



THE AFMLL

The Air Force Medical Logistics Letter

Delivering Customer Focused Global Integrated Logistics



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MEDICAL MATERIEL

New International Merchant Purchase Authorization Card (IMPAC) Procedures and Surgeon General (SG) Policy Letter

The world of IMPAC continues to change. The Assistant Secretaries of the Air Force for Acquisitions (SAF/AQ) and Finance (SAF/FM) have signed the new "USAF Internal Procedures for Use of the International Merchant Purchase Authorization Card (IMPAC)" document. This document is available from your base contracting. If you can not get a copy, please contact your MAJCOM logistics office or Ms. Debbie Green at AFMSA/SGSLP, DSN 240-8035.

Attachment 1, pages 1 through 5 are a copy of the Air Force Surgeon General memo with attachments, Subject: Policy Letter on Use of the IMPAC within USAF Medical Treatment Facilities (MTFs) dated 9 May 1997.

A draft of the revised language for AFMAN 23-110, Volume 5, Chapter 16 incorporating these policies is provided at **Attachment 1**, page 6.

General Fogleman recently issued a memorandum to establish a goal for increasing IMPAC usage. The goal calls for 90 percent of all eligible purchases to be made with IMPAC. Unfortunately, eligible purchases were not defined in this memorandum. Eligible purchases include any purchase under \$2500 that are not prohibited by the FAR, financial regulations, or the USAF Internal Procedures for Use of IMPAC document and are not available under Prime Vendor (PV), another existing requirements contract, or a blanket purchase agreement (BPA).

As a further note on BPAs, the USAF Internal Procedures for Use of IMPAC document encourages using IMPAC to pay for BPA purchases up to the contract limit. We had SAF/AQ revise the language to allow medical logistics to take advantage of the automated payment mechanisms already in place. You have the option to use the current MEDLOG interface or IMPAC (see page 20 of the USAF Internal Procedures document). When making your decision, consider how responsive the Operating Location (OPLOC) is in paying your bills. IMPAC will help alleviate credit hold scenarios, but it will also increase the time you spend reconciling your end-of-month statements. If you choose to use IMPAC, be sure to process the order and receipt in the Medical Logistics System (MEDLOG) as an IMPAC purchase and not a BPA purchase (change the RID to the appropriate L identifier for the cardholder and the PO number must begin with an I). Failure to take these steps will result in duplicate payments!!!

Other pending issues

- The Office of the Secretary of Defense (OSD) has mandated the use of a PC based IMPAC reconciliation system. This system will be fielded late this summer. A review of this system has shown little if any benefit to our personnel. AFMSA/SGSL has requested a waiver, citing MEDLOG as our automated system. More information to follow on this effort.
- Convenience checks are coming. The replacement for the old Imprest fund program is going to be either convenience checks against your IMPAC card or another type of government check. Guidance has not yet been received from OSD on this program. Once guidance has been provided we will get it to you.
- Authorization still has not been granted by DFAS for recurring purchases with MDD funded cards. The Director, Systems and Procedures at DFAS Denver, has sent a memorandum to AFMSA/SGSL stating they

will complete necessary computer changes by Oct 97. Once these changes are completed, authorization for recurring purchases will be granted.

- The medical logistics point of contact is changing for this program. Ms. Debbie Green and Mr. Albert Jacob at AFMSA/SGSLC will be the new POCs at DSN 240-8035. The medical finance POC is Maj Kent Helwig at DSN 297-5058.

(AFMSA/SGSLP, Maj Paul Martin, DSN 240-4126)

Outstanding Medical Logistics Activity and Special Team Awards

Scoring and Selection

During the 1996 Medical Logistics Symposium, we were often asked about the process for selecting outstanding medical logistics activities. Bases and MAJCOMs requested more information about the processes to assist in the preparation and evaluation of packages under the same criteria as used for the Air Force level selections. This article provides information on the process; including what is looked at; how it is scored; and the outstanding activities selection.

