ENGINEERING, FACILITIES, EQUIPMENT, AND PROCUREMNT

Biomedical Equipment Maintenance

War Reserve Materiel (WRM) Spare Parts Kits

Background

Spare parts kits for the various WRM assemblages are a very essential but confusing part of the BMET's Readiness responsibility. This article will attempt to clarify the process by which spare parts kits are identified and acquired.

In order to understand the entire process, you must first understand the Acquisition Advice Code (AAC) W to J relationship. A "W" NSN represents a generic item, such as a Defibrillator. The item description for this NSN will contain all the Essential Characteristics (EC's) that have been defined by the Services and the DMSB. Throughout the history of this NSN, several contracts may be awarded against this NSN. In order to keep track of the various manufacturers and model numbers that may meet the EC's, additional stock numbers are assigned. These AAC "J" stock numbers are manufacturer and model specific, such as Physio-Control Lifepak 10-59. As a rule, AAC "W" stock numbers are loaded on the TA for the various WRM assemblages. This process also applies to spare parts kits.

The difference between equipment items and spare parts kits is that spare parts kits cannot be ordered using the NSN unless it is done at the initial purchase of the equipment. At this point, the NSN is nothing more than a placeholder on the TA.

Procedures

Currently BMETs must contact this office (TSgt Walker DSN 343-4039) and provide a complete listing of the equipment for which they need kits. This listing **must** include the ACC "J" NSN, Nomenclature and Model Number. Without this information, the proper kit cannot be identified. A complete listing of all spare parts kits is now available on the Clinical Engineering Page at the AFMLO web site (http://140.139.13.36/afmlo). In the near future, a database will be accessible from this page. TSgt Walker is attempting to compile an accurate equipment inventory of all WRM assemblages. With this information, he will be able to make the database site specific. This information will also make it easier to identify equipment that needs to be replaced.

Once the listing is received, the local BMET must procure each component individually. After the parts are received, due to the limitation of MEDLOG, manual inventory procedures must be used.

If a spare parts kit is authorized on the TA but one has not been developed here at AFMLO or by one of the other Services, the local BMET is authorized to create a kit on their own. It is recommended that the cost of the kit not exceed 15 precent of the equipment cost. This threshold may not apply to items such as X-Ray systems and high cost laboratory equipment.

Once the kits are built, the local BMET has ability and authority, based on equipment history and experience, to modify the makeup of the kit. This does not mean that the kit can be eliminated in order to conserve WRM funds.

Problem Areas

When ordering an item to fulfill a TA requirement, the current policy is that the customer must order an AAC "W" NSN. This means that the contracting office, DPSC or the AFMLO VA buyer will purchase an item that meets the EC's. In an effort to get what they want (and accelerate the process), many customers order "suitable substitute" items local purchase without verifying with medical maintenance or AFMLO as to the true "suitability" of the item. This is detrimental to both the standardization and provisioning processes as well as the mission. A spare parts kit may not be identified for these items and may lead to an increase in downtime, which will have a direct impact on mission capability.

Another problem is manual inventory procedures. Typically, the parts end up in a box located in the corner of the shop. It is recommended that a separate cabinet be used to store the parts and an increased emphasis be placed on manual record keeping. You may know what all the parts are but your replacement may not have a clue. Always keep in mind that someone else may use your assemblage.

For a current copy of the Spare Parts Kit listing or the W to J Equipment list, go to the Clinical Engineering page via the AFMLO homepage, press the appropriate HTML link. These are both large files and may take a while to download.

If there are any questions, please contact TSgt Stephen "Steve" Walker at DSN 343-4039 or by e-mail at walkers@ftdetrck-ccmail.army.mil. (AFMLO/FOM-E, TSgt Steve Walker, DSN 343-4039)

Career Advisor's Corner

Fiscal Year 98 Warrant Officer Applications for Health Services Maintenance Technician (MOS 670A)

In accordance with AR 135-100, Appointment of Commissioned and Warrant Officers of the Army, FY 98 Medical Service Corps Health Service Maintenance Technician Warrant Officer applications must be postmarked prior to 6 Oct 97.

