

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

Army Medical Department Supply Information

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20 April 2004

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NOTICE

This Supply Bulletin is superseded in its entirety and is devoted entirely to TOE Medical Units and Logistics Personnel.

OVERVIEW

This Supply Bulletin is produced to assist the Logistics Personnel and the soldier in the field units in enhancing readiness with their equipment and within their Unit.

The feedback sheet below requests your proposals for improving the next edition of this Supply Bulletin. It also serves as a vehicle for submitting questions, problems and proposed solutions pertaining to non-medical equipment or ASIOE. The goal is to make future editions of this Supply Bulletin as informative and effective as possible.

CUSTOMER FEEDBACK For SB 8-75-S4 Dated 20 April 2004

Response From: _____

Telephone: _____ FAX: _____

E-mail: _____

FEEDBACK (Please provide any constructive criticism about this edition):

COMMENTS (Please submit any questions, problems or solutions pertaining to non-medical equipment or ASIOE):

Send this sheet with comments to:

United States Army Medical Materiel Agency
Attn: MCMR-MMR-M, Suite 100, Rm 104A
1423 Sultan Dr.
Fort Detrick MD 21702-5001
DSN 343-4465 / Commercial 301-619-4465

OR

Contact our Customer Relationship Management Office (MCMR-MMB-R) from our website at <http://www.usamma.army.mil>, select **Contact Us** from the home page to send an email. For any additional feedback through the website facilities, select **CONTACT USAMMA**, click on the website and either send an email or call us at the phone number shown. We look forward to hearing from you.

CHAPTER 1. THE ARMY MEDICAL DEPARTMENT (AMEDD) LOGISTICS ASSISTANCE PROGRAM

1-1. THE LOGISTICS ASSISTANCE PROGRAM (LAP) GOALS

a. The U.S. Army Medical Materiel Agency (USAMMA) is revamping its Army Medical Department (AMEDD) Logistics Assistance Program (LAP) to focus on vital medical logistics issues that affect the readiness of the deployable medical force. The USAMMA's theme is twofold:

- (1) First, to assist Major Army Commands (MACOMs) and unit commanders in analyzing the true readiness posture of their units; and
- (2) Second, to ensure the USAMMA has sufficient medical logistics information to accomplish its missions.

b. Primary objectives for the Army include - but are not limited to:

- Establish a baseline of medical materiel readiness levels within various medical organizations,
- Identify potential factors that detract from logistics readiness,
- Recommend solutions to identified factors, and
- Develop a knowledge management network and disseminate useful information to organizations.

c. The USAMMA's LAP will be conducted in a two-phased operation. Phase one will focus on identifying those issues that impact the medical logistics readiness of the deployable medical force, and conducting analysis on those issues in order to provide appropriate measures to alleviate the impact. Phase two will focus on providing customer-oriented actions that increase medical logistics readiness. The direction and scope of the USAMMA LAP will be focused on four areas:

- (1) Quality Assurance of ASIOE
- (2) Medical Maintenance
- (3) Equipment Accountability
- (4) Set Management

d. The USAMMA will continue to reassess the logistics assistance program in order to provide the MACOMs and unit commanders the most appropriate level of support. The characteristics of the LAP are:

- (1) Provide a means to collect, correlate, assess, and disseminate information on those factors that have been found to result in decreased medical logistics readiness.
- (2) Provide MACOMs and unit commanders with the technical guidance necessary to resolve medical logistics problems.
- (3) Identify and provide reports through channels on all medical logistics functions that have been identified as having an adverse impact on medical logistics readiness including supply, maintenance, transportation, personnel, training, organization, systems, and doctrine.
- (4) Provide improvements and sustain the readiness of medical materiel systems and medical logistics support of Active Army, National Guard, and Reserve Component Forces.

e. The USAMMA LAP goal is mutually supported by the Combat Support Equipment Assessment (CSEA) as outlined above.

1-2. THE USAMMA LOGISTICS ASSISTANCE PROGRAM POLICY

a. The USAMMA is responsible to The Army Surgeon General (TSG) for Army medical materiel logistics assistance. This includes:

(1) Resolving problems related to medical materiel support and medical equipment maintenance.

(2) Conducting liaison and logistics assistance visits (LAVs).

(3) Providing technical guidance and assistance.

(4) Conducting follow-on evaluation of newly introduced items of materiel for the Modification Table Of Organization and Equipment (MTOE) activities.

b. The RMC/MSC Commander will provide assistance to subordinate activities and installations by:

(1) Conducting reviews every 12 months of the logistics program at their subordinate activities.

(2) Reviewing logistics policy, doctrine, training, personnel, and funding matters that affect logistics.

(3) Reviewing the following logistics operations as appropriate:

(a) Medical materiel inventory management

(b) Medical Maintenance

(c) Property Management

(d) Medical Care Support Equipment (MEDCASE)

(e) Transportation

(f) Environmental and textile care services

(g) Facilities engineering functions that impact on logistics

(h) Financial Management

(i) Special Medical Augmentation Reaction Teams (SMART)

(4) Identifying problems at all levels so commanders and staffs can seek solutions to the root causes of problems.

c. Commanders of AMEDD activities MTOE and Table(s) of Distribution and Allowances (TDA) will establish and formally document a Command Supply Discipline Program (CSDP) at each activity. The CSDP is a commander's program. Therefore, commanders, supervisors, and managers are required to implement the provisions of *Army Regulation (AR) 710-2, Appendix B*, in order to standardize supply discipline throughout the AMEDD and the Army. As a mandatory program, CSDP is meant to simplify command, supervisory, and managerial responsibilities. This program includes the evaluation of hand-receipt holders at all levels.

1-3. THE USAMMA LOGISTICS ASSISTANCE VISITS (LAV)

a. The USAMMA LAV teams will visit field medical units based on MACOM determination of need and availability of the USAMMA resources. When possible,

LAVs will coincide with the USAMMA modernization efforts, such as major fielding. MACOM can request an assistance visit from the USAMMA LAV team to support MACOM organizational readiness assessments. The LAV team can tailor its support to the needs of the medical unit. The USAMMA's assistance will stress proper maintenance of equipment and provides an assessment of the following equipment:

- (1) Medical Assets – All
- (2) Medical MILVANS/ISOs
- (3) Refrigerated containers (C84541)
- (4) Dolly Set (D34883)
- (5) Generator – 100 kw (J35801)
- (6) Heater – H82/83 (H24907)
- (7) Forklift – 4K lbs (T49255)
- (8) ECU/FDECU (A26852)
- (9) Distribution System – M400 (P60558)
- (10) Electrical Utility – M46 (U89185)
- (11) Modules Field Kitchen (F39561)
- (12) Food Sanitation Center (S33399)
- (13) Cable Assemblies
- (14) Tempers (T07532, T71619, T47813, T47745, T71755)
- (15) Water Distribution Systems – old/new

b. The LAV team chiefs will keep assisted commanders informed of their activities and findings by using such procedures as in- and out-briefings and after-action reports. Copies of customer assistance after action report will be provided to the visited commander.

c. Based on unique personnel and experience base within the USAMMA, direct communication between field medical units and the USAMMA is authorized and encouraged. However, this coordination should be shared within the chain of command of the requesting unit.

d. The USAMMA may provide assistance concerning problems with unsatisfactory support from other-than-medical supply sources if these problems cannot be resolved at the MACOM level.

e. The U.S. Army National Guard (ARNG) and United States Army Reserve (USAR) considerations for logistics assistance (in addition to their chain of command, ARNG, and USAR units) may also obtain medical logistics assistance from their supporting Installation Medical Supply Activity (IMSA)/Medical Logistics Battalions (MEDLOG Bn) and the USAMMA and/or the U.S. Army Medical Materiel Center, Europe (USAMMCE).

f. For additional information contact the:

USAMMA
ATTN: MCMR-MML
1423 SULTAN DR
FORT DETRICK MD 21702-5001
Telephone DSN 343-4355/4408 or 301-619-4355/4408.

CHAPTER 2. CHEMICALLY PROTECTED DEPLOYABLE MEDICAL SYSTEMS (CP DEPMEDS)

2-1. INTRODUCTION

CP DEPMEDS provides collective protection to the core components of DEPMEDS Combat Support Hospitals. CP DEPMEDS will provide a clean, toxic free, environmentally controlled patient-treatment area necessary to sustain medical operations in a toxic environment. In a toxic environment, patients and staff within the protected areas of the hospital do not need to wear MOPP gear or protective masks. CP DEPMEDS will provide protection for a minimum of 72 hours against all known biological and chemical agents. Once a hospital AO has been contaminated, current doctrine is for the hospital to stop receiving patients and to have all hospital and staff evacuated from the facility with 72 hours.

2-2. CP DEPMEDS COMPONENTS

CP DEPMEDS components are installed as the hospital is established. CP DEPMEDS adds the following components to the hospital:

- a. M28 liners – Are installed throughout the protected area of the hospital and create a “sealed” environment.
- b. M28 Motor Blowers – Provide over pressurization to the protected area.
- c. Hermetically sealed filter canisters (HSFC) – Remove NBC agents and provide clean air.
- d. Recirculation filters - Located within the protected area these filters remove residual contaminants.
- e. Adaptor and chemical resistant ducts for the FDECU/ASH – Chemical resistant ducts must be used on the environmental control units that are connected to the protected area of the hospital. The supplied adaptor allows connection of the HSFC and motor blowers.
- f. Latrine – A 3:1 ISO shelter is complexed to the protected area of the hospital. A method of handling the waste from the latrine must be in place before the latrine is put in service.
- g. Patient processing units – Allows for safe entry and exit of patients and staff while the hospital is in CP mode. Contaminated personnel are never allowed to enter the protected area of the hospital.
- h. Protective shelter for the water blivet – Water supply is within a protected TEMPER.
- i. Water augmentation set – Consists of a water blivet and water distribution equipment to supply water to key areas of the hospital. This augmentation set is compatible with the standard DEPMEDS water distribution set. The water distribution lines must be run within the protected areas of the hospital.

- j. Supply airlock – Allows for re-supply of the hospital in a contaminated environment.
- k. 100KW generators and power distribution equipment – Provides power to the CP DEPMEDS equipment that is added to the hospital.
- l. Repair and support kits for the system.

2-3. CP DEPMEDS FIELDING AND TRAINING

a. CP DEPMEDS is maintained in the Army Prepositioned Stock and is only fielded to DEPMEDS units when mission analysis dictates. All active duty units have received a CP DEPMEDS training set and new equipment training. The CP DEPMEDS training set consists of a sampling of chem-/bio-unique equipment, which enables the DEPMEDS user exposure to all the possible fielding configurations. New equipment training that the active duty units received focused on “train the trainer” and it is the responsibility of each Unit to maintain the training within their Units.

b. Army Reserve hospitals will not receive new equipment training on CP DEPMEDS or a CP DEPMEDS training set. The three RTS-Medical sites have been fielded a CP DEPMEDS training set and their instructors received new equipment training. The RTS-Medical sites will provide a CP DEPMEDS overview/orientation to Army Reserve personnel. When a reserve hospital gets activated and is fielded CP DEPMEDS, they are given new equipment training prior to deployment. Camp Bullis is the fourth DEPMEDS training site that received a CP DEPMEDS training set that is used for familiarization training.

c. The CP DEPMEDS training set components are marked “FOR TRAINING ONLY.” The components have been modified slightly to hold up better under repeated use in a training environment. Components from the training set will not provide protection and should never be incorporated into a CP DEPMEDS system outside of a training environment.

2-4. LESSONS LEARNED

In 2003 five hospitals were fielded and used CP DEPMEDS during the initial phases of Operation Enduring Freedom. A couple of the hospitals were very receptive to using CP DEPMEDS while others resisted implementing CP DEPMEDS to it’s fullest capabilities. The hospitals that made CP DEPMEDS a priority had far fewer issues when using CP DEPMEDS than the hospitals that did not put emphasis on it’s use. A CP DEPMEDS fielding/training team was deployed to collect data and evaluate procedures at each hospital as it was established. This is a summery of what was seen:

- a. CP DEPMEDS does require additional planning.
 - (1) Design criteria
 - (2) Power requirements CP/Non-CP
 - (3) Keeping 72 hours of supplies within the protected area
 - (4) CP vs. Non-CP SOPs

b. Establishing with CP DEPMEDS takes about 25% longer. An approved plan including a power and water overlay was given to each hospital based on their mission requirements.

(1) Units that used the provided plan with minor to no changes were fully mission capable within the expected time frame.

(2) Units that chose to use their own plan and tried making CP DEPMEDS work around their original design took considerably longer to be fully mission capable (providing patient care and being able to switch over to CP mode).

c. Hospitals that conducted switchover drills regularly were able to go from non-CP mode to CP mode within 20-30 minutes. Hospitals that did not do regular training drills and PMCS extended their switchover time to over one hour.

d. PMCS needs to be done more frequently:

(1) Cleaning tracks on liners

(2) Checking filters on FDECU, motor blowers, and recirculation filters

e. M28 liners need to be protected from direct exposure to sunlight. UV radiation causes liners to deteriorate.

f. Transporting the CP DEPMEDS set using organic assets. A full CP DEPMEDS set consist of:

(1) 10 - MILVANS

(2) Two - 3:1 ISO shelters

(3) Two - 100KW generators

g. HEPA filters purchased commercially for use by some hospitals for the operating rooms should not be used with CP DEPMEDS.

(1) These filters are used outside the ISO and connected on the supply side of the ECU.

(2) Filters and housing are not certified for use in a NBC environment.

(3) Solution to this issue was to run one motor blower on the FDECU as needed.

a) Running one motor blower provided filtered air and positive pressure to the OR ISO.

b) Hour meter on motor blower needs to be monitored to ensure life expectancy of blower has not exceeded 550 hours.

c) During CP Mode the 2nd motor blower is turned on.

h. Power issues

(1) Lack of training and knowledge of standard DEPMEDS power was the biggest problem encountered.

(2) Shortcuts used during field training exercises that have become a habit, create problems when used in powering larger setups.

a) Not branching off M400s and using smaller power distribution panels.

b) Not locating generators to use the minimum amount of cable.

c) Lack of generator PMCS.

d) Not checking generators hourly (*TM 5-6115-600-12* Section 2-4, item c.) and adjusting frequency and voltage as required.

(3) Many units felt they did not have enough generators. Checking percent usage, many generators were running at under 50% capacity.

(4) Only one hospital set up the full 296-bed CSH and they used a recommended layout and power overlay. This hospital had enough power with the fielded number of generators until the temperature rose above 110 degrees. At that time they switch to prime power. All other hospitals established much smaller hospitals and should have been capable of generating enough power.

i. Latrine – Unit needs to come up with a plan to dispose of wastewater from the latrine. There is not any type of holding tank issued with the latrine because each establishment is unique. Some disposal options are:

- (1) Route waste into existing sewer system
- (2) Having a holding tank that needs to be pumped out regularly
- (3) Use of a septic system

CHAPTER 3. SOLAR SHADES

3-1. INTRODUCTION

Using a solar shade provides a solar barrier to reduce the effects of solar radiation by approximately 60%. Solar shade reduces the surface temperature of the protected area to ambient temperature. Use of the solar shade over shelters is shown to greatly reduce the burden on the environmental control units.

3-2. AVAILABILITY

a. Current stocks have been depleted and new solar shades are being procured. The new solar shades will be a class II item and can be ordered using an NSN when available. Solar shades are desert tan and constructed of an open knit fabric. Two different sizes will be available:

Type I – 35' x 35'

Type II – 50' x 50'

b. The solar shades are modular in design, meaning they can be made as large as needed by connecting several solar shades together. The solar shades come with necessary support poles, ropes, and stakes that are used similar to setting up standard camouflage netting.

c. At the time of publication, national stock numbers were not available for these solar shades. More information on the shades and ordering procedures is expected to be released mid-April 2004.

d. The TACOM war reserve program is the managing agency for these solar shades and can be contacted at DSN 793-3993.



Solar Shade Over ISO Shelter



Solar Shade Over TEMPER



Solar Shade Over Supplies



Solar Shade Over GP Tent

CHAPTER 4. CONVENTION FOR SAFE CONTAINERS (CSC)

4-1. TACTICAL SHELTERS AND MILVANS REQUIRE INSPECTIONS

This Chapter provides an overview of the CSC inspection requirements, why the program was developed, and how the program affects U.S. Army Medical organizations that own and use MILVANS and expandable shelters in their operations.