The Outstanding Medical Logistics Activity award is based on the Malcolm Baldrige Award Criteria. This criteria includes seven categories that address key business processes and results directly related to improving organizational performance:

- *Leadership*
- *Information and Analysis*
- *Strategic Planning*
- *Human Resource Development and Management*
- *Process Management*

*** All Tables referred to in this article are included at Attachment 2**

- *Business Results*
- *Customer Focus and Satisfaction*

The following measurements are used for scoring responses to each category:

- *Approach* - refers to how the organization addresses the category requirements, the method(s) used.
- *Deployment* - refers to the extent to which your approach has been implemented across the organization. The key to a successful deployment is a sound systematic approach.
- *Results* - refer to outcomes; no information on approach or deployment is requested.

Each category, except for Business Results, is scored for Approach and Deployment. Business Results are scored for Results only (**Attachment 2, Table 1**). To demonstrate Results, you must present data that shows performance levels and their impact on organizational performance.

Nomination packages should contain information relating to these measurements. Even though the narrative is limited to two pages, you may use attachments to complete your justification. If your activity has established operating instructions for a process, a business plan, a human resources plan, comparisons or benchmarking, state it in the narrative and include the actual document(s) as an attachment. Also include implementation data and report any results that have occurred. Too often, great initiatives are mentioned in the narrative but no supporting data is presented. Tell your story, and then explain how you did it!

Let's take an Operating Instruction (OI) for example. If you have an OI or description of a process, you have an approach to that process. Once implemented, it has been deployed. If you have data to show what happened, performance levels, and/or trends, you have results. The score given for each depends on the extent to which the nomination package meets the scoring guidelines (*Tables 2 and 3*).

Scoring for the awards is performed by using the scoring guidelines in *Table 2* (Approach/Deployment) and *Table 3* (Results). The scoring scale ranges from 0-100 percent. Scores are applied in multiples of 5. Scoring starts at 40 percent and as each criteria is met, the scoring percentage increases. Likewise, if criteria is not met, the percentage drops. *Table 4*, Scoring Ranges, illustrates activity ranges for approach, deployment, and results.

The scoring process involves a panel of examiners, usually five, who review each package. Each examiner scores each package on approach, deployment, and results within each category.

The overall rating of each nomination package is viewed by the panel (*Table 5*). Each category of the package is reviewed to ensure a scoring consensus is reached. When a variance between the low and high scores of a particular category is greater than 15 percentage points from the mean, a discussion is initiated. The low and high examiners are asked to support their ratings. Looking at the scoring example in *Table 5*, Category's 1.0 and 7.0 will need to be discussed. The variance is resolved when an examiner adjusts a rating (*Table 6*). Looking at *Table 6*, in category 1.0, both examiners (#1 and #5) adjusted their ratings, while in category 7.0, only examiner #3 made an adjustment.

At the end of this process, the percentage score of each category is then multiplied by the maximum points for that category. All category scores are then added for a nomination package total score. The nomination package with the highest point total is the winner.

1997 Awards Scoring Criteria

The 1997 Medical Logistics Activity and Special Team awards scoring criteria is based on the general guidelines of AFI 36-2856, *Medical Service Awards*, and the Malcolm Baldrige Award Criteria. Also, two additional sources were used to assist in the writing of this article: The Pocket Guide to the Baldrige Award Criteria, and Baldrige Award

Winning Criteria, both written by Mark Graham Brown.

This year's criteria has been restructured and places greater emphasis on organizational strategy and learning. In addition, all results have been consolidated into section 7.0, Business Results. The 1997 criteria include:

- *Leadership*
- *Strategic Planning*
- *Customer and Market Focus*
- *Information and Analysis*
- *Human Resource Development and Management*
- *Process Management*
- *Business Results*

Attachment 2 also provides the 1997 Medical Logistics Activity and Special Team awards scoring criteria. Scoring for the awards will be performed by using a scale of 0-100 percent. Scores will be applied in multiples of 5. Scoring starts at 40 percent and as each item criteria is met, the scoring percentage increases. Likewise, if item criteria is not met, the percentage drops.