HQ USAREC will convene a competitive selection board on or about 6 Nov 97. All applications will be considered based on individual merit and supporting documentation as specified below. Applicants in OCONUS assignments selected for this program will have their foreign service tour curtailed to meet training report dates. Individuals will receive official notification of selection/nonselection directly from USAREC.

Applicants selected for the program will attend Warrant Officer Candidate School (WOCS) at Fort Rucker, AL. Prior to attending Health Services Maintenance Technician Certification Course at Fort Sam Houston, TX, candidates will be given a conditional appointment as a Warrant Officer One (WO1) in the USAR with a concurrent call to active duty and an obligation of six years upon graduation of WOBC at Fort Sam Houston.

Course information:

WOCS at Fort Rucker, report 1 Mar 98, course dates 2 Mar 98 - 10 Apr 98

WOBS at Fort Sam Houston, report 19 Apr 98, course dates 20 Apr 98 - 29 May 98

Basic prerequisites:

- Must meet general eligibility requirements of AF 135-100
- Active/Guard/Reserve Army, Air Force, and Navy Enlisted personnel, or civilians, who currently hold or have held PMOS 91A (Medical Equipment Repairer) or equivalent training as determined by the Commander/Dean, USAMEOS.
- All applicants must be graduates of the Medical Equipment Repairer, advanced course. Each applicant must have demonstrated technical proficiency in the Medical Equipment Maintenance field as an advanced course graduated for a period of not less than 1 year as of 6 Nov 97.
- Have a High School diploma of GED equivalent.
- Have less than 12 years Active Duty Military Service as of 6 Nov 97.
- Have a ST/GT score of 110 or higher.
- Meet physical requirements for Warrant Officer Appointments as prescribed in Chapter 2, AR 40-501, and be within weight standards prescribed by AR 600-9.

Requests to waiver the maximum years of active service are subject to final approval by DA. This requirement is in keeping with DA's new policy to access Warrant Officers before they complete twelve years enlisted service. Soldiers with more than 12 years may still apply; but they must fully understand that USAREC will not request a waiver from DA unless the number of fully qualified applicants is critically short.

Application Submission:

- Application must be assembled IAW AR 135-100, Chapter 2. Do not place applications in binders or folders. Staple upper left-hand corner only.
- Submit application to Commander, United States Army Recruiting Command, ATTN: RCHS-MS, 1307 Third Avenue, Fort Knox, KY 40121-2716. One additional photocopy will be sent to: CDR, WRAMC, ATTN: MCHL-LM (CW4 Fuss), Washington, D.C. 20307-5000.
- Applications that are incomplete, ineligible or postmarked after 6 Oct 97 will be returned to the originator without action.

Basic application memorandum must include:

- Statement: "IAW USAREC MSG OTSG MSG PXXXXXX Aug 97 Subject: FY 98 Warrant Officer Applications for Health Services Maintenance Technician (MOS 670A), I hereby make application for the Health Services Maintenance Technician Training Program. Upon successful completion of the Warrant Officer Candidate School, I will, if tendered, accept appointment as a Warrant Officer in the USAR with concurrent call to active duty as described therein."
- Statement: "I have reviewed my DA Forms 2A and 2-1 (Personnel Qualification Records, parts I and II); they are current and accurately posted. In addition, enclosed is my official military personnel file microfiche; to include the restricted section, if applicable."
- Listing of supporting documents required in paragraph 9 below as enclosures.
- Commander's Recommendation: Basic application memorandum must contain endorsement by current unit commander recommending approval/disapproval of the applicant for appointment as a Warrant Officer candidate.

Supporting Documents:

- At least three letters of recommendation that comment on applicant's qualifications and potential for training as a Health Services Maintenance Technician must be included.
- Letter of Purpose and Intent: Applicant will personally prepare a single page handwritten letter to explain his/her motivation for seeking Health Services Maintenance Technician

Training. This letter should reflect applicant's expectations upon completion of training and being appointed a Warrant Officer.