4-2. SAFETY INSPECTION REQUIREMENTS

a. The International CSC was established to ensure safe movement of ISO containers and shelters through international maritime channels. United States Public Law (US PL) 95-208, implemented the CSC requirements for both commercial and the DOD-owned containers.

b. In April 1997, the Deputy Under Secretary of Defense for Logistics took these requirements a step farther by signing DOD 4500.9-R-1 *Management and Control of DOD Intermodal Containers*; DOD 4500.9 Part VI dated June 2002 superseded this regulation. This regulation is mandatory for all U.S. Government agencies. Current inspection documentation is required to move a container within the Defense Transportation System (DTS), even if moving the container to an exercise site, i.e. Joint Readiness Training Center (JRTC), National Training Center (NTC), Reserve Training site Medical (RTS-MED).

c. The readiness state of each unit is partially based on the ability for rapid deployment. This is compromised when medical units that do not have the following list of containers certified for shipment through the DTS. An expired certification means a non-deployable container with Line Item Number (LIN):

LIN C13825; Container cargo reusable,
LIN C84541; Container Assembly Refrigerated,
LIN S01291; Shelter, 2:1; and
LIN S01359; Shelter, 3:1

4-3. COMPLIANCE REQUIREMENTS FOR THE INTERNATIONAL SAFETY STANDARDS TO CERTIFY CONTAINERS

a. In order to comply with this requirement, containers must be inspected in accordance with (IAW) the international safety standards, five years from the date of manufacture, every thirty months thereafter, and when repaired after major damage.

b. The governing documents are *DOD 4500.9 Part VI* dated June 2002 and *MIL-HDBK-138B* dated 1 January 2002. After a successful inspection the container is certified and so indicated directly on the container itself in a manner that can be readily noted by an inspector. Failure to comply with the above requirements can result in penalties of \$5000 each day for each container that remains in service (*PL 95-208-DEC 13, 1977*).

c. Units may have personnel trained as inspectors (at no cost) or request inspection assistance from your local Directorate of Logistics (DOL) or RTS-MED. The Defense Ammunition Center provides training courses on CD-ROM Computer-Based Training (CBT). The title for the CSC Course is *AMMO-43-CBT, Intermodal Dry Cargo Container / Convention for Safe Container (CSC) Re-inspection*, Version 1.2, dated Sep 2003.

d. Point of contact is:

U.S. Army Defense Ammunition Center
ATTN: SJMAC-AST
1 C Tree Road
McAlester OK 74501
Web: <http://www.dac.army.mil> (requires username and password)
Email: sjmac.ast@dac.army.mil
Phone: DSN 956-8398, commercial (918) 420-8398
Fax: DSN 956-8799, commercial (918) 420-8799

4-4. TRANSMITTAL REQUEST FOR NEW DEPARTMENT OF DEFENSE (DD) FORM 2282

(EXAMPLE)

EXAMPLE TELEFAX / E-MAIL TRANSMITTAL FORM

Date: (Current Date)

Total Number of Pages to Include Cover Sheet: 1

Classification: None

TO: Ms. Virginia Brown

LOCATION: Alexandria, VA

ATTN: DD Forms 2282

PHONE: (703) 428-2435/DSN: 328-2435

FAX: (703) 428-3373/DSN: 328-3373

FROM: Requester's Name _____
LOCATION: Requester's Location _____
ATTN: Address _____
PHONE: Requester's Phone Number (DSN) _____
COMM: Requester's Phone Number (COMM) _____

Ms. Brown, I have completed the *AMMO-43 for Intermodal Dry Cargo Container/CSC Re-inspection Course* conducted by the U.S. Army Defense Ammunition Center and employed by the (Organization that employs the requester.) located (Location of the requester) and I would like to request the new certification decals DD Form 2282.

I have a total requirement for (Number of Containers) ISO MILVANS that require the 30 month re-inspection for the (Requester's Location). I would appreciate your assistance in providing me with (state the number of DD Forms 2282 required) copies of the current DD Form 2282.

Thank you in advance for your assistance in this matter (Requester's Name and title)

My Fed-X address or address is:

The entries you will need to make on the lower part of the form are in block 8a, SIGNATURE, and in the first three rows of blocks under the headings "TM ITEM NO." and "DEFICIENCIES AND SHORTCOMINGS", as shown below. Do not make any entries in the column headed "STATUS" or in the column headed CORRECTIVE ACTION.

Since there are two levels of inspection, IMDG and non-IMDG, you will want to show on your report which level of inspection the container passed.

Click on the blue text for more information.

8a. SIGNATURE (Person(s) performing inspection) Joe Schmuckatelli <i>Joe Schmuckatelli</i>		8b. TIME	9a. SIGNATURE (Maintenance Supervisor)	9b. TIME	10. MANHOURS REQUIRED
TM ITEM NO. <i>a</i>	STATUS <i>b</i>	DEFICIENCIES AND SHORTCOMINGS <i>c</i>	CORRECTIVE ACTION <i>d</i>		INITIAL WHEN CORRECTED
1		CSC inspection. No repairs required.			
2		Reinspection decal April 2006 installed.			
3		Satisfactory for IMDG (hazard class 1).			

Figure 4-2

4-6. CSC INSPECTION MANAGEMENT PROGRAM

a. The CSC Inspection Management Program is a computer application developed to assist Army medical unit personnel to manage the requirements imposed by DOD 4500.9.

b. The application is programmed in Microsoft Access and can be installed on a computer at the unit. After all the data is entered, the application will automatically track the status of inspections for those containers and produce reports that provide alert messages as containers approach the date the current certification will expire. The alert messages are provided early enough so maintenance managers can plan the inspections so as not to interrupt unit operations. The reports can be used to advise commanders and staff of the on-going status of the container fleet.

c. The Force Development and Sustainment Directorate, USAMMA, distributes the application on a floppy disk together with instructions on its use. The disk can be requested from the Force Development and Sustainment Directorate at USAMMA:

U.S. Army Medical Materiel Agency
 ATTN: MCMR-MMR
 1423 Sultan Drive, Suite 100
 Fort Detrick Maryland 21702-5001

CHAPTER 5. WATER DISPERSIBLE CHEMICAL AGENT RESISTANT COATING (CARC)

5-1. INTRODUCTION

The developments of a Water Based Chemical Agent Resistant Coating (CARC) have made it easier and safer for units to keep their equipment at 10/20 standards. This new compound is environmental friendly.

5-2. WATER DISPERSIBLE CHEMICAL AGENT RESISTANT COATING (CARC)

a. There have been large developments in water-reducible chemical agent resistant coatings (CARC) in the past few years. Protective coatings with such Army-unique requirements as camouflage and chemical agent resistance generate Volatile Organic Compounds (VOCs) and hazardous wastes during the application process. The basic camouflage topcoat, MIL-C-46168, is a two-component, solvent-based polyurethane that has a VOC content of 420 g/L and is used on all Army combat vehicles, aircraft, and tactical equipment. Federal and local regulations resulting from the Clean Air Act and its 1990 amendments restrict the amount of VOCs emitted during the application of surface coatings.

b. The U.S. Army Research Laboratory (USARL) Coatings Research Team has developed a formulation with a lower VOC content consisting of a water-reducible Chemical Agent Resistant Coating (CARC). This water-reducible CARC has a VOC content of 220 g/L (almost ½ the old VOCs) and has enhanced weather resistance, flexibility, and mar resistance. The most recent formulations developed have passed all Army mission requirements including camouflage properties and chemical agent resistance. Applying this water-reducible CARC at military installations can reduce the VOC emissions by approximately four millions pounds per year. Finally, the reduction of VOCs and improved performance properties will potentially avoid costly expenditures such as the installation of pollution abatement equipment and emission fines, while sustaining all Army mission requirements.

c. Table 5-1 lists the approved distributors of the new water dispersible CARC by appropriate color, quantity, and the NSN of each one. This list is only for Type I Coatings. For all Type II coatings, see the listing given in the reprint.

TABLE 5-1. CARC LISTING

Color Name	FS 595 color	Type	Kit size	NSN
Green 383	Color No. 34094	Type 1	3 Pint Kit	8010-01-492-6637
	Color No. 34094	Type 1	3 Quart Kit	8010-01-492-6638
	Color No. 34094	Type 1	3 Gallon Kit	8010-01-492-6639
	Color No. 34094	Type 1	15 Gallon Kit	8010-01-492-6640
Brown 383	Color No. 30051	Type 1	3 Pint Kit	8010-01-492-6641
	Color No. 30051	Type 1	3 Quart Kit	8010-01-492-6642
	Color No. 30051	Type 1	3 Gallon Kit	8010-01-492-6643
	Color No. 30051	Type 1	15 Gallon Kit	8010-01-492-6644
Tan 686A	Color No. 33446	Type 1	3 Pint Kit	8010-01-492-6645
	Color No. 33446	Type 1	3 Quart Kit	8010-01-492-6646
	Color No. 33446	Type 1	3 Gallon Kit	8010-01-492-6648
	Color No. 33446	Type 1	15 Gallon Kit	8010-01-492-6649
Black	Color No. 37030	Type 1	3 Pint Kit	8010-01-492-6650
	Color No. 37030	Type 1	3 Quart Kit	8010-01-492-6651
	Color No. 37030	Type 1	3 Gallon Kit	8010-01-492-6652
	Color No. 37030	Type 1	15 Gallon Kit	8010-01-492-6654
A/C Green	Color No. 34031	Type 1	3 Pint Kit	8010-01-492-6655
	Color No. 34031	Type 1	3 Quart Kit	8010-01-492-6656
	Color No. 34031	Type 1	3 Gallon Kit	8010-01-492-6657
	Color No. 34031	Type 1	15 Gallon Kit	8010-01-492-6658
A/C Gray	Color No. 36300	Type 1	3 Pint Kit	8010-01-492-6659
	Color No. 36300	Type 1	3 Quart Kit	8010-01-492-6660
	Color No. 36300	Type 1	3 Gallon Kit	8010-01-492-6661
	Color No. 36300	Type 1	15 Gallon Kit	8010-01-492-6663

d. The following reprint is the Qualified Products List (QPL) 64159-3 from the US Army Research Laboratory, Weapons and Materiels Research Directorate, Aberdeen Proving Grounds, MD. Included is the approved listing of the distributors of the new water dispersible CAC paint

QPL-64159-3
7 January 2003
 SUPERSEDING QPL-64159-2
 October 2002

QUALIFIED PRODUCTS LIST
 OF
 PRODUCTS QUALIFIED UNDER MILITARY SPECIFICATION
 MIL-DTL-64159

COATING, WATER DISPERSIBLE ALIPHATIC POLYURETHANE,
 CHEMICAL AGENT RESISTANT

This list has been prepared for use by or for the Government in the procurement of products covered by the subject specification and such listing of a product is not intended to and does not connote endorsements of the product by the Department of Defense. All products listed herein have been qualified under the requirements for the product as specified in the latest effective issue of the applicable specification. This list is subject to change without notice; revision or amendment of this list will be issued as necessary. The listing of a product does not release the supplier from compliance with the specification requirements.

The activity responsible for this Qualified Products List is: US Army Research Laboratory, Weapons and Materials Research Directorate, ATTN: AMSRL-WM-MA, Aberdeen Proving Ground, MD 21005-5069.

GOVERNMENT DESIGNATION	MANUFACTURER'S DESIGNATION	TEST OR QUALIFICATION REFERENCE	MANUFACTURER
Type I, Green 383	7770GWU/7775CMU	Q1638	Hentzen Coatings
Type I, Green 383	N-7306AH20B	Q1651	NCP Coatings
Type I, Green 383	F93G501/V93V502	Q1632	Sherwin Williams
Type I, Green 383	WU2K-453/WU2K-BX75	Q1635	Spectrum
Type II, Green 383	07131GWU/07170CMU	Q1642	Hentzen Coatings
Type II, Green 383	F93G502/V93V502	Q1644	Sherwin Williams
Type II, Green 383	F93G504/V93V502	Q1653	Sherwin Williams
Type II, Green 383	WU2K-500/WU2K-BX75	Q1645	Spectrum
Type I, Brown 383	07771TWU/07775CMU	Q1640	Hentzen Coatings
Type I, Brown 383	N-7304A/H20B	Q1650	NCP Coatings
Type I, Brown 383	F93N504/V93V502	Q1633	Sherwin Williams
Type I, Brown 383	WU2K-455/WU2K-BX75	Q1637	Spectrum

GOVERNMENT DESIGNATION	MANUFACTURER'S DESIGNATION	TEST OR QUALIFICATION REFERENCE	MANUFACTURER
Type II, Brown 383	F93N505/V93V502	Q1654	Sherwin Williams
Type II, Brown 383	WU2K-502/WU2K-BX75	Q1646	Spectrum
Type I, Black	07773KWU/07775CMU	Q1639	Hentzen Coatings
Type I, Black	N-7303A/H2OB	Q1649	NCP Coatings
Type I, Black	F93B504/V93V502	Q1634	Sherwin Williams
Type I, Black	WU2K-454/WU2K-BX75	Q1636	Spectrum
Type II, Black	F93B505/V93V502	Q1655	Sherwin Williams
Type II, Black	WU2K-501/WU2K-BX75	Q1647	Spectrum
Type I, Tan 686A	07772TWU/07775CMU	Q1641	Hentzen Coatings
Type I, Tan 686A	F93H503/V93V502	Q1643	Sherwin Williams
Type I, Tan 686A	WU2K-456/WU2K-BX75	Q1648	Spectrum
Type II, Tan 686A	WU2K-503/WU2K-BX75	Q1659	Spectrum
Type I, Aircraft Green	F93G503/V93V502	Q1652	Sherwin Williams

MULTIPLE ADDRESS LISTINGS

Hentzen Coatings, Inc.
 6937 W. Mill Road
 Milwaukee, WI 53218-1225
 Tel: (414) 353-4200

NCP Coatings Inc.*
 P.O. Box 307
 225 Fort Street
 Niles, MI 49120-0307
 Tel: 1-800-627-1948 or 616-683-3377
 *NCP Coatings formerly Niles Chemical Paint Co.

The Sherwin-Williams Company
 A.W. Steudel Technical Ctr., Research Lab
 549 East 115 Street
 Chicago, IL 60628
 Tel: 773-821-3196
 Fax: 773-821-3037

The Sherwin-Williams Company
 630 East 13TH Street
 Andover, KS 67002-9314
 Tel: 316-733-1361, X131
 Fax: 316-733-4420

Spectrum Coatings, Inc.
 217 Chapman Street
 Providence RI 02905-4507
 Tel: 401-781-4847
 Fax: 401-781-1075

CHAPTER 6. ARMY MEDICAL ASSOCIATED SUPPORT ITEMS OF EQUIPEMENT (ASIOE) REFURBISHMENT PROGRAM

6-1. INTRODUCTION

a. Sierra Army Depot and the Defense Distribution Depot at Hill Air Force Base have refurbishment programs in place to restore some of the ASIOE equipment used by DEPMEDS hospitals.

b. Equipment received for refurbishment goes through a technical inspection and deficiencies are recorded on a DA form 2404. All deficiencies are corrected by qualified maintenance personal following a quality assurance program. All repairs are inspected and approved by a maintenance supervisor. Upon completion of the refurbishment process the equipment is returned to the owning unit or prepared for long-term storage (LTS). Refurbished equipment in LTS is subjected to Care Of Supplies In Storage (COSIS) maintenance cycles until issued.

6-2. 4000 LB ROUGH TERRAIN FORKLIFT REFURBISHMENT

Sierra Army Depot refurbishes the MHE-270 4000 lb. Rough Terrain Forklift (Figure 6-1) by inspecting and repairing as necessary each component of the system.



Figure 6-1. 4k Rough Terrain Forklift

- Thorough Inspection of all components
- Check tires and replace if needed
- Pack wheel bearings
- Replace grease seals
- Replace hub seals
- Inspect brake lines and hoses
- Perform functional test of brakes
- Inspect, repair, and/or replace brake assemblies, master cylinders and linings as needed
- Frames and platforms
- Hydraulics and lifts are tested under load

- Suspension system inspected
- Steering mechanism checked
- Electrical system and batteries are tested
- Perform electrical DC test
- Engine is tuned
- Ignition and wiring harness checked
- Have complied with all safety of use messages
- All Basic Items of Issue including Technical Manuals are packaged in a weatherproof container and secured to the forklift.

6-3. M-1022 DOLLY SET REFURBISHMENT

Sierra Army Depot refurbishes the M-1022 Dolly Sets (Figure 6-2) by inspecting and repairing as necessary each component of the system.



Figure 6-2. M1022 Dolly Set

- Thorough Inspection of all components
- Check tires and replace as needed
- Pack wheel bearings
- Replace grease seals
- Replace hub seals
- Inspect brake lines and air hoses
- Perform functional test of air brakes
- Inspect, repair, and/or replace brake assemblies, master cylinders and linings as necessary
- Frames and platforms
- Check Dolly caster assemblies
- Hydraulics and lifts are tested under load
- Inspect suspension system
- Check steering mechanism
- Test electrical system
- Check wiring harness

- Have complied with all SAFETY OF USE messages
- All Basic Items of Issue including Technical Manuals are packaged in a weatherproof container and secured to the Dolly set.

6-4. 100KW GENERATOR and TRAILER REFURBISHMENT

a. Sierra Army Depot refurbishes the PU495B/G 100kW Generator and Trailer (Figure 6-3) by inspecting and repairing as necessary each component of the system as indicated below.