Length of the narrative is not to exceed two pages, addressing each award category separately in the sequence provided. Attachments to support your statements and show results are a must. You should not have to create new attachments. Indicators of your efforts should already exist in metrics, a strategic and/or business plans, storyboards from process improvement efforts, etc. Statements must be supported by facts and information.

The call for nomination packages will go out in August 97 with a suspense date in late October. We hope this information helps in understanding the

criteria and preparing your nomination package. Should any questions arise, or you want to provide feedback on the awards process, contact Mr. Ray Flores. (AFMSA/SGSLP, Mr. Ray Flores, DSN 240-3946, Fax 240-2984)

Contracting Corner

We are often asked, "What is the difference between a personal and nonpersonal service contract?" In expanding on a previous article, we will make some basic distinctions and explore the regulatory environment in which the two types of services exist. We will also address some of the practical differences between the two, and when you might favor one over the other.

The FAR Part 37 deals with service contracting in general and is therefore a good place to start. One thing to remember at the outset: if personal or non personal is not specified, we're talking non-personal. In fact, with few exceptions (healthcare providers among them) personal service contracts (PSC) are prohibited by regulation. FAR Part 37 does contain a rather broad definition of a PSC, "a contract which by its express terms, or as administered, makes the contractor personnel, in effect government employees". It doesn't elaborate, but it's a start.

DFARS 237.104 goes into more detail and makes some important references. Remember, PSCs are the exception, and DoDI 6025.5 "Personal Services Contracting for Direct Healthcare Providers" as authorized by 10 USC 1091, is the operative exception for our purposes. Without it, we would need a special case-by-case exception/approval (called a determination and findings or D&F) to do a

The AFMLL is a specialized newsletter published by the Air Force Medical Logistics Office. The AFMLL is published monthly to provide medical materiel support data to Air Force medical activities worldwide. Our mission is to ensure all Air Force medical facilities receive the highest level of medical logistics support. In that regard, we solicit your articles for inclusion in the AFMLL to relay information for use by other activities. For additional information concerning this publication, call (301) 619-4158/DSN 343-4158 or write to the AIR FORCE MEDICAL LOGISTICS OFFICE/FOA, ATTN: Rita Miller, 1423 SULTAN DRIVE, SUITE 200, FORT DETRICK, MARYLAND 21702-5006. Articles may be e-mailed to millerr@fdetreck-cemal.army.mil or data faxed to (301) 619-2557 or DSN 343-2557.

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

Matters requiring AFMLO action after normal duty hours may be referred to the AFMLO Staff Duty Officer. The Staff Duty Officer may be reached at DSN 343-2400 or (301) 619-2400 between the hours of 1630 and 0700 weekdays, and anytime on weekends and holidays.

PSC. If you have read DoDI 6025.5 and 10 USC 1091 you should have a pretty good understanding of how, and under what circumstances you are permitted to use a PSC, but not necessarily "why" you may want to use one in lieu of a nonpersonal services contract (we will cover the "whys" in a moment.)

Another important piece in the service contract puzzle of regulation/guidance is AFMAN 64-108. This manual is essentially the workshop, or how-to manual for service (read...non personal service) contracts. It tells how the contract must be formatted, constructed, QAE'd etc. If you look at the list of exceptions found in the manual, you will see all PSCs are exempt; so AFMAN 64-108 does not apply to PSCs. (This should never stop you from using the guidance found there to the benefit of your PSC when it makes sense.) Another exception is all "professional medical nonpersonal services contracts". The new term that sneaks in here is "professional", which creates a lot of confusion, but otherwise has little to do with the issue of how we contract, or the nature of the service we contract for. The 29 CFR 541 is a virtual manifesto on what is, and is not, a professional. The CFR deals with such issues as apprenticeship, group affiliation, method of compensation, and so on. But, except when trying to decide whether or not SGSLC needs to review your PWS, the distinction is of little or no additional use in this context. For our part, we regard anyone directly involved in the hands-on provision of healthcare as a professional. There are gray areas, and we reserve the right to make the call. When in doubt, ask.