- Resume should briefly depict military assignments pertinent to MOS 670A and military training and/or civilian education that the applicant considers to qualify him/her for favorable consideration as a candidate for Health Services Maintenance Technician Training Program.
- Current color official military photograph.
- Legible copies of DA Forms 2A and 2-1 (Personnel Qualification Record Parts I and II). Local military personnel service center will review each reproduction for accuracy/legibility and certify them as true copies.
- One copy of applicant's microfiche of official military personnel file; to include the restricted section, if applicable. Copies may be obtained from Commander, USAEREC, ATTN: PCRE-F-S, 8899 East 56st St., Indianapolis, IN 46269-5303; telephone (703) 325-3732, or DSN 221-3732.
- Statement from Military Personnel Service Center verifying that favorable local records check has been made to assure applicant is administratively qualified for admission to course and appointment as a warrant officer, and that application is not in contradiction to AR 600-8-2.
- Original DA Form 61 (Application for Appointment). APFT height.
- Original DA Form 160 (Application for Active Duty).
- Original signed statement of acknowledgment of Army policy concerning accommodation of religious practices by the applicant, as prescribed by AR 135-100.
- Statement from unit security office that the applicant has a secret clearance or has initiated or completed NAC/ENTNAC as applicable. Applicants who do not have a secret (or higher) clearance must sign a statement indicating their understanding that, if they are selected as a candidate before completion of NAC/ENTNAC, they may not be enrolled in the program if found to be ineligible for apointment.
- Original DA FORM 3575 (Certificate of Acknowledgment and Understanding of Service Requirements for individuals for appointment in the USAR under the provisions of AR 135-100 or AR 135-101, as applicable; individuals without a statutory service obligation).
- Original SF 88 (Report of Medical Examination) and original SF 93 (Report of Medical History). The reviewing medical authority must indicate the applicant meets the medical standards for qualification for appointment as a warrant officer.
- College Transcripts. Collegiate studies listed in resumes and/or DA Forms 2A and 2-1 must be documented by legible copies of transcripts.

Applicants are reminded they are responsible for timely sumission of application documents, and for verifying all appropriate documents and transcripts have been received by USAREC. Applications that are incomplete, ineligible, or postmarked after 6 Oct 97, will be returned to the originator without action.

Points of contact:

- MSC Program Management Branch, Maj Judith K. Cooley, DSN 536-0361 or commercial (502) 626-0361.

- MSC Health Services Maintenance consultant, CW4 David H. Fuss, DSN 662-0608, commercial (202) 782-0608, fax (202) 782-8158.

(AFMLO/FOM, CMSgt Alan Christian, DSN 343-4040)

Facilities Management

Environmental Protection Agency (EPA) Update

Are you prepared for 22 December 1998? If you have to ask what is special about that date, you may have some catching up to do. It is the deadline set by the Environmental Protection Agency (EPA) for making sure that underground storage tanks (USTs) comply with regulations aimed at protecting public health and the environment. Under regulations issued by the EPA eight years ago, which can be found in the Code of Federal Regulations, Part 280, USTs installed before 22 December 1988 must be protected against corrosion, spills, and overfills by 22 December 1998. Unprotected USTs must be upgraded, replaced, or properly closed by that date. The EPA has no intention of extending the deadline and failure to comply can result in being cited for violations and fined. Additional information can be found on the EPA's web page at http://www.epa.gov/swerust1/1998/index.htm or by calling their hotline at 800-424-9346. Your first step should be to get with your Base Civil Engineers to determine what year your underground storage tanks were installed and what steps might have already occurred to bring them into compliance. If your tanks were installed after 22 December 1988, you need take no action, they should already be in compliance. As a quick review, if you can check off the major items listed below as having been done for each of your existing USTs, you should be in compliance with the "upgrade" requirements:

- **Spill protection** provided by a catchment basin
- **Overfill protection** provided by an automatic shutoff device, overfill alarm, or ball float valve
- **Corrosion protection for the tank** provided by <u>one</u> of the following:
    - ♦ Steel tank has corrosion-resistant coating <u>AND</u> cathodic protection
    - ♦ Tank made of non-corroding material (such as fiberglass)
    - ♦ Steel tank clad with (or enclosed in) non-corroding material
    - ♦ Uncoated steel tank has cathodic protection system
    - ♦ Uncoated steel tank has interior lined with non-corroding material
    - ♦ Uncoated steel tank has cathodic protection <u>AND</u> interior lined with non-corroding material
- **Corrosion protection for piping** provided by <u>one</u> of the following:
    - ♦ Uncoated steel piping has cathodic protection
    - ♦ Steel piping has a corrosion-resistant coating <u>AND</u> cathodic protection
    - ♦ Piping made of (or enclosed in) non-corroding material
- **If you have decided not to upgrade** your existing UST system with the items above, you have properly closed the UST system.