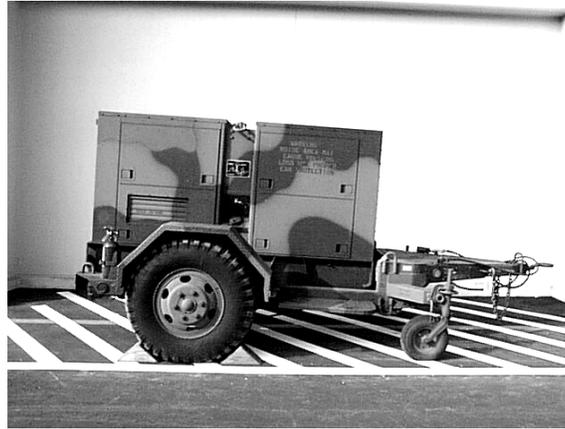


Figure 6-3. 100kw Generator

Table 6-1. Components to Inspect and Repair

GENERATOR

- Technical Inspection
- Generator exterior
- Change Fuel Strainers & Filters
- Fuel Tanks
- Fuel Pump
- Batteries
- V-Belts
- Replace Fuel Filters
- Change Oil and Oil Filters
- Replace Air Cleaner
- Data Plates and Markings
- Check Coolant Level & Range
- All Gages
- Apply Applicable MWOs
- Conduct Load Test

TRAILER

- Technical Inspection
- Frame and Axle
- Inspect Lights
- Test Brake Lights
- Function Test on Air Brakes
- Intervehicular Cable
- Safety Chains
- Reflectors
- Data Plates and Marking
- Swivel Casters
- Wheels and Tires
- Pack Wheel Bearings
- Replace Grease Seals
- Replace Hub Seals

b. All Basic Items of Issue including TMs are packaged in a weatherproof container and secured to the trailer.

6-5. ENVIRONMENTAL CONTROL UNIT (ECU) REFURBISHMENT

Sierra Army Depot refurbishes the Environment Control Unit (ECU) (Figure 6-4) by inspecting and repairing as necessary each component of the system.



Figure 6-4. Environmental Control Unit

- Operational check of the ECU to ensure fully functional for use
- Add refrigerant
- Install modification to temperature control knob
- Ensure all end item components are enclosed in the ECU
- Inspect, repair, or replace the power cable
- Inspect repair, and refinish both duct covers
- Inspect, repair, or replace 1 each, 7-foot flexible duct
- Inspect, repair, or replace 1 each 9-foot flexible duct
- Inspect method 50 bag per *Mil-Std-2073*
- Insert *TM 9-4120-398-14* in the bag
- Add desiccant, inside bag
- Place humidity card in the bag
- Crate and band as needed

6-6. H-82 HEATER REFURBISHMENT

Sierra Army Depot refurbishes the H-82 Heater (Figure 6-5, next page) by inspecting and repairing as necessary each of the components of the system.



Figure 6-5. H-82 Heater

- Perform operational checks to ensure heater is fully functional
- Make all needed repairs
- Apply all applicable MWOs.
- Install safety modification
- Ensure all end-item components are enclosed in the heater crate per the TM
- Inspect, repair, or replace the return air duct (P/N 12006-100, 16" x 84")
- Inspect, repair, or replace the supply air duct (P/N 12006-101, 16" x 108")
- Enclose *TM 5-4520-256-14*, Operator Manual
- Enclose *TM 5-4520-256-24P*, Parts Manual
- Have Complied With all SAFETY OF USE Messages
- Insert into crate, close and band as required.

6-7. DEPLOYABLE MEDICAL SYSTEMS (DEPMEDS) ISO CONTAINER (MILVANS)

Sierra Army Depot refurbishes the (DEPMEDS) ISO CONTAINER (MILVANS) (Figure 6-6) by inspecting and repairing as necessary each component of the system.



Figure 6-6. DEPMEDS MILVAN

- Thorough inspection of all components
- Repair or replace major structure components
- Repair or replace damaged exterior components
- Repair or replace damaged interior components
- Complete sand/grit blasting to bare metal
- Undercoating
- Primer painting
- Chemical Agent Resistant Coating (CARC) painted
- Apply stencils as required
- Convention for Safety Containers (CSC) Inspection
- Attach DD Form 2282 (Convention for Safe Containers Inspection) Decal

6-8. DEPLOYABLE MEDICAL SYSTEMS (DEPMEDS) ISO SHELTER

a. Defense Distribution Depot Hill (DDHU) Hill Air Force Base refurbishes the (DEPMEDS) ISO Shelters (Figure 6-7) by inspecting and repairing as necessary each component of the system.



Figure 6-7. DEPMEDS ISO Shelter

- Thorough Inspection of all components
- Repair or replace major structure components
- Repair or replace damaged exterior components
- Repair or replace damaged interior components
- Inspect shelter Jacks (lifting, leveling) repair or replace as required
- Electrical system inspected and repaired as required
- All repairs Primed and painted with Chemical Agent Resistant Coating (CARC) paint were required
- Apply stencils as required
- Convention for Safety Containers (CSC) Inspection
- Attach DD Form 2282 (Convention for Safe Containers Inspection) decal

b. For additional information about DEPMEDS ISO SHELTER contact:

DDHU Stock Maintenance Division
6149 Wardleigh Rd., Bldg 1160 Bay 2
Hill AFB, UT 84056-5713
801-586-5036

- c. For additional information about all other ASIOE contact:

Sierra Army Depot
ATTN: Directorate of Operation OPM
74 C Street
Herlong, CA 96133-5220
530-827-4748

CHAPTER 7. DOLLY SET (M1022A1) - CURRENT STATUS

7-1. INTRODUCTION

a. The M1022A1 dolly set is a Tank Automotive and Armaments Command (TACOM)-managed asset. TACOM is responsible for funding, fielding, training and sustaining the dolly set. TACOM is also responsible for resolving any major defects relating to warranty or faulty manufacturing.

b. The dolly set has had several mechanical problems since fielding. Problems include the hydraulic pump, the cable assembly, and cracks to the frame structure. Cracks to the dolly set frame structure are the current and most significant cause of concern (Figure 7-1), as well as the reason for the high Non-Mission Capable (NMC) "dead-line" rate across the military. The deficiency was classified as a Medium Category IIIC risk (minimal risk to humans) by TACOM on 4 Feb 99.

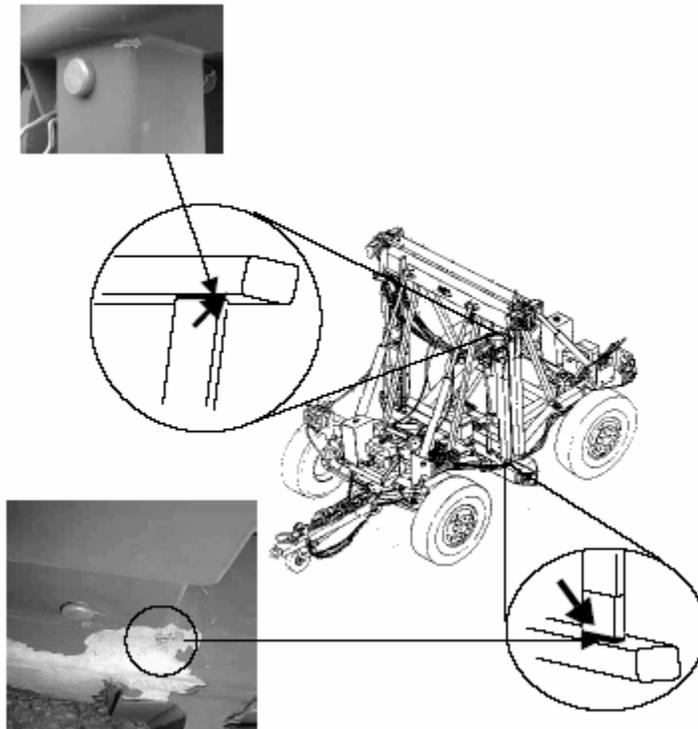


Figure 7-1. Illustration and location of cracks on the M1022 A-1 Dolly Set

c. The TACOM product managers are addressing the dolly set maintenance problems. The problems with the dolly set were revealed in large part by numerous Army medical units submitting SF Form 369 (Product Quality Deficiency Reports) to TACOM.

d. TACOM has met several times with the manufacturer, Engineered Systems Company (ESCO), a Division of Datron Inc. On 14 Sep 99, a M1022A1 Dolly Set Program Review Meeting was held at ESCO with TACOM and Defense Contract Management Command (DCMC) participation. TACOM reported that 100 of the 600 dolly sets fielded have cracks that have "dead-lined" them; 76 of these dollies were in DEPMEDS hospitals.

e. TACOM agreed to do a statistical analysis on the data collected from the field on cracked welds to determine if there are any patterns associated with production dates, location, amount of usage, type of user, etc.

f. In a report from ESCO to DCMC on 21 Sep 99, ESCO noted that on both "test units" tested at Aberdeen Proving Ground, MD, cracks were noted at 1,600 miles and accepted.

g. On 17 Feb 99 ESCO developed and demonstrated the installation of a bolt on reinforcement brackets to fix the defective materiel already delivered to the government. A Finite Element Analysis (FEA) of the brackets shows the brackets are not sufficient to resolve the crack issue.

(1) Reference TACOM Ground Precautionary Message (GPM) TACOM-WRN control No. 99-01, M1022A1 Dolly Set NSN 2330-01-378-9997, LIN D34883, dated 25 March 1999

(2) Referenced GPM notified customers of a problem with cracks in the weld areas of the front and rear structural frame sections of the M1022A1 Dolly Set. It identified inspection procedures, deadline criteria, and the proposed fix.

(3) The proposed fix was a bracket kit for all of the joints. Application and fielding testing of these kits and a FEA of the joints with the kits applied both indicate the kits won't solve the problem.

(4) Another study was initiated to determine the cause of the cracks and an appropriate solution. Unfortunately delays in getting some of these actions on contract are moving out the target date for a final fix.

(5) In the interim TACOM is offering the attached weld repair procedure as a means for restoring the Dolly Set to an operational status. This weld repair procedure will allow most Dolly Sets to be restored to their initial factory condition. They can then be used but still need to be inspected on a regular basis for cracks.

h. A second meeting was held on 7 Oct 99 at TACOM with the vice president of ESCO, and engineers from both ESCO and the TACOM Research and Development Center (TARDEC). The information discovered during previous analysis proved to be insufficient, requiring an additional FEA to be conducted by TARDEC and ESCO engineers. This FEA continues to be conducted by the engineers from TARDEC and ESCO.

i. A scope of work for experimental measurement of operational parameters of the dolly set was performed at the Transportation Research Center at East Liberty, Ohio. This action was completed and subsequently in March 2000, a contract was

awarded to Keweenaw Research Center (KRC), Houghton, MI, to evaluate the cause and develop a fix to the cracking problem. According to the TACOM Product Manager, on 05 Dec 00 KRC successfully demonstrated a fix for the frame weldment cracks that was accepted by TACOM Engineering, Logistic and Safety Offices. KRC provided a TACOM Drawing Package (TDP) and MWO instructions for installation. Independent government resources at Tobyhanna Army Depot are verifying the TDP and MWO Instructions. The effort is scheduled to complete in March 2002. TACOM plans to procure retrofit kits and apply them in the field soon after, depending on funding availability and prioritization from DCSOPS. There is no projection when funding will be available to accomplish the retrofit project.

- j. The original contractor does not accept responsibility for the defect.

7-2. UPDATED STATUS ON THE GPM, MWO AND RETROFIT KITS

a. TACOM issued a new Ground Precautionary Message (GPM), TACOM Control No. GPM 03-014. The subject of this message rescinds the GPM, TACOM-WRN No. 99-01, DTG 251153Z MAR 99, and rescinds the LARSALL, which provided welding procedures for M1022A1 crack repairs. To view GPM No. 99-01 and other referenced information on this subject use the following link to AEPS M1022A1 bulletin board:

https://aeps2.ria.army.mil/commodity/pubs/tacom/bulletin/dolly_set-Drawings.

b. The GPM 03-014 states that a reinforcement kit has been developed, successfully installed, and tested (see Modification Work Order, MWO 9-2330-390-35-1, dated 31 December 2002; Positioning Tube Reinforcement). The MWO gives instructions to resolve the crack problems on the top and bottom beams of the front and rear structural frame. The MWO consists of a kit containing upper and lower vertical tubes, weld-on brackets for top and bottom beams and all necessary attaching hardware. Due to the complexity of welding and installation, a team contracted by TACOM/PM Trailers or a General Support (GS) Level Maintenance team approved and aided by TACOM/PM Trailers will complete the requirements of this MWO.

c. The requirement for this MWO is currently unfunded and will, in all likelihood, remain unfunded due to other higher priority requirements. The kits are \$3806.00 per set, plus installation. If the individual unit cannot fund this MWO, the Dolly Set can be considered not repairable and the Maintenance Expenditure Limit (MEL) can be waived for turn-in. Disposition instructions are to turn in Dolly Sets "as is" complete to DRMS. The M1022A1's DEMIL Code "A" is being changed to DEMIL Code "F". Questions regarding disposition can be addressed by contacting TACOM, DSN 786-5803 or Commercial 586-574-5803. Currently there are no plans to buy new and/or replacement Dolly Sets.

d. MWO effective date was 31 December 2002 and completion date is 30 December 2006. The following kit is required to accomplish this modification: Positioning Tube Reinforcement Kit, NSN 2510-01-497-9906, 19207, 57K4484, (\$3806.00).

e. The MWO requires the Dolly Set to be disassembled, and then the eight vertical steel tubes are cut from the upper and lower frames on both the front and rear Dollies. Eight new brackets are then welded in their place, and new vertical

tubes are pinned to the brackets in place of the old tubes, thus eliminating a welded joint in this area. To provide lateral stability, new steel cables are also added between the upper beam and vertical tubes (Figure 7-2).

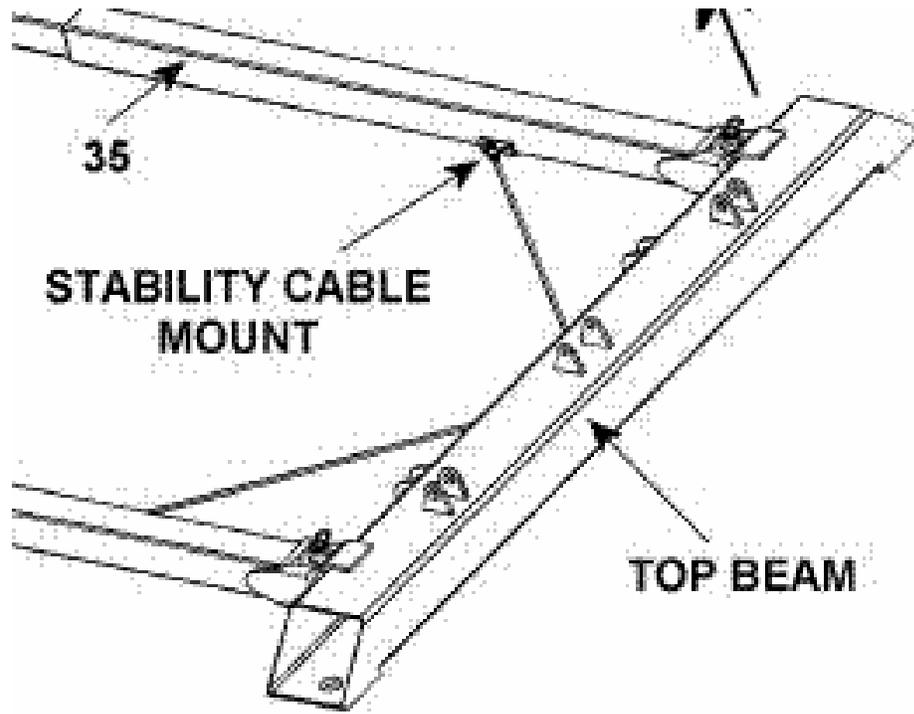


Figure 7-2. Steel cables added between the upper beam and vertical tubes

CHAPTER 8. MAINTENANCE AND REPAIR OF THE TACTICAL ISO SHELTER LIFT AND SUPPORT JACK ASSEMBLIES

8-1. INTRODUCTION

This chapter provides an overview of the Installation Maintenance, Lubrication and Repair of Tactical ISO shelter jacks.

8-2. TACTICAL ISO SHELTERS SUPPORT JACKS

Two types of support jacks are issued for Tactical ISO Shelters. The quantity of Jack Assembly Hinged authorized is based on the type of shelter:

- One-sided shelters are issued two Jack Assembly Hinged (Figure 8-1).
- Two-sided shelters are issued four Jack Assembly Hinged.

There are four (4) Leveling Support Jacks issued per container (Figure 8-2).