Now that we have some regulatory ground rules established, let's look at why you may favor a personal service contract, or nonpersonal service contract (NPSC). In answering this question, you really need to look at the nature of the service provided, and ask yourself some questions.

Do you desire/require direct administrative supervision? If so, a PSC may be the way to go. You supervise PSC employees, you survey NPSC employees; prospective vs. retrospective.

How much flexibility do you desire the contract employee have in terms of the type of tasks being performed? If you require more flexibility, all other things being equal, a PSC is favored. The key to this additional freedom lies in your requirement to supervise vs. survey. If you supervise several nurses under a single PSC in a pediatric ward, and have a staffing shortfall in outpatient surgery for a week, assuming the nurses are otherwise qualified, you need only direct the person(s) to the temporary assignment. NPSCs with their comparatively rigid performance work statements (PWS) and quality assurance surveillance plans (QASP) allow for no such deviation in duties; at least not in the near term (the contract would have to be modified to incorporate changes). Note however, this advantage is somewhat nullified in the case of physicians, they are only permitted to practice in those specific areas where she/he is privileged.

Any off-site work required? If so, you are probably limited to NPSC. The courts have held *in absentia* supervision, as no supervision at all.

Is there any Contractor Furnished Property or Equipment (CFP/CFE) required? If so, PSC will often get you in trouble. CFP/CFE provisions are difficult to include in a PSC, thereby blurring the distinction and making it difficult to administer a "true" PSC. Remember, PSCs are for healthcare providers only! "Tag along" property, equipment, or supplies, are not allowed.

Is the function severable in its entirety, autonomous, or suggest itself as a natural business unit? If the function is easily separated and autonomous, such as a primary care clinic, a NPSC is generally favored. In addition a business unit is, almost by definition, more complicated. The more complicated and diffuse the service, the more valuable a singular contractor POC becomes.

Is the cost of service a consideration? The answer to this question is invariably, yes. PSCs tend to be less expensive because the contractor is a virtual government employee and usually not required to carry identification. In addition, you normally save some contractor-associated overhead cost. However, there are tradeoffs. The government's day-

to-day involvement will be greater because of the inherently higher level of effort supervision presents when compared with surveillance. So the more telling question may be, "Are you willing to pay more (NPSC) for having to do less (survey vs. supervise)?" Another consideration involving cost is if the provider(s) makes over 200K/year, you can not do a PSC. This is the individual pay cap for federal employees, which is how a personal service employee, for all intents and purposes, is categorized.

Additional advice is - know your contract. Get your hands on a copy and read it; especially sections B, C, the PWS, and the QASP (NPSC only). In whatever capacity you interface with the contract, we encourage you to guard against "specification mutation". If you are supposed to supervise, do so; otherwise, ensure you do not. The distinction between supervision and surveillance can be very subtle, but failure to heed the distinction can have corrosive effects on the government's ability to enforce the contract (remember the FAR Part 37 definition of a PSC, "a contract which, by it's express terms, or as administered.."). If there are contract terms you suspect are not being complied with, contact the Quality Assurance Evaluator or the Contracting Officer.

By now, it should be apparent that there is no simple answer to the question, "Which type of service contract should I use?" Often, either will work. There are numerous considerations which must be carefully weighed. The decision ultimately belongs to the contracting officer. The problem is, most contracting officers are so unfamiliar with PSCs, they are seldom considered. Your level of knowledge and direct involvement can make a world of difference in making the right choice for your facility. (AFMSA/SGSLC, Mr. Albert Jacob, DSN 240-3944)

Medical War Reserve Materiel (WRM) Workshop

A WRM workshop is scheduled for 9-10 July 1997 at Brooks AFB, TX. This workshop is primarily for the medical materiel personnel (4A1X1), although attendance is open to everyone. The workshop is not restricted by rank or position; however, we strongly urge attendees be knowledgeable of all areas of WRM, as the topics will be discussed in depth. This is an unclassified workshop, so security clearance above that normally held is not required. We plan to have several of the most knowledgeable people available to lead discussions, so attendee participation is strongly encouraged.