The workload for the limited number of certified UST system contractors is expected to increase as the deadline approaches and may overwhelm the capacity of the contractors. As a result, you may experience prolonged periods with your tanks out-of-service, and contractor costs may increase as the demand for their services exceeds their capacity. The bottom line is to not wait until 1998 to schedule an upgrade. (AFMLO/FOM-F, Capt Robert Zak, DSN 343-4031)

Quality Assurance

Type III Materiel Complaints - Information Exchange

A summary of the most recent medical materiel complaints involving medical equipment is listed below. This summary is provided for information only. Please note the complaints ***are not validated.*** They do not constitute a recall, nor do they require you to perform the sort of inspection and reporting associated with equipment hazards. If you have experienced a similar problem locally, please submit an SF 380 in accordance with AFMAN 23-110, Vol. 5, Chap. 19. It is important we receive documentation of equipment problems since severity and impact of a materiel defect is frequently judged by the number of separate complaints received.

Electrosurgical Unit, MDC 11490, FORCE 4B, ValleyLab Inc.

Complaint: An activity reports the user's hand was burned while using the unit to perform a laproscopic procedure using the coagulation mode. Medical Maintenance performed a full operational inspection and found no problems with the unit. The manufacturer was contacted and stated that because of the unit's "high voltage and high frequency, it has the potential to emit high levels of current from a laproscopic electrode when coag mode is activated for extended periods." ValleyLab recommends using lower frequency, lower voltage generators for laproscopy. If other generators are not available, ValleyLab recommends using the "Low Voltage Coag" mode on the FORCE 4B for laproscopic procedures.

Pressure Monitors, Blood, Invasive, MDC 16764, Model M1006A, Hewlett Packard

Complaint: An activity reports that 25 percent of the 55 invasive blood pressure modules on hand have failed due to low pressure readings on all settings. The inaccurate pressure readings cannot be calibrated locally and must be returned to the manufacturer for replacement/repair. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Quality Assurance - Attachment 2 Returns

An article in AFMLL 05-97 announced the discontinuation of publishing FDA Recalls and Alert Notices **(Attachment 2)** beginning with AFMLL 06-97 due to the development and dissemination of joint service Quality Assurance (QA) messages. However, to ensure maximum circulation of QA information, we are going to resume publishing FDA data beginning with this issue of the AFMLL and, for continuity, will include all recall and alert information released by the FDA since AFMLL Supplement 05-97. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Food and Drug Administration (FDA) Recalls/Alert Notices

Attachment 2, paragraph 1, provides information on FDA medical equipment recalls and alerts. Personnel from clinical engineering, biomedical equipment maintenance, quality assurance, and safety should follow the guidance provided to ensure the effective maintenance and management of medical equipment. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

Medical Equipment Management

Shared Procurement Equipment Items Currently Available

AFMLL 04-97, Attachment 1, pages 1 and 2, contains a list of all current Shared Procurement contracts and optional contracts available through the Defense Personnel Support Center (DPSC). If you plan to order any of these items for your facility, use the specific ordering instructions and overall program guidance contained in AFMLL 04-96, pages CE-4 and CE-5. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

"Piggyback" Contracts Currently Available

AFMLL 16-96, Attachment 1, pages 4 and 5, contains a list of all current "piggyback" contracts currently available through DPSC. These contracts will allow facilities to "piggyback" requirements onto existing orders placed for specific quantities. Many of these contracts are designed to buy large quantities at reduced prices, and are written with the option of buying additional quantities at the same price. The list includes available quantities and "Order By" dates. To order, send your MILSTRIP requisitions to DPSC, and reference the contract number (from the listing) in the notes section. (AFMLO/FOM-P, Capt David Zemkosky, DSN 343-4028)

WILLIAM H. HILL, Deputy Chief
Air Force Medical Logistics Office