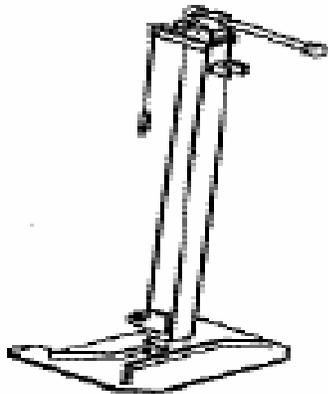


Figure 8-1. JACK ASSEMBLY HINGED NSN 5411-01-299-4740 COST \$801.91	Figure 8-2. JACK LEVELING-SUPPORT NSN 5120-01-368-8316 COST \$2366.64
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a. IAW *TM 10-5411-200-14* and *TM 10-5411-201-14*, units must raise all four Leveling Support Jacks simultaneously during ISO emplacement in order to prevent excessive strain on the jacks or shelter. Excessive strain on the jacks can easily damage or break the jackscrew internal to each jack (Figures 8-3 and 8-4 items 19/20). Replacement of the jackscrew (NSN 5411-01-250-0043) is a unit level repair IAW the maintenance allocation chart in the TM.

b. Units have requested replacement jacks from the USAMMA due to damage caused by improper maintenance of the jacks and improper installation and lifting of the ISO shelter. However, due to the cost, the USAMMA cannot provide replacement jacks. The cost of the Jack Assembly Hinged (Figure 8-3) is \$801.91. The cost of

the Jack Leveling and Support (Figure 8-4) is \$2366.64, yet the cost of a replacement jackscrew (NSN 5411-01-250-0043, item 19 or 20) is \$510.57.

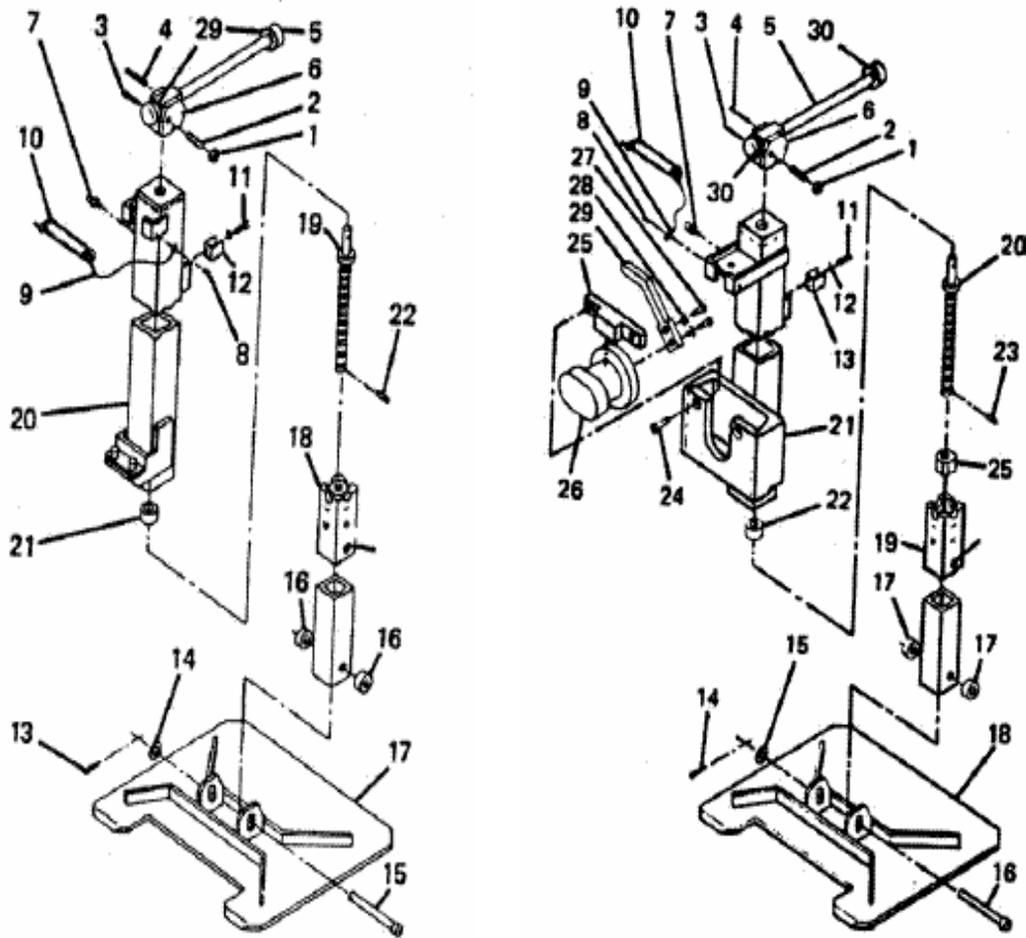


Figure 8-3. Jack Assembly Hinged	Figure 8-4. Jack Leveling and Support
Figures 8-3 (item 19 on the JACK ASSEMBLY HINGED) and 8-4 (item 20 on the JACK LEVELING SUPPORT) are the same and can be replaced on both assemblies (Jack Screw, NSN 5411-01-250-0043, \$510.57).	

c. There is still a cheaper and easier way to repair the Jack Assembly Hinged:

(1) Order the Jack Assy. Hinged Section, NSN 5411-01-225-8402 (Figure 8-5 item 25), and save \$147.19.

(2) For the repair of the Jack Leveling and Support, order the Jack Basic Assembly (NSN 5411-01-225-3888, Figure 8-6, item 32) and save \$170.57.

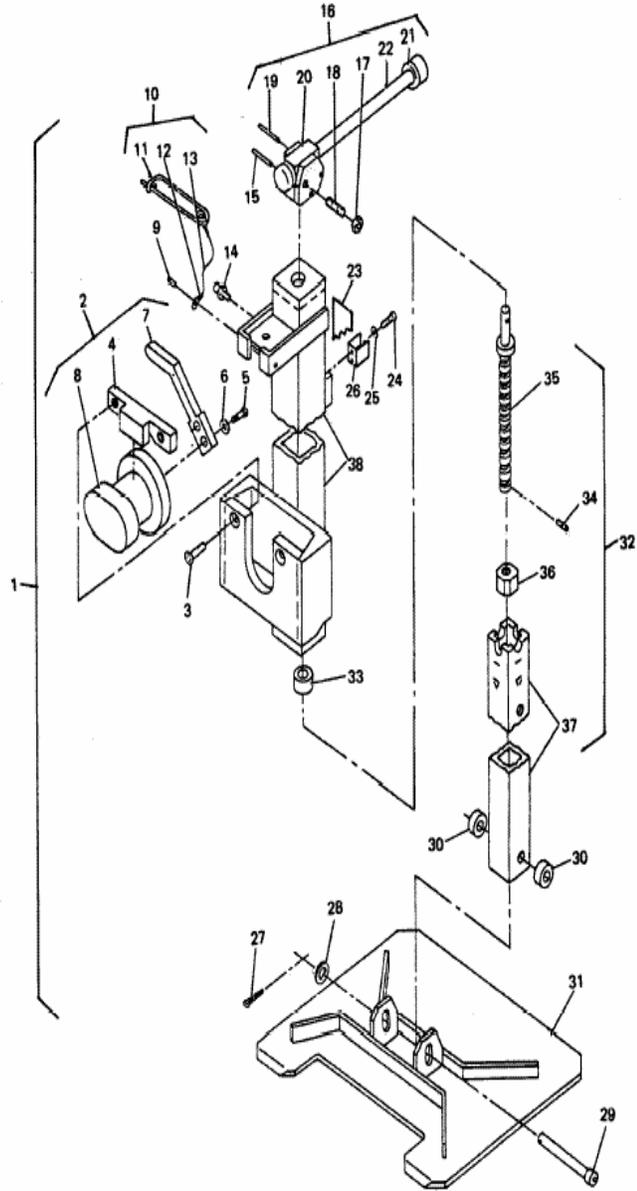
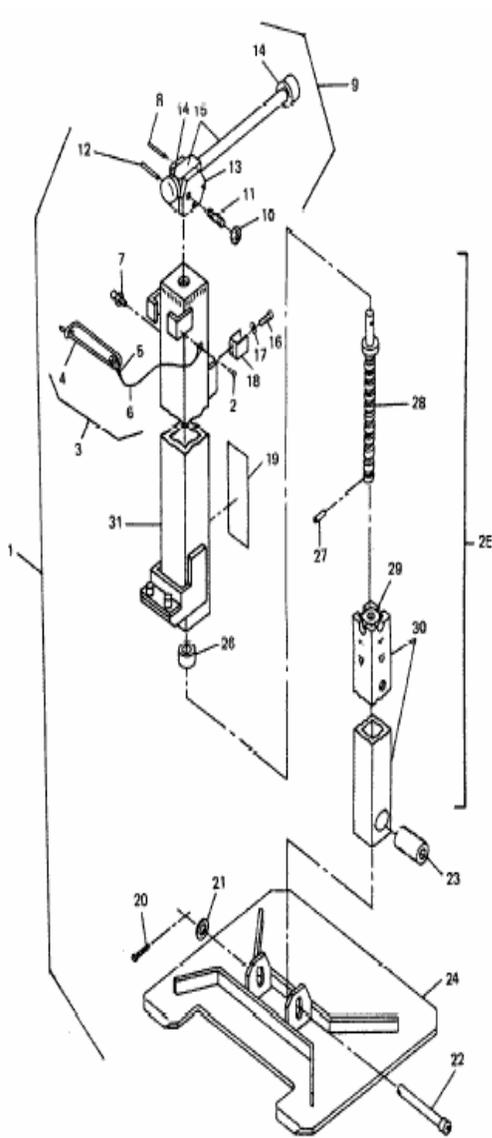


Figure 8-5. Hinged Section Jack

Figure 8-6. Jack Assembly International Standard Fitting

To repair a damaged jackscrew on the Jack Hinged Section, order item 25, NSN 5411-01-225-8402, Basic Jack Assembly, Hinged Section.
 This NSN contains items 26, 27, 28, 29, 30, and 31 all for \$363.38. You will need to change out the other parts from the broken jack.

To repair a damaged jackscrew on the Jack Assembly International Standard Fitting, order item 32, NSN 5411-01-225-3888, Jack Basic Assembly.
 This NSN contains items 33, 34, 35, 36, 37, and 38 all for \$340.00. You will need to change out the other parts from the broken jack.

c. When the tactical ISO shelters are issued to the unit, they may have been stored at the depot for a long period of time and the unit personnel should always refer to the instructions in the *TM 10-5411-201-14*, Paragraph 4-19, to complete the lubrication on the jacks prior to use. Grease (NSN 9150-01-197-7692) used to lubricate the jacks at the depot may have hardened over time and must be replaced; failure to complete this service could result in damage to the jackscrew.

d. The proper method for installing the jack assemblies is found in *TM 10-5411-201-14*, Paragraph 2-12, *Shelter Expansion*, in both tactical ISO technical manuals. The instructions for cleaning, servicing and repairing the jack assemblies are found in Paragraph 4-19 for the Hinged Panel Leveling Jack Assembly Service and Repair. For the Container Lift Jack Assembly Service and Repair, reference Paragraph 4-24. Instructions should always be reviewed prior to installing the jacks onto the ISO shelter.

e. The Tactical ISO shelters parts are becoming more expensive and harder to come-by as time goes on. The first solution is to take better care of your equipment. But when the equipment does finally fail, you will have to repair or replace the parts. To help with this the personnel at Defense Distribution Depot Hill (DDHU) Hill Air Force Base, Utah, have been able to repair most parts and pieces. They have been able to repair the Load Balancers for a fraction of the \$1,838.00 it costs for a new one; the lifting and leveling jacks can also be repaired. The problems seem to be the Units are not returning the old broken parts back to (DDHU). With the help of DDHU and units in the field we can save and stretch valuable maintenance funds.

f. Point of contact:

DDHU Stock Maintenance Division
6149 Wardleigh Rd Bldg 1160 Bay 2
Hill AFB, UT 84056-5713
801-586-5036

CHAPTER 9. THE USAMMA MEDICAL LOGISTICS SUPPORT TEAM (MLST)

9-1. INTRODUCTION

The Army Materiel Command (AMC) created the Logistics Support Element (LSE) to address the requirement for a unit that could be tailored to provide Reception, Staging, On-ward Movement, and Integration (RSO&I) support of Army War Reserve (AWR) assets, commonly referred to as Army Positioned Stocks (APS). Individuals from various Army materiel commands staff the LSE, to include the United States Army's Medical Materiel Agency. These individuals may be military, civilian, or contractor personnel.

9-2. USAMMA MEDICAL LOGISTICS SUPPORT TEAM

a. Representing the AMEDD Class VIII commodity is the USAMMA's Medical Logistics Support Team (MLST). This 32-member team is taken "out of hide" at the USAMMA. The Team members are a highly skilled group of medical logisticians that perform their MLST requirements in their day-to-day positions. The MLST has medical maintenance, ground maintenance and supply personnel. The MLST can perform its mission in the most austere environments, and is equipped with TEMPER, ISO Tactical Shelters, automation, and communication equipment. Weight and cube requirements for the MLST's deployment is 45,000 pounds or 4,000 cubic feet, which will fit in one C-130 (-) or one C-141 (-).

b. The MLST is a Table of Distribution & Allowances (TDA) organization consisting of Medical Logistics (MEDLOG) personnel (military, Department of the Army civilians, and contractors) from the USAMMA.

c. The MLST normally requires augmentation from the gaining tactical unit (GTU) or a MEDLOG unit to complete its mission.

d. The MLST will normally deploy under the operational control (OPCON) of the Army Materiel Command (AMC) logistics support element (LSE). The MLST supports the reception, staging and onward movement issue of APS unit sets and sustainment stock pre-positioned in the Area of Operations (AO) or pushed in from the AFLOAT program or Continental United States (CONUS).

e. The MLST will provide medical materiel and maintenance capability, equipment accountability, and transfer support of reception operations at aerial and seaports of debarkation in support of the APS transfer mission. This includes the introduction of additional Class VIII materiel not previously pre-positioned.

f. The MLST remains OPCON to the LSE until the establishment of a Theater Support Command (TSC).

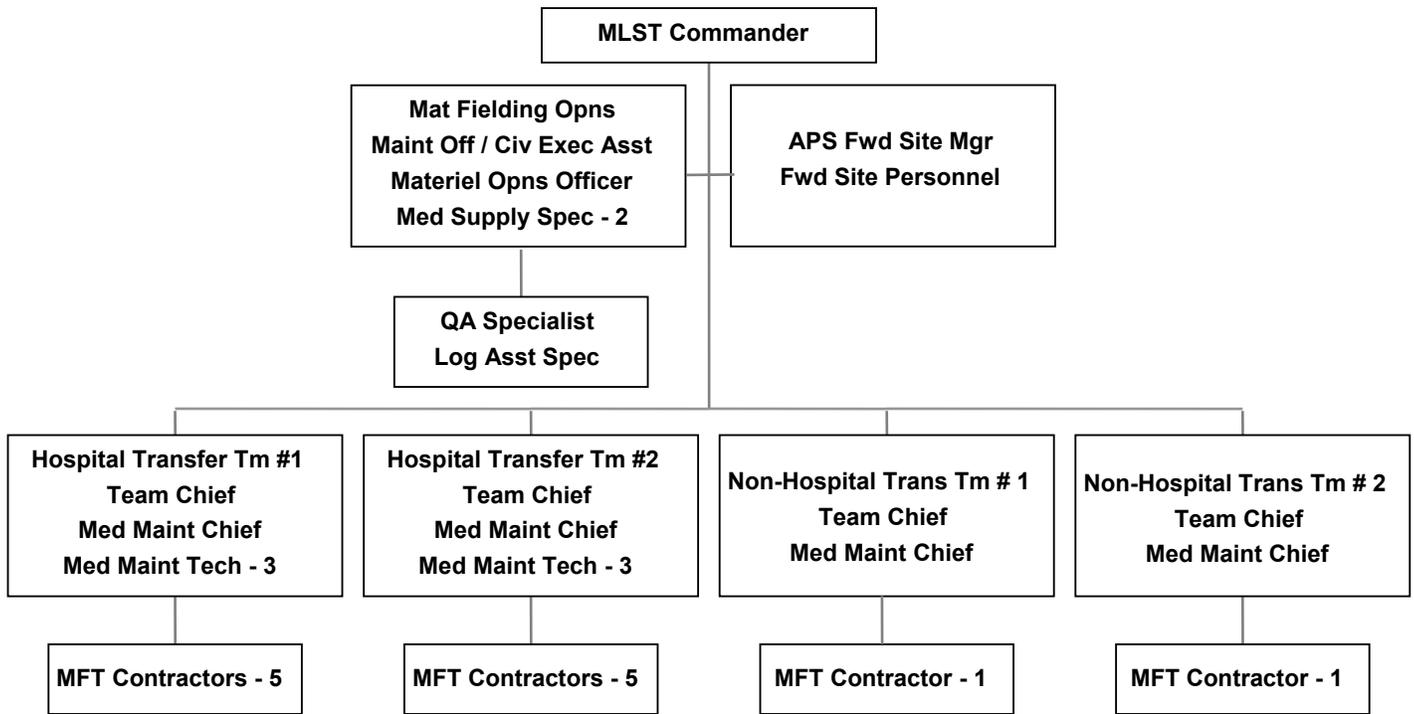
g. The MLST coordinates with the senior medical Command & Control (C2) organization in the theater to determine priorities for transfer and onward movement of medical units.

h. The MLST will transition their mission to the theater MEDLOG battalion or Medical Logistics Management Center (MLMC). Upon completion of the APS transfer mission, the USAMMA MLST will receive assignment instructions from the Commander, USAMMA, in conjunction with the senior medical C2 organization in the theater. When the mission transition is completed, the MLST will be redeployed to CONUS. At the completion of the contingency/operation, the MLST may be redeployed to the AO to support the redeployment of US forces and medical materiel from the AO to follow-on CONUS or Outside Continental United States (OCONUS) locations.

i. The MLST has supported recent contingencies in South West Asia. They routinely execute the sustainment requirements for the USAMMA Strategic Capabilities and Materiel Directorate (SCMD), which manage Class VIII APS items. For further information on the MLST, refer to *FM 100-17-1 & 2*, or contact

The USAMMA
 Chief, Force Sustainment Division
 DSN 343-4356 or commercial 301-619-4356.

