MOV cycle, which led to "BS" status cancellation notices.

It is important for the logistician to be aware of when the MOV cycles occur, and to properly train personnel who, ultimately, will work those cycles to prevent cancellations from occurring. AFMAN 23-110, Volume 5, Chapter 8, Attachment 6, "Materiel Obligation Validations," shows the Defense Personnel Support Center (DPSC) schedule of

Cyclic Customer Validations for over-age requisitions. These dates are constant and have been for many years, so you can mark them on your calendar. You will receive the MOV immediately or within a few days of the date scheduled. **The cycles begin 20 January, 20 April, 20 July, and 20 October.** Upon receipt of a cycle, Medical Logistics (MEDLOG) produces the MOV Transaction List, PCN SI008-X26, so be prepared to work it. Cancellations occur approximately 45 days later if a response is not provided.

If a cancellation occurs, AFMAN 23-110, Volume 5, Chapter 8, Attachment 6.4, "Materiel Obligation Reinstatement," explains how to request reinstatement of your canceled requisitions due to MOV cancellations. You must accomplish this within 60 days of the date of the "BS" status date cancellation. You will also need to re-establish the due-in under the original document number with the original quantity.

The proper transaction for this is an "APR" document identifier code using the "AIT" screen. Use the format below to respond. (Reference DoD 4000.25-1-M, Appendix C48)

<u>Field Legend</u>	<u>Record Position(s)</u>	<u>Entry and Instructions</u>
Document ID	1-3	Enter DI "APR"
Routing ID	4-6	Enter the RI of the SOS that canceled the requisition
Other Fields	7-24	Enter the data from the supply status transaction (DI AE) with status code BS

Quantity	25-29	Enter the quantity required; this quantity cannot be greater than the original quantity canceled
Other Fields	30-61	Enter the data from supply status transaction (DI AE) with status code BS
Blank	62-64	Leave blank
Advice Code	65-66	Enter the advice code from the original requisition; otherwise, leave blank
Blank	67-70	Leave blank
Transaction Day	71-73	Enter the original day-of-year of the reinstatement request
Blank	74-80	Leave blank

Please contact SSgt Glenn Blackshear (DSN 343-4082), or Capt Eric Brusoe if you have questions. (AFMLO/FOCW, Capt Eric Brusoe, DSN 343-4050)

Career Development Courses (CDCs)

Personnel should no longer be enrolled in the old 91550 CDCs. A new course was made available on 15 Nov 95. In accordance with Air Force guidance, everyone eligible for promotion is required to take the Specialty Knowledge Test (SKT), and should receive a complete set of the CDC's for study material. Check with your local training manager for further information. (HQ AFMSA/SGSL, CMSgt Dave Rea, DSN 240-3949)

Current Status of Decentralized Blanket Purchase Agreements (DBPAs)

Pages 1 through 62 of **Attachment 3** contain the quarterly updated list of DBPAs. Pages 63 through 66 contain an alphabetic cross reference for the current DBPAs, while pages 67 through 71 provide a category reference. A Routing Identifier Code (RID) is included as pages 72 through 74.

New and Renewed Agreements

DD Forms 1155 are provided on pages 75 through 81 of **Attachment 3**. To use the DBPA, copy pages 2-22 of the basic agreement from AFMLL 23-94 and combine with these DD Forms 1155. Newly negotiated agreements are:

<u>SP0200-96-A</u>	<u>Vendor Name</u>	<u>RIC</u>
8548	Two Rivers Medical	LTM
8549	Kreiser's, Inc.	LKM
9311	Dentsply Equipment Div.	LDO
9316	Novo Nordisk Pharm, Inc.	LNF
9317	Physio-Control Corp.	LPQ
9334	PSS-Brown's Medical	LBS
9414	Boehringer Mannheim Corp.	LBZ

Agreement Modifications

Copies of the modifications listed below is provided on pages 82 and 83 of **Attachment 3**.