We realize temporary duty (TDY) funds are extremely scarce, but the WRM workshop is one always voted as most needed during the idea generation sessions. We strongly urge attendance, and ask the support of commanders and administrators in funding the TDY requests. To register, call CMSgt Rea with the following information:

- Rank
- Name
- SSN
- AFSC
- Home base
- Phone number
- Planned arrival
- Duty position
- If you will have a rental car

Attendees should bring WRM listings they need further explanation on, and at the minimum, a copy of the latest WRM Stock Status Report. Registration will be closed on 13 June 97.

An agenda will be firmed up shortly and posted on the AFMLO WRM Forum Thread and sent out by message also. (AFMSA/SGSL, CMSgt Dave Rea, DSN 240-3946)

Credit Return Policy, or To Credit Or Not To Credit

Credit policy is outlined in AFMAN 23-110, Chapters 11 and 12. The intent of this article is to reiterate and clarify existing guidance. There are three sources of credits:

- Return Goods Programs
- Rebate Programs
- Direct Exchange to the PV

Credit for turn-in of expired dated items should never be granted by the Air Force Working Capital Fund (AFWCF). Some facilities use a commercial Returned Goods Program, while others return pharmaceuticals directly to manufacturers for credit. Use of Returned Goods Programs is highly encouraged because the credits applied to the AFWCF may reduce the surcharge to our customers. Regardless of the method used, all credit return fees should be paid by the AFWCF and all return proceeds should be deposited into the AFWCF, either as cash or credit memos. Any reimbursement to Operations and Maintenance (O&M) from credit returns for expired merchandise is an illegal augmentation of appropriations and must not be done. Do not process “free issues” using credits from returned goods.

Augmentations to any appropriation from outside sources without specific statutory authority are illegal. When Congress makes an appropriation, it is also establishing an authorized program level. In other words, it is telling the agency it cannot operate beyond the level financed through its appropriation. Restated, the objective of the rule against augmentation of appropriations is to prevent a government agency from undercutting the Congressional power of the purse by exceeding the amount Congress has appropriated for that activity. The statutory basis for this rule is 31 U.S.C., 3302(b) and 1301(a). A major exception to these requirements is the revolving fund. This exception allows us to deposit returned goods credits to the AFWCF.

Rebates are considered as “after-the-fact discounts” and reflect the true cost of items. They do not augment an appropriation and can be passed on to the customer, as a non-reimbursable issue.

There may be instances when a customer turns an item in with adequate dating because they no longer use the item. If the PV will provide credit for return of the item, credit should be given to the customer at the time of the turn-in.

Credits from returns of WRM materiel can be used for WRM requirements. It is important credits from WRM materiel be maintained separately from other credit returns through a separate return call number and credit account to provide an audit trail.

Credits extend our purchasing power. Ensure they are used IAW existing laws and regulations. (AFMLO/FOM-P, Capt Theresa Wood, DSN 343-4168)

Request for Sponsor Packets

To better serve the 3-level students, the Medical Materiel Apprentice Course is requesting all bases send a sponsor packet to the 384th Training Squadron. We will maintain these packets for students to sign out for information purposes. Students are here for 21 days, and during that time a majority of them do not receive a sponsor packet before leaving for their first assignment. This program will provide information on the base and points of contact before departure from Sheppard AFB. Please forward a packet from your Commander Support Staff to the following address: 384 TRS/XXED, ATTN: SSgt Joshua Mills, 925 Missile Road, Sheppard AFB TX 76311-2245. If you have any questions about this program, contact SSgt Mills at DSN 736-6910, or e-mail to:

millsj@spd.aetc.af.mil

(384th Training Squadron, SSgt Joshua Mills, DSN 736-6910)