MLST Organizational Structure



CHAPTER 10. MMS 306 PHARMACY, HAMILTON SINK

INTRODUCTION

a. In 2001/2002, part of the MMS 306 Pharmacy was the Sink Unit, Field Hospital (NSN 6545-01-177-3894), better know as the Hamilton Sink; it was replaced. Under Unit Assembly Listing (UA) MSN/MCN 6545-01-330-1867, LIN: M73118, M306, MMS Pharmacy M series, SC 6545-8-ML7, the new sink is listed as 6530-01-431-9005, LIN T60464, Sink Unit, Surgical Scrub, and Utensil, Hospital Field (see Figure 10-1).

(1) The new sink is stocked as NSN 6530-01-429-6715. Some units might have the first field scrub sink that was NSN 6545-01-308-7740. All three of the Sink Unit, Surgical Scrub, are listed under the same LIN M73118, so all three are interchangeable.

(2) NSN 6545-01-308-7740 was later replaced by NSN 6530-10-429-6715 Sink Unit Scrub, Field Hospital.

b. The Pharmacy Expandable Shelter does not require a four-prong, 208 volts, 30-amps electrical receptacle. The 208 volts, 30-Amps circuit breaker and the four-wire electrical power cable are capable of holding 208 volts, 30-amps installed, or electrical panel upgrades. If your unit receives the Pharmacy Tactical ISO Shelter without the electrical panel or electrical upgrades do not request them; it is no longer needed. If your unit has the modified shelter panels do not worry about it at this time.



Figure 10-1. NSN 6530-10-429-6715, Sink Unit Scrub, Field Hospital

c. The Pharmacy Expandable Shelter does require the water panel modifications (Figure 10-2) needed for the fresh and wastewater hoses. If it is connected to a water source other than the hospital water system, use only a pressure reducer valve (Figure 10-3); otherwise, damage will occur to the sink.



Figure 10-2. Water Panel



Figure 10-3. Fresh and Wastewater Connections

CHAPTER 11. MODERNIZATION AND AUGMENTATION EQUIPMENT ITEMS SUPPORT AND CONSUMABLES HANDBOOK

11-1. INTRODUCTION

The United States Army Medical Materiel Agency Materiel Acquisition Directorate Technology Support Division has developed manuals that will aid units in the identification of the start-up and re-supply consumable packages that is required to operate medical items of equipment issued by the USAMMA.

11-2. MODERNIZATION AND AUGMENTATION CONSUMABLES HANDBOOK COMPONENTS

The Consumable Handbook (Figure 11-1) issued by USAMMA contains the items by NSN, Nomenclature, Part Number, Quantity, Unit of Issue, Unit price, Total price, Manufacture, Shelf Life, Refrigerated Item, Ship Time, System Description, and the USAMMA Point of Contact. The Handbook can be used to quickly identify items of shortage at time of issue, during unit inventory and to re-supply the consumables.



**Draft
May 2003
U.S. Army Medical Materiel Agency**

Figure 11-1. Cover of Handbook

11-3. ITEMS CONTAINED IN THE MODERNIZATION AND AUGMENTATION CONSUMABLES HANDBOOK THAT ARE ISSUED BY USAMMA

SECTION NO.	DEVICE	NSN	PAGE NO.
1	Anesthesia Apparatus, Field	6515-01-457-1840	1
2	Blood Gas/Electrolyte Analyzer	6630-01-496-5195	7
3	Clinical Chemistry Analyzer	6630-01-415-1593	11
4	Hematology Analyzer	6630-01-468-9142	19
5	Computed Radiography (CR), Laser, Reader, Portable	6525-01-505-7191	23
6	Reader, Computed Radiography (CR), Digital	6525-01-504-5002	29
7	Defibrillator	6515-01-480-9614	33
8	Dental X-ray Unit, Handheld	6525-01-425-5216	35
9	Dental X-ray Imaging, Digital	6525-01-505-7780	37
10	Pump, Infusion	6515-01-452-0625	41
11	Medical Oxygen Generator, Expeditionary Deployable Oxygen Concentration System (E-DOCS)	6530-01-505-0526	43
12	Medical Oxygen Generator, Portable Oxygen Generation System (POGS)	6515-01-505-0203	45
13	Medical Oxygen Generator, Patient Ventilation Oxygen Concentrator System (PVOCS)	NO DESIGNATED NSN	47
14	Oximeter, Pulse	6515-01-446-6766	49
15	Suction Apparatus	6515-01-435-0050	51
16	Ultrasound, Portable	6525-01-503-7170	53
17	Ventilator	6530-01-464-0267	65
18	Monitor, Vital Signs	6515-01-432-2707	67

11-2. OBTAINING THE CONSUMABLES HANDBOOK

When the final version of the *Consumables Handbook* is released it will be posted on the USAMMA website under "Publications" <http://www.usamma.army.mil>

11-3. EXAMPLE ENTRY

Page 11-3 shows an excerpt from the *Modernization and Augmentation Consumables Handbook* on the Portable Ultrasound. Each piece of equipment in the handbook has a brief overview of the equipment's capabilities and requirements. Along with what is shown on page 11-3 there is a consumables list, equipment POC, and training information.

Ultrasound, Portable (Excerpt from Consumables Handbook)

Item: SONOSITE 180PLUS NSN: 6525-01-493-2209 (W)

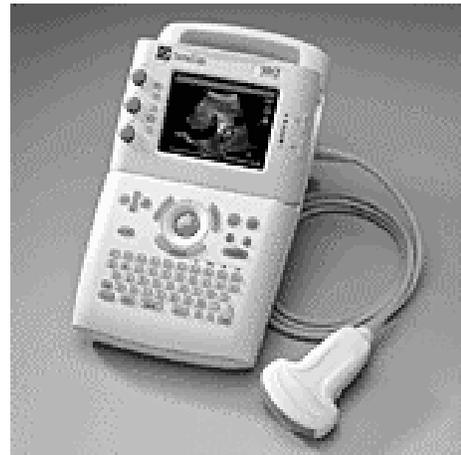
System Description: Lightweight portable diagnostic ultrasound device used to assist in the detection of Rapid triage and assessment of trauma (FAST), visualization of abdominal fluid collection, evaluation of pericardial or pleural effusions and tamponade, immediate assessment of pelvic pain and abnormal uterine bleeding, rapid evaluation of acute abdominal pain (kidney, cholelithiasis), and easy emergency obstetric exams (IUP, fetal viability).

Unit Cost: \$32,900

Predeployment Training: Training will be conducted via manufacturer provided video or CD ROM. No additional cost for training.

CLINICAL APPLICATIONS

- 1) Abdominal
- 2) Vascular
- 3) Breast
- 4) Obstetrical
- 5) Pediatric/Neonatal
- 6) Intraoperative Procedures
- 7) Interventional Procedures
- 8) Cardiac
- 9) Prostate
- 10) Small Parts
- 11) Gynecological
- 12) Musculoskeletal



ULTRASOUND PHYSICAL AND ENVIRONMENTAL SPECIFICATIONS

Ultrasound Dimensions	Height	13.3 inches
	Width	7.6 inches
	Depth	2.5 inches
	Cube	0.14cuft
	Weight	5.4 lbs
Power Requirements		12 VDC or 120 VAC
Battery Life		1.5hrs – 4.0hrs fully charged
Battery characteristics		Lithium Ion

CHAPTER 12. DEPMEDS POWER GENERATION

12-1. INTRODUCTION

a. Power generation has been an issue with several units during recent deployments. Units have been reporting a lack of power generation equipment and deficiencies with their equipment.

b. CP DEPMEDS-equipped hospitals do have an increased demand for power. Units that were fielded CP DEPMEDS equipment were also fielded two, 100kW generators that provide enough power to cover the additional equipment they received. The FDECU was also fielded to deploying hospitals. The FDECU is not a CP DEPMEDS-specific piece of equipment. The FDECU is a replacement for the aging C100 ECU that is being phased out of DEPMEDS. The FDECU draws approximately 6kW more power than the older ECU. Additional 100kW generators were not fielded with the FDECU because currently hospitals have enough generators to cover the additional load. The 47th CSH was the only hospital in theater to establish their entire CSH and they were able to power it along with some non-hospital areas without needing additional generators (when temperatures were below 110 degrees). All other hospitals in theater were smaller setups that should have had no problem powering their hospitals even in the extreme heat of the summer months.

12-2. POWER TRAINING

a. Data collected from hospitals that reported a lack of power generation equipment showed incorrect setup of the power distribution system led to their problems. One unit that was reporting a lack of generators only had a 37% usage of available power. Two other units that were requesting generators were only utilizing 43%-51% of available power.

b. It was observed that hospitals were using shortcuts that had worked in smaller setups during field training exercises that created problems in larger establishments. Some issues observed were:

(1) Dedicated 100kW used for X-Ray ISOs: Theory is that better pictures are taken when a dedicated generator is use. This theory about using a dedicated generator is incorrect. The power draw of the X-ray equipment is so brief when an X-ray is taken that the generator cannot react quickly enough. It has been shown that the X-ray equipment produces better images when connected to a generator that is under load and adjusted correctly (voltage/frequency).

(2) Generators placed too far away from end user: The maximum amount of cable that can be used from the generator to the end user is 150 feet for a X-ray/CT ISO and 300 feet for all others. The length of the phase cables that go from the generator to the M400 power distribution panel are 100 feet. This means the total cable used from the M400 to the end user cannot exceed 50 feet for the X-ray/CT ISOs and 200 feet for all other users. Placement of the generators should be optimized according to the hospital layout in order to use a minimum amount of power distribution cables.

(3) Incorrect wattages were used when planning hospital power overlay and then not adjusted during actual usage. Refer to TABLE 12-1 for sample wattages that provide a 60% load at 75 degrees.

c. TABLE 12-1, below, shows wattages for usage when planning power for a hospital. These wattages have been tested and will give an approximate 60% load on the generators depending on temperature and additional equipment. Wattages need to be adjusted for use in extreme heat or cold environments. Wattages shown include total usage for the set (equipment, lighting, ECU/FDECU).

SET (MF2K CONFIGURATION)	Non NBC Wattages		CP DEPMEDS
	ECU	FDECU	CP Mode
EMT - Emergency Medical Treatment	20,000	32,000	38,800
PREOP - Preoperative Care	18,000	30,000	36,800
ICU - Intensive Care Unit	20,000	32,000	38,800
ICW - Intermediate Care Unit	18,000	30,000	36,800
MCM* - Minimal Care Ward	1,000		0
OT/PT - Occupational/Physical Therapy	20,000	32,000	38,800
MSC - Medical Service Clinic	19,000	31,000	37,800
Dental - With 1 ECU	10,000	16,000	22,800
Dental X-Ray*	2,000		3,700
PAD - Patient Administration (2 Section with ECU)	10,000	16,000	17,700
I/C* - Hospital Interchange (2 Section)	500		2,200
X-Ray - Continental or Picker	25,000	31,000	32,700
CT Scanner	25,000	32,000	35,400
Pharmacy - 2:1 ISO Shelter	10,000	16,000	17,700
General Lab - 3:1 ISO Shelter	12,000	18,000	21,400
Blood Lab - 3:1 ISO Shelter	12,000	18,000	21,400
OR - 3:1 ISO Shelter	12,000	18,000	21,400
CMS - 2:1 ISO Shelter	10,000	16,000	17,700
CMS Work Tent* - Using 2 Sterilizers at a time	15,000		0
CMS Work Tent* - Using 4 Sterilizers at same time	30,000		0
Medical Maintenance - 3:1 ISO Shelter	10,000	16,000	17,700
Field Feeding* - 6 section & 4 section TEMPER	5,000		0
Water - Water pump	2,000		
CP DEPMEDS M28 Motor Blower - each		0	1,700
PPU - Patient Processing Unit (CP DEPMEDS)		14,500	19,600
E-DOCS - (Expeditionary Oxygen Concentration System)	21,600		

*Sets where no ECUs are used; wattage shown is for equipment only.

- ◆ CP DEPMEDS power requirements shown include M28 motor blowers. During non-CP operation power usage from the FDECU column can be expected.
- ◆ Areas that show zero usage during CP mode are powered down during switchover from non-CP to CP mode.
- ◆ Values shown are for planning use. After establishment actual power usage must be checked and adjusted as necessary.

(4) Generators were not being used to full capacity. It was observed at several hospitals that all end users were connected directly to an M400 and once all the M400 power outlets were full, another generator and M400 were set up. To

increase the load on the generators it is necessary to branch off the M400 power distribution panel and utilizing the M100 and M40 power distribution panels. Doing this will allow more end users to a M400 and increases the usage of available power from each generator.

(5) Inoperative equipment: Although there were some generators that a failure could not be foreseen or prevented, the majority of downtime happened because proper preventive maintenance was not being done.

(a) According to *TM 5-6115-600-12* (section 2-4, item c) the generator must be checked every hour for proper operation. A log sheet for each generator should be kept containing the following information:

- ◆ Time of Check
- ◆ Hour Meter Reading
- ◆ Water Temperature <200
- ◆ Oil Pressure >15
- ◆ Frequency Meter = 60
- ◆ Percent Power Load
- ◆ Amp Meter <100
- ◆ Voltage Meter = 120/208
- ◆ Charge Meter = Green
- ◆ Air Indicator = Off
- ◆ Fault Lights = Off
- ◆ Oil Level > Add
- ◆ Signature of person doing checks

(b) *TM 9-6115-646-14&P* under unit preventive maintenances checks and services change 1 4-10 item 7, states the fuel filter element must be replaced after every 100 hours of operation. While the generator is "down" for filter replacement, a thorough PMCS should be done. Ensure phase cables are tight at generator and M400 at each 100-hour service.

(c) Clogged air filters and improper adjustment of belts were the cause of most problems encountered.

(6) Power cables were deadlined by damage caused from traffic over them. Protect the cables where traffic is likely to cross them. Inform unit personnel that under no circumstances are the cables to be driven across with any vehicle.

(7) Never coil excess cable on itself. When power cables are coiled the electromagnetic field caused by current will overheat the cable and cause the cable to fail. This is critical especially with the phase cables, neatly route the phase cables from the generator to the M400 never crossing or coiling them.

(8) Improper grounding is a safety issue. The following must be done:

- ◆ Ensure there is a grounding strap from the generator to the trailer.
- ◆ Trailer needs to be connected to a ground rod.
- ◆ M400 needs to be connected to a ground rod.
- ◆ Ever ISO needs to be connected to a ground rod.
- ◆ Ensure grounding method used is correct for the environment.

12-3. M400 POWER DISTRIBUTION PANEL ISSUES

M400s that have the older style thermal magnetic type KD main breakers are subject to the trip unit weakening over time. When the trip unit weakens the main breaker may trip at loads of much less than 400 amps. This problem is compounded when the M400 is in direct sunlight and/or a high-temperature environment. There are two remedies for a weak main breaker:

a. Solar shade – Providing shade for the M400 reduces the internal temperature of the M400 and will keep the main breaker from tripping in some cases. One method of providing shade is to use a vestibule canvas (without doors) and frames over the M400.

b. Repair the main circuit breaker

(1) *TM 5-6150-228-13&P* states the main breaker is not repairable. In May 1995 the US Army Aviation and Troop Command authorized repair of the main breaker at the unit level. The TM has yet to be updated to reflect this change.

(2) After obtaining a new trip unit from a local electrical repair supplier:

- ◆ Remove the six bolts that hold the circuit breaker case together.
- ◆ Remove the top cover plate from the case.
- ◆ Remove the screws that secure the trip unit to the circuit breaker case.
- ◆ Remove the defective trip unit and insert the new trip unit.
- ◆ Replace the screws, top cover, and bolts.
- ◆ Test the circuit breaker.

(3) The above repair only applies the older thermal-magnetic type main breakers and is not for the newer electronic type breakers.

CHAPTER 13. MRI CONVERSION OVERVIEW

13-1. INTRODUCTION

a. The Medical Reengineering Initiative (MRI) is the Army Medical Department's process that reorganizes the ten functional areas of Combat Health Support to conform to Future Army principles. Hospitalization is one of the ten functional areas.

b. MRI converts the current Medical Force 2000 (MF2K) three-hospital configurations (General, Combat Support, and Field) to a one-hospital concept. The MRI structure has two, 248-bed variations, the Corps and Echelon Above Corps (EAC). Both variations have a Headquarters and Headquarters Detachment (HHD), an 84 and 164-bed Companies; however, only the Corps hospitals are split-based operational.

c. Also unique to the Corps is the Early Entry Hospitalization Element (EEHE) that is a 44-bed company made mobile with organic assets. This EEHE is designed to break out of the 84-bed for provision of early entry capability and the ability to move with the fighting force.

d. The EEHE without the transportation requirements equates to the U.S. Army Reserve's Clinical Operation Equipment Set (COES).

e. Another important MRI force structure change is the removal of the minimal care capability from the MF2K hospitals. This capability is now provided in 120-bed Minimal Care Detachments.

f. The Hospital Optimization Standardization (HOSP) and Army Reserve Acceleration (AR ACEL) Programs are resourcing strategies developed to accelerate the hospital conversion process and maximize limited resources. Execution of these programs is concurrent with MRI conversions.