(SP0200-96-A)

<u>DLA-120-96-A</u>	<u>Vendor Name</u>	<u>Mod</u>
9026	Burroughs Wellcome	Name change to Glaxo Wellcome
9158	Glaxo, Inc.	Name change to Glaxo Wellcome

Did You Know?

Industrial Funding Fee

Due to reduced Congressional funding, the Veterans Administration (VA) and General Services Administration (GSA) are now charging a user fee in the form of an Industrial Funding Fee (IFF) for use of their Federal Supply Schedules (FSS). The IFF is currently .5 percent but is authorized to be as high as 1 percent. The vendors have reacted by either increasing the cost of their items on the FSS, absorbing the fee, or invoicing the fee as a separate line item.

If the IFF is included in the unit cost of the item or absorbed by the vendor it will be invisible to you. If the vendor invoices the IFF as a separate line item, DAO will pay the IFF as an accessorial charge from the stock fund, which will absorb it as a purchase price variance. You should process your receipts through MEDLOG ignoring the IFF charge. The only vendor we are aware of who is processing the IFF in this manner is Merck & Co, Inc. If you have other vendors that are invoicing the IFF as a separate line item please bring it to the attention of AFMLO/FOCO.

Authorized Air Force Approving Officials List

It is time once again to update the Authorized Air Force Approving Officials List. Using your updates, AFMLO will provide this list to all DBPA vendors so that 1996 pricing can be mailed directly to your facility, and to ensure invoices are forwarded to the correct payment facility. Please review the current included on pages 84-91 and notify AFMLO/FOCO if there are changes.

Have you wondered what the "other" column in the far right section of the list is for? It's for names of individuals who sign call sheets and have not been automatically appointed as ordering/approving officials.

Individuals authorized to sign (approve) call sheets on DPSC DBPAs are the Director of Medical

Logistics (DML), Materiel Manager, Superintendent of Medical Materiel, and the NCOIC of Medical Materiel. Those positions are automatically appointed as approving officials IAW AFMAN 23-110, Volume 5. Individuals in those positions who sign call sheets do not need the approval from AFMLO/FOC. However, if there are individuals who sign call sheets who are not in those appointed positions, the DML is required to request, by letter, approval from AFMLO/FOC. Those individuals are identified in the “other” column on the Authorized Ordering Officials List.

Individuals authorized to place calls: Before calls are placed against the DBPA, the vendor needs to know which individuals will be placing calls with them. As stated in the basic agreement, “A list of individuals authorized to place calls against a DBPA will be furnished separately to the supplier by each activity authorized to place calls. Those individuals authorized to place calls will be identified by organizational component, title, and the dollar limitation per call for each individual.” Do not send requests for approval for ordering officials to AFMLO. As a minimum, you should have on file a list of individuals who place calls who have been approved by the DML. A copy of that letter should be sent to your local contracting office.

It is essential that we have your cooperation in keeping the Authorized Air Force Approving Officials List current to comply with Federal Acquisition Regulations and Air Force directives on ordering/approving authority.

You Asked

Q. Is the competition threshold for DPSC DBPAs \$2,500 per line item or \$2,500 per call? For example, we want to place a call for 30 items and the individual line items are under \$2,500, but the total call itself is over \$2,500. What does the FAR state?

A. When we speak of competition threshold, we need to look at the total dollar value of the call, not an individual line item. The DBPA states that no call shall exceed \$25,000, which is the small purchase limitation. FAR 13.106 addresses

purchases over 10 percent of the small purchase limitation. Specifically, if purchases are over 10 percent of the small purchase limitation (\$2,500), you must solicit quotes from a reasonable number of sources. For calls over \$2,500 on multiple FSS, you must compare prices. For calls over \$2,500 on open market, you must document competition. FAR 13.103 states you cannot intentionally split orders to stay under the competition threshold. An example of how to solicit quotes is:

(1) Request an “all or none” quote. The vendor will then have to provide a price for all items listed or they can not compete.