AFMLO Orientation

The AFMLO orientation is scheduled for 21-23 October 1997. The next orientation is tentatively scheduled for 27-29 January 1998. If you are interested in attending an orientation, please submit your name, work address, telephone and fax numbers, and e-mail address to AFMLO/FOA at rings@ftdetrck-ccmail.army.mil or fax the information to DSN 343-2557, commercial 301-619-2557. (AFMLO/FOA, Mrs. Sarah Ring, DSN 343-4153)

Corrective Action to Table of Allowance (TA) Changes

AFMLL 03-97:

- NSN 6520-01-187-0141, under TA896A, the nomenclature was incorrect - the correct nomenclature is Explorer, Probe, Dental

AFMLL 04-97:

- NSN 6525-01-434-1841, under TA896B, Table, Radiographic, disregard addition
- NSN 6530-00-142-9239, Table, Operating, disregard deletion

(AFMLO/FOC-T, Ms. Anne Newcomer, DSN 343-4118)

Table of Allowance (TA) Updates

Attachment 4 reflects updates to a number of medical TAs. Some changes were a result of cataloging action to replace Acquisition Advice Code (AAC) "V" and "Y" NSNs, while other changes were generated by the offices of primary responsibility. These changes are provided to update your WRM and Medical Equipment Management Office (MEMO) records. Don't forget to establish prime-substitute relationships (PSRs)

where applicable. (AFMLO/FOC-T, Ms. Anne Newcomer, DSN 343-4118)

Access to Department of Defense Medical Materiel Quality Control (DODMMQC) Messages

The DODMMQC messages are now available on the AFMLO home page on the World Wide Web (WWW). The address is:

<http://www.medcom.amedd.army.mil/afmlo/>

To view the DODMMQC messages, go to the AFMLO home page and select:

- *Products You Can Use*
- *Quality Assurance Messages*
- *DODMMQC Messages*

If you have any questions, comments, or problems on the DODMMQC messages, contact AFMLO/FOM-P. (AFMLO/FOM-P, Ms. Bonnie Phillips, DSN 343-4170)

Report of Discrepancy (ROD)

Are you sending your Report of Discrepancy (ROD) to the right place? DPSC is not the action office for all RODs. One way to verify that you are sending the ROD to the correct place is to look in the Defense Logistics Agency "Customer Assistance Handbook," Twelfth Edition -- 1996. First look up the Federal Supply Classification (FSC) in the blue page section of this handbook. For example, the FSC 6515 shows the source of supply as S9M (DPSC); however, FSC 6650 has the source of supply listed as S9G. Now look in the yellow pages of the handbook, S9G is Defense Supply Center Richmond (DSCR). Therefore, you would mail the ROD to DSCR and not DPSC.

Also ensure the action code is marked correctly on the ROD. You should rarely use action code 1H (No action required-information only) on the ROD. If you do, basically you closed out the ROD and DPSC will take no action, regardless of what you

annotate in the "remarks" area of the ROD. An example of an instance where you would use action code IH is if you receive something that was supposed to be shipped to another account, you would send an "information only" ROD to the shipper.

Next you need to determine the distribution of the discrepancy reports. For DPSC originated shipments, follow criteria in AFMAN 23-110, Chapter 9, para 9.7. Note that AFMLO does not get a copy of the initial ROD. You should send AFMLO a copy of the ROD when no response has been received from the depot. For DBPA shipments, follow criteria found in AFMML 13-96.

If you file a ROD and do not receive a reply within 75 days, you should follow up on the report. To accomplish this, write "Follow-Up" and the current date in the top margin of a copy of the SF 364 and mail to the source of supply. If a reply is not received within 15 days of the follow-up action, notify AFMLO/FOM-P by mailing or faxing a copy of the ROD, with the annotated follow-up date. For more information on RODs, refer to AFMAN 23-110, Chapter 9, para 9.6., "Reporting Discrepancies." (AFMLO/FOM-P, Mrs. Charlotte Christian, DSN 343-4164)

Current Status of Decentralized Blanket Purchase Agreements (DBPAs)

Page 1 through 5 of **Attachment 3** is a list of pen and ink changes to the consolidated list provided in **Attachment 3** of AFMML 04-97.