13-2. HOSP

a. HOSP is a FORSCOM program. The following actions must occur to convert to HOSP/MRI:

(1) Corps Conversions (Split-Based Operational) Requirements:

(a) Receive a new Class VIII 84-bed company from U.S. Army Medical Materiel Agency (USAMMA) (Table 13-1). The HHD and 84-bed Company will be retained at home station.

(b) Build a 164-bed company from their existent MF2K assets with the exception of one growth set, LIN M32074, M417-MMS Ortho Surg Aug (Table 13-2 highlights the 164-bed conversions). This also requires conversion of seven (7) MMS in the 164-bed company. Growth LINs equal the differences between the MF2K MTOE and the MRI MTOE.

(c) Pack the 164-bed company and ship to Sierra Army Depot (SIAD), Herlong, CA, for storage.

(d) Class VIII Excess, to include LIN M48055 the M311- MMS Minimal Care, is to be transferred/disposed of as directed by the USAMMA and the MACOM.

b. EAC Conversions (Non Split-Based Operational) Requirements:

- (1) Receive Class VIII growth Line Identification Number (LIN) from either Lateral Transfer or the USAMMA.
- (2) Build the 84-bed company from existent MF2K assets and receive growth LINS (Table 13-3)
- (3) Build a 164-bed company from existent MF2K assets and receive growth LINS (Table 13-4)
- (4) Pack the 164-bed company and ship to SIAD for storage
- (5) Class VIII Excess, to include LIN M48055 the M311-MMS Minimal Care, is to be transferred/disposed of as directed by USAMMA and the MACOM

c. Minimal Care Detachment Activation Requirements:

- (1) Receive Class VIII and select non-medical ASIOE from the USAMMA (Table 13-5).
- (2) Retain at-home station

13-3. AR ACEL

AR ACEL and EEHE (without transportation)/COES are U.S. Army Reserve Programs.

a. The potential for up to five of the following critical elements require consideration, coordination, conversion and/or activation:

- (1) Hospital Unit, Base (HUB) Minimum Equipment Essential for Training (MEET) Set
- (2) Hospital Unit, Surgical (HUS) MEET Set
- (3) Reserve Component Hospital Decrement (RCHD) at SIAD and centrally managed by the USAMMA. This is the remainder of the hospital requirements minus the MEET authorizations, and EEHE/COES, if applicable.
- (4) EEHE/COES Minimal Care Detachment

b. After MRI conversions (Table 13-6), the AR hospitals are to retain either one or two standardized MEET sets, contingent upon whether they are split or single-stationed. The unit may also be authorized an EEHE/COES set (Table 13-7) at home station. The hospitals authorized the 84 and 164-bed company MEET sets and EEHE/COES also require additional LIN M73050, M308- MMS Triage/EMT, and LIN M72084, M523-MMS Medical Maintenance (84-bed). Upon mobilization, the unit will deploy with the authorized MEET set(s), COES if authorized, and RCHD.

c. MRI Conversion will be conducted at both the MEET and RCHD sites. The following actions will require integration at the applicable location(s):

(1) Corps Conversion (Split-Based Operational) Requirements:

- (a) Receive new 84-bed Medical Materiel Sets (MMS) (Table 13-1: Highlighted).

(b) Receive growth LINS. Growth LINS equal the differences between the MF2K MTOE and the MRI MTOE.

(c) Build 164-bed MMS from existent MF2K sets (Table 13-2:
Highlighted)

(2) EAC Conversion (not split-based operational) Requirements:

(a) Receive growth LINS

(b) 84 and 164-bed companies requirement are shown in

Tables 13-3 and 13-4

(3) Minimal Care Detachment Activation Requirements:

(a) Receive Class VIII and select non-medical ASIOE from the USAMMA
(Table 13-5).

(b) Retain at home station

(4) EEHE/COES Requirements (when authorized):

(a) Issued to the unit at SIAD

(b) Transported to Warehouse Location

TABLE 13-1.**FORSCOM HOSP: MRI 84-BED COMBAT SUPPORT HOSPITAL, CORPS****NOTE: 84-bed MMS (500-series Unit Assemblage Listings) are highlighted.****OTOE Requirements****08958A000****84 Bed, Combat Support Hospital, Corps**

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	B	3
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	A	23
A63297	Anesthesia Apparatus Field	A	2
A83433	Analyzer Defibrillator EKG	B	1
C05856	CAL & Verification Sys: Portable Battery OP Diagnostic B		1
C13825	Container Cargo Reusable W/O -Mechanical Restraint B		17
C19511	Coagulation Timer Unit: Plasma Semiautomatic TestingA		1
C32671	Cleaner Ultrasonic: 120/230V 50/60CYC HZ	A	1
C50111	Cabinet Solution Warming:	A	1
C61523	Calibrator-Analyzer Hosp Equip: 12IN W X 12IN H X 9IN		B1
D34883	Dolly Set Lift Transportable Shelter: 7 1/2	A	12
D86072	Defibrillator Monitor Recorder: 120/230V 50/60HZ AC A		5
D94348	Densitometer 9V Battery Portable	B	1
E02981	Electrosurgical Apparatus Mobile 115V 50/60HZ OR	A	2
E67355	Compressor -Dehydrator Dental Equipment:	A	8
F55485	Distribution System Elec: 120/208V 3PH 40AMP	A	9
F55621	Feeder System Electrical: 3PH 100 AMP	A	5
G60128	Genitourinary Cystoscopic Kit:	A	1
H00586	Heater Duct Type Portable 1200-00 BTUS	B	15
H00586	Heater Duct Type Portable 1200-00 BTUS	A	1
L44331	Light Surg Ceiling: 20/230V50/60HZ	A	2
L65295	Light Surgical Field: 110 VAC OR 24 VDC	A	15
M08417	MMS: Central Materiel Service: DEPMEDS	P	1
M08599	MMS: Intermediate Care Ward: DEPMEDS	A	3
M09576	MMS: Post OP/ICU Ward DEPMEDS:	P	2
M13428	MMS: Cent Mat Svc Spec Aug: 84 Bed CSH Co	A	1
M14517	MMS: Medical Supply: 84 Bed CSH CO	B	1
M23673	MES: Chemical Agent Patient Treatment:	B	2
M25865	MES: Chemical Agents Patient Decontamination:	B	1
M31824	MMS: Obstetrics Gynecology Clinic DEPMEDS:	A	1
M66558	Monitor PT Vital Sign W/Capnography	A	2
M72084	MMS: Medical Maintenance: 84 Bed CSH CO	A	1
M72423	MMS: Medical Service Clinic: 84 Bed CSH CO	A	1
M72868	MMS: Orthopedic Cast Clinic: DEPMEDS	A	1
M72936	MMS: Operating Room: DEPMEDS	P	1
M73050	MMS: Triage/Emergency/Pre-OP: DEPMEDS	P	1
M73175	MMS: X-Ray Low Capacity Portable DEPMEDS:	A	1
M73254	MMS: Pharmacy: 84 Bed CSH Company	A	1
M73482	MMS: Laboratory (General): 84 Bed CSH Company	A	1
M73732	MMS: Laboratory (Liquid Bld Bank): 84 Bed CSH CO	A	1
M79195	Monitor PT Vital Sign W/PulseOximetry	A	20
M86675	MMS: X-Ray Radiographic DEPMEDS:	P	1
P40622	Oximeter Pulse: 120/230V 50/60HZ AC Or Battery	A	6

TABLE 13-1 (CONTINUED)
FORSCOM HOSP: MRI 84-BED COMBAT SUPPORT HOSPITAL, CORPS

OTOE Requirements

08958A000 84 Bed, Combat Support Hospital, Corps

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
P60558	PANEL POWER DISTR: 60 HZ 400 AMP	A	5
P98514	Processing Machine Rad Film Table Top:	A	1
R64126	Refrigerator Solid State BIO:	A	1
S01291	Shelter: Tactical Expandable Oneside	A	2
S01359	Shelter: Tactical Expandable Twoside	A	1
S39122	Sterilizer Surgical Dressing: Pressure Fuel Htd CRS	A	4
S56720	Simulator Medical Functions: Battery OP Port	B	1
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	A	3
T00029	Table Operating Field:	A	2
T00381	Thermoregulator: Patient Auto&Manual 115/220V 50/60	A	2
T00578	Table Operating Room Field:	A	1
T07421	Tachom Strob Centrifu	B	1
T19033	Tank Fabric Collapsible, 3000 GAL	A	1
T47745	Tent: Extendable Modular 64LX20WMedical Forest	A	6
T47745	Tent: Extendable Modular 64LX20WMedical Forest	B	1
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	A	2
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	B	2
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	A	2
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	B	17
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	C	1
T61791	Tester Current Leakage:	B	1
T71619	Tent: Extendable Modular 16LX20WMedical Forest	B	3
T71755	Tent: Extendable Modular 16LX20WCentral Medical	B	1
T77263	Test Set Electronic Circuit-component: 115/230V	B	1
T90883	Test Set Electrosurgical Apparatus: 115/230V 50-60HZ	B	1
U89185	Utility Receptacle:	A	30
V99788	Ventilator, PMI	A	14
W45197	Tool Kit Medical Equipment Maintenance and Repair: Org	B	1
X90968	X-Ray Apparatus: Low Capacity Port	A	1
X92545	X-Ray Apparatus Radiographic Medical:	A	1
Z07692	ANALYZER, BLOOD, (ISTAT)	A	2
Z08425	ANALYZER, CHEMISTRY (PICCOLO)	A	2
Z16381	Analyzer Hematology (COULTER)	A	1
Z67207	Generator Set Ded Tm: 100KW 50/60HZ MTD ON	A	5

TABLE 13-2.**FORSCOM HOSP: MRI 164-BED COMBAT SUPPORT HOSPITAL, CORPS**

NOTE: 164-bed MMS (700-series Unit Assemblage Listings) are highlighted. These will be built from current MF2K DEPMEDS Sets (300-series Unit Assemblage Listings)

OTOE Requirements**08957A000 164 Bed, Combat Support Hospital, Corps**

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	B	3
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	A	38
A63297	Anesthesia Apparatus Field	A	4
A83433	Analyzer Defibrillator EKG	B	1
C05856	CAL & Verification Sys: Portable Battery OP Diagnostic	B	1
C13825	Container Cargo Reusable W/O -Mechanical Restraint	A	1
C13825	Container Cargo Reusable W/O -Mechanical Restraint	B	24
C14589	Calibrator Timer: 6.35CM H 15.24CM W 15.88CM D	B	1
C19151	Centrifuge Laboratory Refrigerated 120/230V 50/60HZ	A	1
C19511	Coagulation Timer Unit: Plasma Semiautomatic Testing	A	1
C32671	Cleaner Ultrasonic: 120/230V 50/60CYC HZ	A	2
C50111	Cabinet Solution Warming:	A	2
C61523	Calibrator-Analyzer Hosp Equip: 12IN W X 12IN H X 9IN	B	1
C83945	Chair and Stool Unit: Dental Operating Portable	A	2
D34883	DOLLY SET LIFT TRANSPORTABLE SHELTER: 7 1/2	B	2
D43836	DMS: Dental Hygiene COMMZ: DEPMEDS	A	1
D43882	DMS: Dental X-Ray: DEPMEDS	A	1
D65926	DMS General Dentistry Army and Navy: DEPMEDS	A	1
D86072	Defibrillator Monitor Recorder: 120/230V 50/60HZ AC	A	7
D94348	Densitometer 9V Battery Portable	B	1
E02981	Electrosurgical Apparatus Mobile 115V 50/60HZ OR	A	4
E67355	Compressor -Dehydrator Dental Equipment:	A	11
F55485	DISTRIBUTION SYSTEM ELEC: 120/208V 3PH 40AMP	A	10
F55621	FEEDER SYSTEM ELECTRICAL: 3PH 100 AMP	A	10
F95601	Dental Operating and Treatment Unit Field:	A	2
F95778	Dental Supply Set Emergency Denture Repair:	A	1
G60128	Genitourinary Cystoscopic Kit:	A	1
H00586	Heater Duct Type Portable 1200-00 BTUS	B	26
L44331	Light Surg Ceiling: 20/230V50/60HZ	A	4
L63833	Light Set Dental Operating: 115V	A	2
L65295	Light Surgical Field: 110 VAC OR 24 VDC	A	15
M08417	MMS: Central Materiel Service: DEPMEDS	P	2
M08599	MMS: Intermediate Care Ward: DEPMEDS	A	7
M08849	MMS: LAB (LIQ BLD BNK): 164 Bed CSH CO	A	1
M08951	MMS: Central MAT SVC SPEC AUG: 164 BED CSH CO	A	1
M09576	MMS: Post OP/ICU Ward DEPMEDS:	P	2
M13275	MMS: LAB (General): 164 Bed CSH CO	A	1
M14585	MMS: Medical Supply: 164 Bed CSH Company	A	1
M23673	MES: Chemical Agent Patient Treatment:	B	3
M25865	MES: Chemical Agents Patient Decontamination:	B	2
M31824	MMS: Obstetrics Gynecology Clinic DEPMEDS:	A	1
M32074	MMS: Orthopedic Surgery Aug: DEPMEDS	A	1
M66558	Monitor PT Vital Sign W/Capnography	A	4
M72050	MMS: Physical Occupational Therapy: DEPMEDS	A	1
M72152	MMS: Medical Maintenance: 164 Bed CSH Company	A	1
M72300	MMS: X-Ray DEPMEDS:	P	1
M72355	MMS: Medical Service Clinic: 164 Bed CSH CO	A	1
M72868	MMS: Orthopedic Cast Clinic: DEPMEDS	A	1
M72936	MMS: Operating Room: DEPMEDS	P	2
M73050	MMS: Triage/Emergency/Pre-OP: DEPMEDS	P	1
M73175	MMS: X-Ray Low Capacity Portable DEPMEDS:	A	1
M73186	MMS: Pharmacy: 164 Bed CSH CO	A	1

TABLE 13-2 (CONTINUED)**FORSCOM HOSP: MRI 164-BED COMBAT SUPPORT HOSPITAL, CORPS****OTOE Requirements****08957A000 164 Bed, Combat Support Hospital, Corps**

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
M79195	Monitor PT Vital Sign W/PulseOximetry	A	20
P40622	Oximeter Pulse: 120/230V 50/60HZ AC Or Battery	A	7
P60558	PANEL POWER DISTR: 60 HZ 400 AMP	A	5
P98514	Processing Machine Rad Film Table Top:	A	1
R61868	Refrigerator Mechanical Commercial: Blood Bank	A	1
S01291	Shelter: Tactical Expandable Oneside	A	4
S01359	Shelter: Tactical Expandable Twoside	A	5
S39122	Sterilizer Surgical Dressing: Pressure Fuel Htd CRS	A	8
S56720	Simulator Medical Functions: Battery OP Port	B	1
S68035	Surgical Unit Arthroscopic Intra Articular 220V 50/60HZ:	A	1
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	A	5
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	B	3
T00029	Table Operating Field:	A	4
T00381	Thermoregulator: Patient Auto&Manual 115/220V 50/60	A	4
T00578	Table Operating Room Field:	A	1
T07421	Tachom Strob Centrifu	B	1
T19033	Tank Fabric Collapsible, 3000 GAL	A	6
T47745	Tent: Extendable Modular 64LX20WMedical Forest	A	12
T47745	Tent: Extendable Modular 64LX20WMedical Forest	B	1
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	A	1
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	B	2
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	B	26
T61791	Tester Current Leakage:	B	1
T71619	Tent: Extendable Modular 16LX20WMedical Forest	B	5
T71755	Tent: Extendable Modular 16LX20WCentral Medical	B	2
T77263	Test Set Electronic Circuit-component: 115/230V	B	1
T90883	Test Set Electrosurgical Apparatus: 115/230V 50-60HZ	B	1
U89185	UTILITY RECEPTACLE:	A	50
V99788	Ventilator, PMI	A	14
W45197	Tool Kit Medical Equipment Maintenance and Repair: Org	B	1
X37050	X-Ray Apparatus Field Dental:	A	1
X90968	X-Ray Apparatus: Low Capacity Port	A	1
X92158	X-Ray Apparatus: High Capacity Radiographic and	A	1
Z07692	ANALYZER, BLOOD, (ISTAT)	A	2
Z08425	ANALYZER, CHEMISTRY (PICCOLO)	A	2
Z16381	Analyzer Hematology (COULTER)	A	1
Z67207	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON	A	8