(2) You can request vendors to submit separate price quotes for:

- each line item
- specified lots of the same line item
- specified groupings of line items

If the “all or none” quote is the lowest for all line items as a whole versus any other combination of quotes, you can place a call with that vendor. Factors other than price should be considered, such as quality and timeliness. This may seem like extra work but, in the long run, it can save the government money.

SP0 Agreement Conversions

The following agreements have been converted to SP0200-96-A.

8501	8502	8503	8504	8505	8506	8507
8508	8509	8510	8511	8512	8513	8514
8515	8516	8517	8518	8519	8520	8521
8522	8523	8524	8525	8526	8527	8528
8529	8530	8531	8532	8533	8534	8535
8536	8537	8538	8539	8540	8541	8542
8543	8544	8545	8546	8547	8548	8549
9005	9006	9009	9013	9014	9017	9019
9020	9021	9022	9026	9027	9028	9029
9030	9032	9035	9038	9042	9048	9049
9051	9052	9056	9057	9059	9061	9068
9072	9073	9074	9077	9081	9084	9085
9086	9088	9093	9094	9095	9099	9105
9107	9108	9110	9111	9112	9114	9116

9117	9122	9125	9128	9129	9130	9131
9132	9133	9134	9135	9136	9138	9139
9141	9143	9144	9147	9149	9150	9152
9153	9154	9155	9158	9160	9162	9166
9170	9172	9177	9184	9189	9194	9196
9204	9207	9209	9210	9211	9213	9214
9215	9217	9219	9220	9221	9222	9225
9226	9227	9228	9231	9232	9233	9235
9236	9237	9238	9239	9242	9243	9244
9245	9246	9247	9250	9251	9252	9253
9255	9256	9259	9261	9265	9266	9267
9269	9270	9274	9275	9276	9278	9281
9283	9284	9285	9287	9288	9289	9290
9293	9294	9296	9298	9299	9300	9301
9304	9305	9308	9309	9310	9311	9314
9316	9317	9319	9322	9325	9329	9334
9338	9350	9354	9356	9363	9367	9369
9370	9377	9378	9380	9383	9385	9390
9403	9405	9409	9414	9416	9423	9425
9433	9434	9435	9436	9438	9441	9458
9459	9462	9463	9464	9465	9466	9467
9468	9469	9471	9472	9473	9474	9475
9476	9477	9478	9479	9480	9481	9482
9483	9484	9486	9487	9488	9489	9490
9491	9492	9493	9494	9495	9496	9497
9498	9499	9500				

Microfiche Products

Copies of the following microfiche products will be mailed the second week of February 1996: DLA120-96-A or SP0200-96-A 8505, 8529, 8533, 8534, 8536, 8537, 8539, 8540, 8545, 9135, 9144, 9177, 9225, 9276, 9289, 9296, 9304, 9309, 9314, 9338, 9380, and 9423.

(AFMLO/FOCO, Mrs. Charlotte Christian, DSN 343-4164)

Information

Medical Logistics in Action

Headquarters, Air Force Medical Support Agency (HQ AFMSA) and the Air Force Medical Logistics Office

(AFMLO) extend sincere congratulations to the personnel named below for their outstanding achievements. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

8th Medical Group Kunsan AB KO

TSgt Lolita Price was selected as the 8th Medical Support Squadron Noncommissioned Officer of the Year for 1995. **SrA Eric J. Sutton** was selected as the 8th Medical Support Squadron Airman of the Year for 1995. **Capt Anthony J. Voirin** was selected as the 8th Medical Group Company Grade Officer of the Year for 1995.