New DPSC Agreements

<u>SP0200-97-A</u>	<u>Vendor Name</u>	<u>RIC</u>
8569	TRA Medical & Dental Supply Inc.	LTP
8570	Graham-Field, Inc.	LGU
8572	Grunow Pharm.	LGT
8573	Greer Laboratories	LGV
8574	Quantum Optics Service Co.	LQF

8577	Ecosource, Inc.	LIY
8578	Saurus Sport, Inc.	LYE

Agreement Modifications

A copy of the modifications listed below are provided on pages 6 through 14 of **Attachment 3**.

(SP0200-97-A)

<u>DLA-120-97-A</u>	<u>Vendor Name</u>	<u>Mod for</u>
8505	Innovation Sports	Zipcode change
9145	Getinge Castle	30% Discount
9187	Baxter/IV Systems	"Remit to" address
9239	Orthopedic Technology	Name change
9310	Chatsworth Med Supply, Inc.	Name and address change
9325	Innovative Med Suppliers	Name change
9379	Protect-All Equipment	Canceled
9456	Getinge Castle	Canceled
9457	Getinge Castle	Canceled

SP0 Agreement Conversions

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

8502	8503	8504	8505	8506	8510	8511
8512	8513	8514	8516	8517	8518	8519
8520	8521	8522	8523	8524	8525	8526
8527	8530	8531	8532	8533	8534	8538
8540	8542	8544	8545	8547	8548	8549
8550	8551	8552	8553	8554	8555	8556
8557	8558	8559	8560	8561	8563	8564
8566	8567	8568	8569	8570	8572	8573
8574	8577	8578	9013	9018	9019	9022
9026	9027	9028	9029	9030	9038	9048
9052	9056	9057	9061	9068	9073	9074
9077	9081	9084	9085	9086	9088	9094
9095	9099	9105	9107	9112	9114	9117
9125	9127	9128	9129	9130	9131	9133
9135	9138	9139	9141	9144	9147	9149
9150	9153	9154	9158	9159	9166	9171
9172	9177	9184	9189	9194	9196	9209
9213	9214	9215	9217	9218	9219	9220
9221	9222	9223	9224	9225	9226	9227
9228	9229	9230	9231	9232	9233	9234
9235	9236	9237	9238	9239	9240	9241
9242	9243	9244	9245	9246	9247	9248
9249	9250	9251	9252	9253	9254	9255
9256	9257	9258	9259	9260	9261	9262
9263	9264	9265	9266	9267	9268	9269
9270	9271	9272	9273	9274	9275	9276
9277	9278	9279	9280	9281	9282	9283
9284	9285	9286	9287	9288	9289	9290
9291	9292	9293	9294	9295	9296	9297
9298	9299	9300	9301	9302	9303	9304
9305	9306	9307	9308	9309	9310	9311
9312	9313	9314	9315	9316	9317	9318
9319	9320	9321	9322	9323	9324	9325

9329 9349 9353 9360 9363 9367 9369 9370
 9377 9380 9383 9385 9390 9391 9403
 9411 9416 9420 9425 9459 9462 9463
 9465 9466 9467 9468 9469 9472 9474 9475
 9476 9477 9478 9479 9480 9481 9482
 9483 9486 9487 9488 9490 9491 9497
 9499 9500

VA0 Agreement Conversions

Agreements converted to VA0200-97-A- are listed numerically below:

4000 4003 4004 4005 4006 4011 4013 4014
 4018 4019 4021 4022 4025 4026 4027 4028
 4029 4030 4031 4032 4033 4036 4038 4044
 4051 8501 8507 8508 8509 8528 8535 8536
 8537 8543 8546 8562 9002 9005 9006 9009
 9014 9017 9020 9021 9032 9035 9042 9049
 9050 9059 9072 9090 9093 9104 9108 9111
 9122 9132 9134 9136 9152 9155 9156 9160
 9161 9162 9167 9170 9182 9185 9186 9187
 9195 9198 9202 9204 9207 9210 9211 9212
 9219 9220 9221 9225 9228 9237 9239 9247
 9253 9256 9261 9269 9271 9278 9285 9290
 9293 9296 9301 9309 9311 9316 9317 9318
 9320 9323 9324 9325 9327 9334 9338 9342
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 9402 9405 9409 9413 9414 9419 9423 9427
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(AFMLO/FOM-P, Mrs. Charlotte Christian, DSN 343-4164)

Information

Medical Logistics in Action

Headquarters, Air Force Medical Support Agency (HQ AFMSA) and the Air Force Medical Logistics Office (AFMLO) extend sincere congratulations to the personnel named below for their outstanding achievements. (AFMLO/FOA, Ms. Rita Miller, DSN 343-4158)

**AFMLO
 Fort Detrick, MD**

Teri L. Baal was selected as the Fort Detrick Outstanding Clerical Employee of the Year for 1996, and was presented the Silver Award as the 1997 Excellence in Federal Career Award Program Outstanding Clerical Employee for excellence in her federal career. **Capt Theresa G. Wood** was selected as the Fort Detrick Outstanding Supervisor - GS12 and Below of the Year for 1996, and was presented the Silver Award as the 1997 Excellence in Federal Career Award Program Outstanding Supervisor - GS12 and Below for excellence in her federal career. **Major Nancy Reilly** was awarded the Air Force Meritorious Service Medal (2nd OLC) for duty performance at OL-2, Fort Worth, TX.

18th Medical Support Squadron Kadena AB JA

Terance Dennis was promoted to **Airman. Alan Harner** was promoted to **Senior Airman. Jennifer Tennant** was promoted to **Staff Sergeant. Shelia Brown** was promoted to **Master Sergeant. SSgt Stacy Lanier** was presented the 18th Wing Commander Outstanding Performer Award for duty performance while deployed with an Air Transportable Clinic to Kwang Ju AB, Republic of Korea.

60th Medical Support Squadron Travis AFB CA

Merleen Bennett was promoted to **Airman. TSgt Robert Groothuyzen** was presented the Air Force Commendation Medal (2nd OLC) upon his retirement after twenty years of faithful service to the United States Air Force.

355th Medical Support Squadron Davis-Monthan AFB AZ

Robert Adams was promoted to **Airman. Christina Davis** and **Shannon Wilson** were promoted to **Airman First Class. Shannon Rodriguez** was promoted to **Senior Airman. SSgt Waylen Wilson** was selected as the 355th Medical

Support Squadron Noncommissioned Officer of the Quarter for the period Jan - Mar 1997.

**384th Training Squadron
Sheppard AFB TX**

The following personnel completed the Biomedical Equipment Apprentice Course, J3ABR4AA231.001, Class Number: 960919.

Amn Bonnie Bushard	Mountain Home AFB ID
A1C David Dendy	Travis AFB CA
A1C Michael Dow	Bradley ANG CT
A1C Quincy Martin	Robins AFB GA
SSgt Kenneth Medvetz	Bradley ANG CT
A1C Timothy Riehm	Kelly AFB TX
A1C Monica Sigstad	McConnell AFB KS
A1C Crystal Wathen	Whiteman AFB MO

AFMLO Messages/Listings

<u>Category</u>	<u>Last Published</u>	<u>Date</u>	<u>AFMLO OPR</u>
QA Message	7150-0007	30 May 97	FOM-P
Last 1996 QA Message	6353-0034	18 Dec 96	FOM-P
DBPA Consolidated List	AFMLL 04-97	April 1997	FOM-P
DBPA Message	R032000Z	3 April 1997	FOM-P
Shared Procurement List	AFMLL 04-97	April 1997	FOM-P
Technical Order 00-35A-39	R292000Z	29 Jan 97	FOC-T