TABLE 13-3. FORSCOM HOSP, MRI 84-BED COMBAT SUPPORT HOSPITAL, EAC

MRI EAC 84-BED Co (08858A000) with Class VIII and select nonmed ASIOE

OTOE Requirements

08858A000 84 Bed, Combat Support Hospital, NSB

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	A	30
A63297	Anesthesia Apparatus Field	A	2
A83433	Analyzer Defibrillator EKG	B	2
C05856	CAL & Verification Sys: Portable Battery OP Diagnostic	B	3
C13825	Container Cargo Reusable W/O -Mechanical Restraint	A	2
C13825	Container Cargo Reusable W/O -Mechanical Restraint	B	17
C14589	Calibrator Timer: 6.35CM H 15.24CM W 15.88CM D	B	1
C19151	Centrifuge Laboratory Refrigerated 120/230V 50/60HZ	A	1
C19511	Coagulation Timer Unit: Plasma Semiautomatic Testing	A	1
C32671	Cleaner Ultrasonic: 120/230V 50/60CYC HZ	A	1
C50111	Cabinet Solution Warming:	A	1
C61523	Calibrator-Analyzer Hosp Equip: 12IN W X 12IN H X 9IN	B	1
D34883	DOLLY SET LIFT TRANSPORTABLE SHELTER: 7 1/2	B	4
D86072	Defibrillator Monitor Recorder: 120/230V 50/60HZ AC	A	6
D94348	Densitometer 9V Battery Portable	B	1
E02981	Electrosurgical Apparatus Mobile 115V 50/60HZ OR	A	2
E67355	Compressor -Dehydrator Dental Equipment:	A	8
F55485	DISTRIBUTION SYSTEM ELEC: 120/208V 3PH 40AMP	A	16
F55621	FEEDER SYSTEM ELECTRICAL: 3PH 100 AMP	A	16
G60128	Genitourinary Cystoscopic Kit:	A	1
H00586	Heater Duct Type Portable 1200-00 BTUS	B	19
L44331	Light Surg Ceiling: 20/230V50/60HZ	A	2
L65295	Light Surgical Field: 110 VAC OR 24 VDC	A	7
L65295	Light Surgical Field: 110 VAC OR 24 VDC	B	8
M08417	MMS: Central Materiel Service: DEPMEDS	P	1
M08485	MMS: Central Materiel Service Special Aug:	A	1
M08599	MMS: Intermediate Care Ward: DEPMEDS	A	3
M09018	MMS: Medical Supply Combat Hospital: MF2K	B	1
M09099	MMS: MED SVC Clinic COMMZ AUG: DEPMEDS	A	1
M09166	MMS: Laboratory Liquid Blood Bank:	A	1
M09349	MMS: Medical Maintenance Aug Army DEPMEDS:	A	1
M09576	MMS: Post OP/ICU Ward DEPMEDS:	P	2
M23673	MES: Chemical Agent Patient Treatment:	B	5
M25865	MES: Chemical Agents Patient Decontamination:	B	3
M31824	MMS: Obstetrics Gynecology Clinic DEPMEDS:	A	1
M38443	Meter Foot Candle	B	1
M47987	MMS: Medical Maintenance: DEPMEDS	B	1
M48987	MMS: Laboratory (Microbiology) Aug MF2K/M403:	A	1
M66558	Monitor PT Vital Sign W/Capnography	A	2
M72050	MMS: Physical Occupational Therapy: DEPMEDS	A	1
M72300	MMS: X-Ray DEPMEDS:	P	1
M72428	MMS: Medical Services Clinic: DEPMEDS	A	1
M72800	MMS: Physical Therapy COMMZ Aug: DEPMEDS	A	1
M72868	MMS: Orthopedic Cast Clinic: DEPMEDS	A	1
M72936	MMS: Operating Room: DEPMEDS	P	1
M73050	MMS: Triage/Emergency/Pre-OP: DEPMEDS	P	1
M73118	MMS: Pharmacy: DEPMEDS	A	1
M73175	MMS: X-Ray Low Capacity Portable DEPMEDS:	A	1
M73425	MMS: Laboratory general DEPMEDS	A	1
M79195	Monitor PT Vital Sign W/PulseOximetry	A	20
M86675	MMS: X-Ray Radiographic DEPMEDS:	A	1
P40622	Oximeter Pulse: 120/230V 50/60HZ AC Or Battery	A	6

TABLE 13-3 (CONTINUED)**FORSCOM HOSP: MRI 84-BED COMBAT SUPPORT HOSPITAL, EAC
MRI EAC 84-BED Co (08858A000) with Class VIII and select nonmed ASIOE****OTOE Requirements****08858A000 84 Bed, Combat Support Hospital, NSB**

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
P98514	Processing Machine Rad Film Table Top:	A	2
R61868	Refrigerator Mechanical Commercial: Blood Bank	A	1
S01291	Shelter: Tactical Expandable Oneside	A	1
S01291	Shelter: Tactical Expandable Oneside	B	3
S01359	Shelter: Tactical Expandable Twoside	A	1
S01359	Shelter: Tactical Expandable Twoside	B	3
S39122	Sterilizer Surgical Dressing: Pressure Fuel Htd CRS	A	5
S56720	Simulator Medical Functions: Battery OP Port	B	1
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	A	7
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	B	1
T00029	Table Operating Field:	A	2
T00381	Thermoregulator: Patient Auto&Manual 115/220V 50/60	A	2
T00578	Table Operating Room Field:	A	1
T07421	Tachom Strob Centrifu	B	1
T19033	Tank Fabric Collapsible, 3000 GAL	A	3
T47745	Tent: Extendable Modular 64LX20WMedical Forest	A	7
T47745	Tent: Extendable Modular 64LX20WMedical Forest	B	2
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	A	1
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	B	1
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	B	18
T61791	Tester Current Leakage:	B	1
T71619	Tent: Extendable Modular 16LX20WMedical Forest	A	5
T71755	Tent: Extendable Modular 16LX20WCentral Medical	B	1
T77263	Test Set Electronic Circuit-component: 115/230V	B	1
T90883	Test Set Electrosurgical Apparatus: 115/230V 50-60HZ	B	1
U89185	UTILITY RECEPTACLE:	A	50
V99788	Ventilator, PMI	A	14
W45197	Tool Kit Medical Equipment Maintenance and Repair: Org	B	1
X90968	X-Ray Apparatus: Low Capacity Port	A	2
X92158	X-Ray Apparatus: High Capacity Radiographic and	A	1
X92545	X-Ray Apparatus Radiographic Medical:	A	1
Z07692	ANALYZER, BLOOD, (ISTAT)	A	4
Z08425	ANALYZER, CHEMISTRY (PICCOLO)	A	4
Z16381	Analyzer Hematology (COULTER)	A	2
Z67207	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON	A	8

TABLE 13-4. FORSCOM HOSP: MRI 164-BED COMBAT SUPPORT HOSPITAL, EAC**OTOE Requirements****08857A000 164 Bed, Combat Support Hospital, NSB**

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	A	28
A63297	Anesthesia Apparatus Field	A	4
C13825	Container Cargo Reusable W/O -Mechanical Restraint	B	16
C32671	Cleaner Ultrasonic: 120/230V 50/60CYC HZ	A	2
C50111	Cabinet Solution Warming:	A	2
C83945	Chair and Stool Unit: Dental Operating Portable	A	2
D43836	DMS: Dental Hygiene COMMZ: DEPMEDS	A	1
D43882	DMS: Dental X-Ray: DEPMEDS	A	1
D65926	DMS General Dentistry Army and Navy: DEPMEDS	A	1
D86072	Defibrillator Monitor Recorder: 120/230V 50/60HZ AC	A	4
E02981	Electrosurgical Apparatus Mobile 115V 50/60HZ OR	A	4
E67355	Compressor -Dehydrator Dental Equipment:	A	10
F95601	Dental Operating and Treatment Unit Field:	A	2
F95778	Dental Supply Set Emergency Denture Repair:	A	1
H00586	Heater Duct Type Portable 1200-00 BTUS	B	16
L44331	Light Surg Ceiling: 20/230V50/60HZ	A	4
L63833	Light Set Dental Operating: 115V	A	2
L65295	Light Surgical Field: 110 VAC OR 24 VDC	A	8
M08417	MMS: Central Materiel Service: DEPMEDS	P	2
M08599	MMS: Intermediate Care Ward: DEPMEDS	A	7
M09576	MMS: Post OP/ICU Ward DEPMEDS:	P	2
M32074	MMS: Orthopedic Surgery Aug: DEPMEDS	A	1
M66558	Monitor PT Vital Sign W/Capnography	A	4
M72936	MMS: Operating Room: DEPMEDS	P	2
M79195	Monitor PT Vital Sign W/PulseOximetry	A	16
P40622	Oximeter Pulse: 120/230V 50/60HZ AC Or Battery	A	6
S01291	Shelter: Tactical Expandable Oneside	A	2
S01359	Shelter: Tactical Expandable Twoside	A	2
S39122	Sterilizer Surgical Dressing: Pressure Fuel Htd CRS	A	8
S68035	Surgical Unit Arthroscopic Intra Articular 220V 50/60HZ:	A	1
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	A	4
T00029	Table Operating Field:	A	4
T00381	Thermoregulator: Patient Auto&Manual 115/220V 50/60	A	4
T47745	Tent: Extendable Modular 64LX20WMedical Forest	A	10
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	B	2
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	B	17
T71619	Tent: Extendable Modular 16LX20WMedical Forest	B	2
T71755	Tent: Extendable Modular 16LX20WCentral Medical	B	2
V99788	Ventilator, PMI	A	16
X37050	X-Ray Apparatus Field Dental:	A	1

TABLE 13-5. MRI 08949A000 Minimal Care Detachment (Class VIII and Select Nonmedical ASIOE)

OTOE Requirements

08949A000

Minimal Care Detachment

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
C13825	Container Cargo Reusable W/O -Mechanical Restraint	B	4
F55485	DISTRIBUTION SYSTEM ELEC: 120/208V 3PH 40AMP	B	4
H00586	Heater Duct Type Portable 1200-00 BTUS	B	7
M48055	MMS: Minimal Care Ward: DEPMEDS	A	6
M72050	MMS: Physical Occupational Therapy: DEPMEDS	A	1
R64126	Refrigerator Solid State BIO:	B	3
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	B	7
U89185	UTILITY RECEPTACLE:	B	14
V48578	Tent, GP Large, Complete	A	7

TABLE 13-6. MRI MEET SET REQUIREMENTS (MMS ONLY)

Note: MRI 84- and 164-Bed MEET Sets are standardized with the Exception of the Medical Maintenance. Each company will get the respective set.

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>MRI</i>
M08417	MMS: Central Materiel Service: DEPMEDS	1
M08599	MMS: Intermediate Care Ward: DEPMEDS	1
M09576	MMS: Post OP/ICU Ward DEPMEDS:	1
M72936	MMS: Operating Room: DEPMEDS	1
M73050	MMS: Triage/Emergency/Pre-OP: DEPMEDS	1
M72084	MMS: Medical Maintenance: 84 Bed CSH CO	1
M72152	MMS: Medical Maintenance: 164 Bed CSH Company	1

TABLE 13-7. MRI 08547AA00 Early Entry Hospitalization Element (EEHE) without Transportation ~ also known as COES: Class VIII and Select Nonmed ASIOE

OTOE Requirements

08547AA00

Early Entry Hospital Element (44 Bed)

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	B	1
A26852	Air Conditioner: 54000 BTU 208V-AC 3PH 50/60 HZ	A	17
A63297	Anesthesia Apparatus Field	A	2
A83433	Analyzer Defibrillator EKG	B	1
C05856	CAL & Verification Sys: Portable Battery OP Diagnostic	B	1
C13825	Container Cargo Reusable W/O -Mechanical Restraint	B	10
C19511	Coagulation Timer Unit: Plasma Semiautomatic Testing	A	1
C32671	Cleaner Ultrasonic: 120/230V 50/60CYC HZ	A	1
C50111	Cabinet Solution Warming:	A	1
C61523	Calibrator-Analyzer Hosp Equip: 12IN W X 12IN H X 9IN	B	1
D34883	DOLLY SET LIFT TRANSPORTABLE SHELTER: 7 1/2	A	2
D86072	Defibrillator Monitor Recorder: 120/230V 50/60HZ AC	A	4
D94348	Densitometer 9V Battery Portable	B	1
E02981	Electrosurgical Apparatus Mobile 115V 50/60HZ OR	A	2
E67355	Compressor -Dehydrator Dental Equipment:	A	8
F55485	DISTRIBUTION SYSTEM ELEC: 120/208V 3PH 40AMP	A	7

TABLE 13-7 (CONTINUED)

MRI 08547AA00 Early Entry Hospitalization Element (EEHE) without Transportation ~ also known as COES: Class VIII and Select Nonmed ASIOE

08547AA00 Early Entry Hospital Element (44 Bed)

<i>LIN</i>	<i>NOMENCLATURE</i>	<i>ERC</i>	<i>MRI</i>
F55621	FEEDER SYSTEM ELECTRICAL: 3PH 100 AMP	A	5
G60128	Genitourinary Cystoscopic Kit:	A	1
H00586	Heater Duct Type Portable 1200-00 BTUS	B	11
H00586	Heater Duct Type Portable 1200-00 BTUS	A	1
L44331	Light Surg Ceiling: 20/230V50/60HZ	A	2
L65295	Light Surgical Field: 110 VAC OR 24 VDC	A	14
M08417	MMS: Central Materiel Service: DEPMEDS	P	1
M08599	MMS: Intermediate Care Ward: DEPMEDS	A	1
M09576	MMS: Post OP/ICU Ward DEPMEDS:	P	2
M13428	MMS: CENT MAT SVC SPEC AUG: 84 Bed CSH CO	A	1
M23673	MES: Chemical Agent Patient Treatment:	B	2
M25865	MES: Chemical Agents Patient Decontamination:	B	1
M66558	Monitor PT Vital Sign W/Capnography	A	2
M72084	MMS: Medical Maintenance: 84 Bed CSH CO	A	1
M72936	MMS: Operating Room: DEPMEDS	P	1
M73050	MMS: Triage/Emergency/Pre-OP: DEPMEDS	P	1
M73175	MMS: X-Ray Low Capacity Portable DEPMEDS:	A	1
M73254	MMS: Pharmacy: 84 Bed CSH Company	A	1
M73482	MMS: Laboratory (General): 84 Bed CSH Company	A	1
M73732	MMS: Laboratory (Liquid Bld Bank): 84 Bed CSH CO	A	1
M79195	Monitor PT Vital Sign W/PulseOximetry	A	20
M86675	MMS: X-Ray Radiographic DEPMEDS:	P	1
P40622	Oximeter Pulse: 120/230V 50/60HZ AC Or Battery	A	6
P60558	PANEL POWER DISTR: 60 HZ 400 AMP	A	4
P98514	Processing Machine Rad Film Table Top:	A	1
R64126	Refrigerator Solid State BIO:	A	1
S01291	Shelter: Tactical Expandable Oneside	A	2
S01359	Shelter: Tactical Expandable Twoside	A	1
S39122	Sterilizer Surgical Dressing: Pressure Fuel Htd CRS	A	4
S56720	Simulator Medical Functions: Battery OP Port	B	1
S91263	Sink Unit Scrub Field Hospital CRS 30 Inch: DEPMEDS	A	3
T00029	Table Operating Field:	A	2
T00381	Thermoregulator: Patient Auto&Manual 115/220V 50/60	A	2
T07421	Tachom Strob Centrifu	B	1
T19033	Tank Fabric Collapsible, 3000 GAL	A	1
T47745	Tent: Extendable Modular 64LX20WMedical Forest	A	3
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	A	2
T47813	Tent: Extendable Modular 64LX20WSurgical Forest	B	2
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	A	2
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	B	12
T60464	Sink Unit Surgical Scrub and Utensil Hospital Field: 110V	C	1
T61791	Tester Current Leakage:	B	1
T71619	Tent: Extendable Modular 16LX20WMedical Forest	B	3
T71755	Tent: Extendable Modular 16LX20WCentral Medical	B	1
T77263	Test Set Electronic Circuit-component: 115/230V	B	1
T90883	Test Set Electrosurgical Apparatus: 115/230V 50-60HZ	B	1
U89185	UTILITY RECEPTACLE:	A	26
V99788	Ventilator, PMI	A	14
W45197	Tool Kit Medical Equipment Maintenance and Repair: Org	B	1
X90968	X-Ray Apparatus: Low Capacity Port	A	1
X92545	X-Ray Apparatus Radiographic Medical:	A	1
Z67207	GENERATOR SET DED TM: 100KW 50/60HZ MTD ON	A	4

CHAPTER 14. FIELD DEPLOYABLE ENVIRONMENTAL CONTROL UNITS (FDECUs)

14-1. INTRODUCTION

a. The FDECUs are intended to provide cooled and dehumidified air, or heated air, through flexible ducts into various types of portable shelters or TEMPER tents in accordance with electronic and personnel requirements.

b. The FDECUs are a horizontally configured, electric-motor-driven, heat pump. It has a nominal cooling capacity of 60,000 btu/hr and contains integral resistance heaters. The heaters are used as a supplemental heat source during system defrost and low ambient temperature conditions. The unit will circulate, filter, provide fresh make-up air, cool and dehumidify, or heat the air in various types of portable shelters or vans. The unit is designed for use while directly exposed to the elements and is placed outside the shelter. The unit is connected to the shelter by flexible ducts.