51st Medical Group Osan AB KO

Paul Castillo, **Franklin Veal**, and **Dana Hieskill** were promoted to **Staff Sergeant**. **Joseph Parker** and **Jeff Gustavson** were promoted to **Senior Airman**. **Maria Garcia** was promoted to **Airman**. **MSgt William E. Hassler** received the Meritorious Service Medal for duty performance while assigned to the 6th Medical Group, MacDill AFB FL. **SSgt Catherine Blow** received the Air Force Commendation Medal for duty performance while assigned to the 1st Medical Group, Langley AFB VA. **SSgt Paul Castillo** received the Air Force Commendation Medal for performance while assigned to Wilford Hall Medical Center, Lackland AFB TX. **SrA Paul Plamenco** received the Air Force Commendation Medal for duty performance while assigned to the 75th Medical Group, Hill AFB UT. **SrA Dwayne Brown** received the Air Force Commendation Medal for performance while assigned to the 99th Medical Group, Nellis AFB NV. **TSgt Edward Grantham** received the Air Force Achievement Medal for outstanding performance at Osan AB. **MSgt William E. Hassler** was selected as the 51st Medical Group Senior Noncommissioned Officer of the Quarter for the period Oct - Dec 95.

52nd Medical Group Spangdahlem AB GE

MSgt Anthony R. Walker was selected as the Senior Noncommissioned Officer of the Quarter for the period Jul - Sep 95. **MSgt Brian V. Schaefer** was selected as the

Senior Noncommissioned Officer of the Quarter for the period Oct - Dec 95. He was also selected as the Senior Noncommissioned Officer of the Year for both the Medical Group and the Medical Support Squadron. **SSgt Walter D. Harrison** was selected as Noncommissioned Officer of the Quarter for the period Oct - Dec 95. **SrA Donald J. Flowers** was selected as Airman of the Quarter for the period Oct - Dec 95. He was also selected as Airman of the Year for the Medical Group and the Medical Support Squadron.

6th Medical Support Squadron MacDill AFB FL

Larry Brooks was promoted to **Technical Sergeant**. **Rebekah Crawford** and **Tina Faulkner** were promoted to **Airman First Class**. **TSgt Michael Daniels** was awarded the Air Force Commendation Medal (3rd OLC) for outstanding duty performance while assigned to the 380th Medical Group, Plattsburgh AFB NY. **MSgt Rory A. Davis** was awarded the Air Force Commendation Medal (2nd OLC) for outstanding service while assigned to the 52nd Medical Support Squadron, Spangdahlem AB GE. **SrA Tanya Bennett** was recognized as a Superior Performer during the December 1995 Operational Readiness Inspection. **SrA David Rose** was selected as the Medical Logistics Flight, Medical Support Squadron, and the Medical Group Airman of the Quarter for the period Oct - Dec 1995.

1st Medical Group Langley AFB VA

Patty Kaszuba was promoted to **Staff Sergeant**. **MSgt Tracy Heicksen** and **SrA DeMaurice Scott** were awarded the Air Force Achievement Medal for outstanding duty performance during the transition of the old hospital into a new facility at Misawa AB JA.

17th Medical Group Goodfellow AFB TX

Alan R. Long was promoted to **Technical Sergeant** and was selected as the 17th Medical Group Noncommissioned Officer of the Quarter for the period Jul - Sep 95. **A1C Shelly J. Meadows** was selected as Airman of the Quarter for the period Jul - Sep 95. **A1C Meadows** was also selected for promotion to **Senior Airman Below-the-Zone**.

60th Medical Support Squadron

Travis AFB CA

Travis Whiting was promoted to **MSgt**. **SrA James Dubois** earned a "Distinguished Graduate Certificate" from Airman Leadership School. **TSgt Daniel Plotez** earned a CCAF Associates Degree in Biomedical Equipment Technology.

2nd Medical Support Squadron Barksdale AFB LA

Carla M. Foote and **Lakita C. Petty** were promoted to the rank of **Senior Airman**. **A1C Suzanne M. Bishop** was selected as Performer of the Quarter for the period Oct - Dec 95.

64th Medical Group Reese AFB TX

Dottie A. Sanford was promoted to **Senior Airman Below-the-Zone**.

96th Medical Support Squadron Eglin AFB FL

The Medical Logistics Flight was selected as the AFMC Outstanding Medical Logistics Account of the Year (Large Activity).

First Lieutenant Stephen Mounts was awarded the Air Force Commendation Medal for outstanding performance while assigned to Los Angeles AFB CA. **Sgt Tessie Dawson** was awarded the Air Force Commendation Medal for meritorious service while assigned to Eglin AFB FL. **MSgt James Austin** was awarded the Meritorious Service Medal (2nd OLC) for outstanding service while assigned to Eglin AFB FL. **TSgt (Sel) Ike Tutaan** was awarded the Air Force Commendation Medal for outstanding performance while assigned to Eglin AFB FL. **Mr. Charles Watts** was selected as the 96th Medical Group Civilian of the Quarter for the period Oct - Dec 95.

384th Training Squadron Sheppard AFB TX

MSgt Luther Ponder was awarded the Air Force Achievement Medal (2nd OLC) as Team Leader of the Search and Recovery Team responding to a T-38 trainer crash at an apartment complex in Wichita Falls, Texas. He was also awarded the 1995 Career Development Course, Writer of the Year Award for the 82nd Training Wing.

81st Medical Group

Keesler AFB MS

Medical Logistics as a flight received an Excellent rating during the Hospital Services Inspection on 13-17 Nov 95. Medical Materiel received an Outstanding rating. Clinical Engineering, Facilities, and Safety received an Excellent rating.

Leah Herrmann was promoted to **Senior Airman Below-the-Zone**. **Connie Holverson, Hector Navarro, and R. Len Vansittert** were promoted to **Staff Sergeant**. **Mark Cantrell** was promoted to **Technical Sergeant**. **SrA Michael Elliott** was selected as the 81st Medical Support Squadron Airman of the Quarter for the period Oct - Dec 95.

717th Contingency Hospital Frankfurt GE

SrA Jeannie Stamford was selected as the Airman of the Quarter for the period Oct - Dec 95. **TSgt Pete Leon Guerrero** was selected as Noncommissioned Officer of the Quarter for the period Oct - Dec 95. **MSgt Gary Schaum** was selected as Senior Noncommissioned Officer of the Quarter for the period Oct - Dec 95. **SrA Kevin Mahaffey** was selected as Airman of the Year for 1995. **TSgt Darryl Crower** was selected as Noncommissioned Officer of the Year for 1995. **MSgt Jack Whitaker** was selected as Senior Noncommissioned Officer of the Year for 1995.

374th Medical Group Yokota AB JA

A1C Jose M. Pluguez, Jr. was selected as the 374th Medical Support Squadron Airman of the Quarter for the period Oct - Dec 95. **TSgt Albert L. Johnson, Jr.** received the Air Force Achievement Medal for outstanding assistance while initially outfitting a new Dental Clinic and Aeromedical Evacuation Squadron Complex. **SMSgt Norman C. Whitt** was selected as the 374th Medical Support Squadron Senior Noncommissioned officer of the Year for 1995. **Capt D. Scott Guermonprez** was selected as the 374th Medical Support Squadron, and Medical Group, Company Grade Officer of the Year for 1995.

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
QA Message	5340-0042	01 Jan 96	FOCO
Last 1995 QA Message	5326-0041	22 Nov 95	FOCO
DBPA Consolidated List	AFMLL 14-95	7 Jul 95	FOCO
DBPA Message	R252002Z	25 Jul 95	FOCO
Shared Procurement List	AFMLL 17-95	18 Aug 95	FOM
Back-Order Items Message	R212007Z	21 Jul 95	FOCS
MEDLOG Info Message	MIM 95-05-AJ	28 Nov 95	FOCS

AFMLO Messages/Listings