14-2. FDECUs LESSONS LEARNED

Units recently deployed to South West Asia (SWA) stated there were problems in keeping the tactical ISO shelters and TEMPER tents cool during temperatures that exceeded 110+ degrees.

14-3. SUMMARY OF LESSONS LEARNED

The FDECUs in the SWA-assigned units are being operated at or above the specification extremes in terms of temperature, sand/dust and static pressure (flow resistance). The extreme temperatures and condenser airflow restriction are causing the FDECUs to cut out on high pressure. The problem appears to be compounded by evaporator airflow restrictions that cause the unit to initiate frequent defrost cycles. The unit then must restart under a heavily loaded condition, which creates the potential for high pressure cut out before the unit can reach steady state operation. In order to operate in these adverse conditions, all practical measures need to be implemented to maintain desired unit performance. Through a combination of proper set-up, preventative maintenance and unit adjustments, the FDECUs will perform satisfactorily.

14-4. RECOMMENDATIONS FOR SET-UP

The manufacture recommends the following practices be utilized during set-up/ installation for units deployed with the FDECUs:

1. Minimize kinks and bends in the unit ducting and internal plenum. The ideal arrangement is maintaining either the supply or return duct straight and having a single 90 degree bend in the other duct. (Both ducts at 45 degrees should also produce an acceptable arrangement.)

2. Position the unit to maintain the ducting on a horizontal plane. A pedestal arrangement being utilized at some locations to limit exposure to sand and dust is

unfortunately introducing three additional 90-degree bends that restrict the indoor airflow. Placing the unit on a pallet 6 to 8 inches off the ground allowed the centerline of the ducts to remain essentially parallel to the ground for the full length. Placing sandbags under the ducts for support can compensate for any sagging of the ducts.

3. Extend the ducts fully to minimize airflow restriction. This is especially important on the return duct as it operates at a negative pressure relative to ambient. Any loose material will be pulled in like a closed accordion thereby reducing the effective diameter of the duct. If there is limited space available outside of the tent, the ducts can be extended into the tent.
4. Be sure that ducts are installed in the proper direction. There is an arrow at each end of the duct that indicates proper airflow direction. Installing the ducts backward will restrict the airflow. (There are internal hems in the duct fabric that are lifted by the airflow when the ducts are installed backwards.) The Manufacture recommends a two-foot minimum clearance.
5. The ducts should be installed securely. All of the make-up air holes in the return duct adaptor should be covered by the duct sleeve to prevent dust infiltration.
6. The duct openings within the tent should be clear of obstructions. The manufacture recommends that a 2-foot minimum clearance be maintained. On the internal supply plenum, as many of the vent openings as practical should be opened. This will ensure the highest airflow and an even distribution of cooling air within the tent.
7. The internal plenum should be installed with minimal kinking and twisting. Also, when securing the plenum hood around the supply duct make sure that it does not collapse the duct. A good practice to prevent this occurrence is to secure the duct hood laces across the hoop spring of the duct.
8. Prevent items from being drawn into the return air duct. Items such as plastic bags and candy wrappers are being sucked into the return duct and are trapped against the filter, thereby restricting the airflow. The manufacture has the duct adaptor (P/N 9454054) that can be installed at the tent end of the return duct to prevent such items from being ingested (Figure 14-1). The adaptor will have the added benefit of keeping the duct from collapsing.

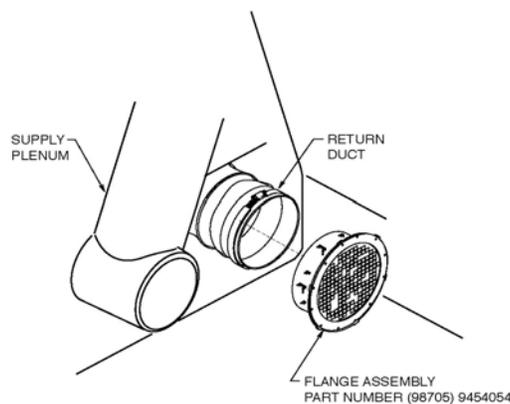


Fig 14-1 FDECU return Air Grill Installation

9. All openings in the tents and liners should be sealed as completely as practical. We observed many flaps and doors that were not closed or tied down. This allows a large amount of heat to leak into the tent and increases the cooling load placed on the FDECU. Some of the tents had a double door that provided an airlock that seemed to minimize the heat infiltration when personnel entered or exited the tent.

10. The air filter (NSN 4130-01-493-9621) should be installed so that the rectangular cloth matting (back) is against the duct adaptor grill. Airflow should go through the filter fibers (front) then through the cloth matting. The matting prevents loose filter fibers from coming loose and being ingested by the blower and blown into the coil. The front and back of a filter are shown in Figure 14-2.

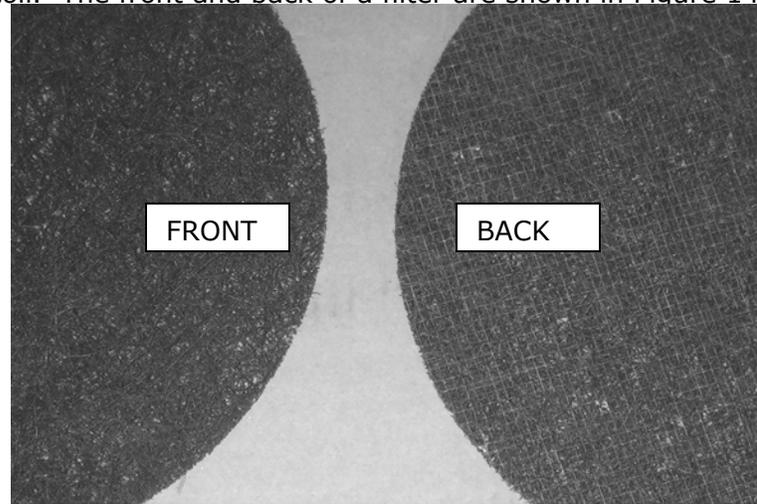


Figure 14-2. Front and Back of FDECU Air Filter

11. The condenser fan cover needs to be properly pinned down. This pin prevents the fan cover from being blown shut. There have been FDECUs observed and in one instance where the pin was not installed. It was then inadvertently pushed behind the duct adaptor when it was installed which left the pin dangling on the indoor blower. When the unit was started, the pin beating against the impeller destroyed the indoor blower impeller. The pieces of the impeller, in turn, damaged the volute assembly beyond repair (Figures 14-3 and 14-4).

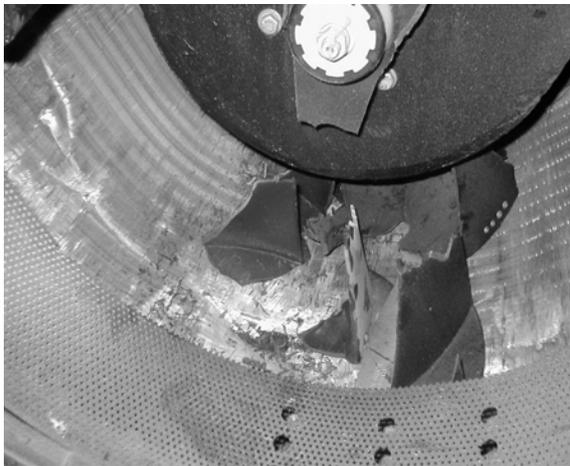


Figure 14-3. Damage to Impeller and volute



Figure 14-4. Assembly From the Cover retaining Pin.

14-5. MAINTENANCE RECOMMENDATIONS

a. The manufacture recommends that the following practices be incorporated into the unit maintenance programs:

b. Due to the frequent sand/dust storms encountered in this environment the air filter must be cleaned/changed on a regular basis. The build-up of dust on the filter restricts the unit airflow and degrades the unit performance. It is recommended an initial cleaning / changing interval of 1 to 2 weeks until a better schedule can be established based on field experience in the extreme ambient temperature environment.

c. The condenser coil also requires regular cleaning. The build-up of dust on the coil reduces the heat rejection from the condenser reducing the unit effectiveness and causing higher pressures in the refrigerant system. This build-up can cause the unit to cut out on high head pressure. The coil should be cleaned from the inside out using water or coil cleaner at low pressure. High-pressure spray should not be used as it will flatten the coil fins and restrict airflow. It is recommended that an initial condenser coil-cleaning interval of 2 to 3 months be utilized until a better schedule can be established based on field experience in the extreme ambient temperature environment.

d. The unit set-up should be inspected on a regular basis. The ducts should be checked to make sure they are leak free and properly secured. The duct openings should be inspected to ensure they are free of obstructions.

e. The tents should be inspected on a regular basis. Due to the persistent high winds encountered at a desert environment, the straps for tent flaps and liners have a tendency to work free. These should be re-secured on a regular basis.

14-6. FDECU EXPANSION VALVE ADJUSTMENT PROCEDURE

a. On the FDECU units that experience high-pressure cutouts after implementation of the above corrective actions; it is recommended that the following procedure be implemented to adjust the unit TXV to minimize system pressures during extreme high temperature operation:

b. When operating under conditions of extreme heat (>125°F ambient) nuisance tripping of the high pressure cut out may occur. To reduce the compressor discharge pressure and therefore lower or eliminate the nuisance tripping, the indoor (cooling) thermostatic expansion valve may be adjusted. The following procedure should be used to adjust the expansion valve.

(1) Open top cover install retaining rod and secure with cotter pin.

(2) Install R134a compatible refrigeration pressure gages to the suction and discharge service valves (See FDECU Technical Manual 9-4120-411-14, paragraph 5.3).

(3) Route the gauge hoses through the power cord trough to the outside of the unit and place the gauges in a location visible from the area of the rear access panel.

(4) Remove cotter pin and retaining rod; close the top cover.

(5) Place a thermocouple in the supply air stream by feeding it into a retaining pin clearance hole in the heater barrel. Place the thermocouple meter in a location visible from the area of the rear access panel.

(6) Operate the unit for 15 minutes, record Suction Pressure, Discharge Pressure and Supply Air Temperature.

(7) Remove the rear access panel by loosening the captive screws (1) and lifting the panel (2) from the lower retaining clips (Figure 14-5).

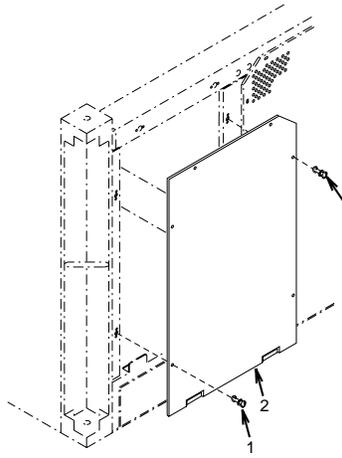
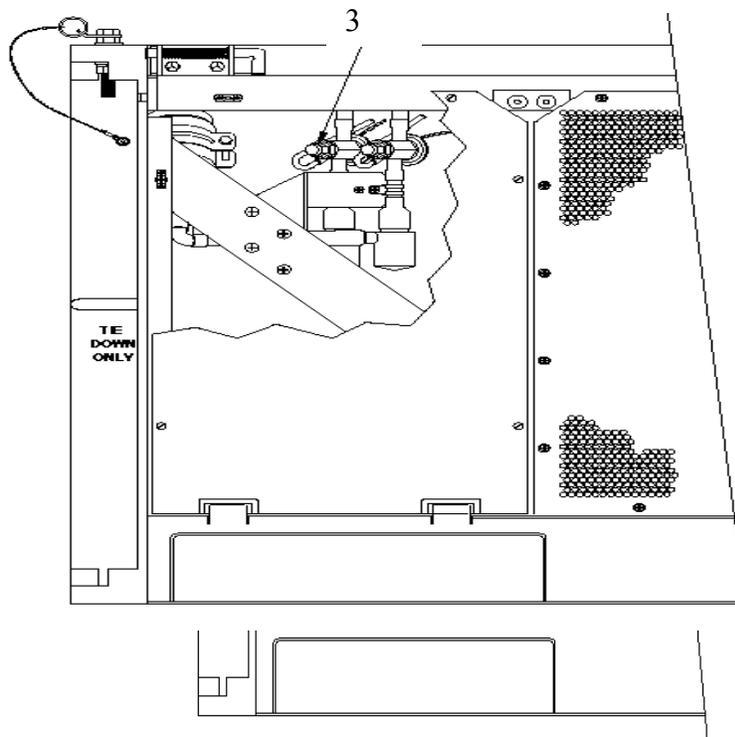


Figure 14-5

(8) Remove the indoor (cooling) expansion valve cap (3) (expansion valve on left) Figure 14-6.



(9) Using a refrigeration wrench, turn the adjusting stem one-half ($\frac{1}{2}$) turn counter clockwise.

(10) Operate the unit for 15 minutes and record Suction Pressure, Discharge Pressure and Supply Air Temperature.

(11) From this data determine the direction of adjustment necessary to increase Suction Pressure and decrease Discharge Pressure and Supply Air Temperature. If it is not clear from the available data, adjust the TXV another one-half ($\frac{1}{2}$) turn counterclockwise and record the Suction Pressure, Discharge Pressure, and Supply Air Temperature.

(12) Adjust the TXV in one-half ($\frac{1}{2}$) turn increments clockwise or counterclockwise as necessary to establish the lowest Discharge Pressure and Supply Air Temperature. Do not adjust more than two (2) full turns from the original factory setting.

(13) Re-install the expansion valve cap. Install the panel and secure with all captive screws. (Note: For future reference, it is recommended that the expansion valve be tagged / marked to indicate what adjustments were made.)

(14) Turn unit off. Open top cover install retaining rod and secure with cotter pin.

(15) Remove refrigeration gages.

(16) Remove cotter pin and retaining rod and close the top cover. The unit is now ready for normal operation.

GLOSSARY

2004 GLOSSARY FOR SB 8-75-S4

<u>Abbreviation/Acronym</u>	<u>Definition</u>
A	
AAC -----	Acquisition Advice Code
AAC-L -----	Acquisition Advice Code local Purchase non-Stocked Items
AEPS -----	Army Electronic Product Support
AMEDD -----	Army Medical Department
AMC -----	Army Materiel Command
AO -----	Area of Operations
AOCI -----	Accredited Off-Campus Instruction
APO -----	Army Post Office
APS -----	Army Pre-positioned Stock
AR -----	Army Regulation or Army Reserve
AR ACEL -----	Army Reserve Acceleration Program
ASH -----	Army Space Heater
ASIOE -----	Associated Support Items of Equipment
ATCOM -----	Aviation and Troop Command
ATRRS -----	Army Training Requirements and Resources System
B	
BII -----	Basic Issue Items
BTU -----	British Thermal Unit
C	
C2 -----	Command & Control
CAGE -----	Contractor/Commercial and Government Entity
CARC -----	Chemical Agent Resistance Coating
CBT -----	Computer Based Training
CFR -----	Code of Federal Regulations
CMT -----	Container Management Team
COES -----	Clinical Operation Equipment Set
CONUS -----	Continental United States
COSIS -----	Care Of Supplies In Storage
CP DEPMEDS -----	Chemically Protected Deployable Medical Systems
CSC -----	Convention for Safe Containers
CSH -----	Combat Support Hospital
CT -----	Computerized Tomography
D	
DA -----	Department of the Army
DC -----	Direct Current
DCMC -----	Defense Contract Management Command
DCSOP -----	Deputy Chief of Staff for Operations
DD -----	Defense Department
DDHU -----	Defense Distribution Depot Hill

<u>Abbreviation/Acronym</u>	<u>Definition</u>
DEMI	Demilitarization
DEPMEDS	Deployable Medical Systems
DISE	Distribution Illumination Systems Electrical
DOD	Department of Defense
DOL	Directorate of Logistics
DRMS	Defense Reutilization and Marketing Service
DSN	Defense Switched Network
DTS	Defense Transportation System

E

EAC	Echelon Above Corps
ECU	Environmental Control Unit
EEHE	Early Entry Hospitalization Element
ESCO	Engineered Systems Company

F

FEA	Finite Elements Analysis
FEDLOG	Federal Logistics Record
FDECU	Field Deployable Environmental Control Unit
FORSCOM	United States Army Forces Command

G

GPM	Ground Precautionary Message
GS	General Support
GTU	Gaining tactical Unit

H

HAZ-MAT	Hazardous Material
HEPA	High Efficiency Particulate Air
HHD	Headquarters Detachment
HOSP	Hospital Optimization Standardization Program
HSFC	Hermetically Sealed Filter Canisters
HR	Hour
HUB	Hospital Unit, Base
HUS	Hospital Unit, Surgical

I

IAW	In Accordance With
IMM	Integrated Materiel Manager
ISO	International Standardization Organization
IV	Intravenous

J

JRTC	Joint Readiness Training Center
------	---------------------------------

<u>Abbreviation/Acronym</u>	<u>Definition</u>
K	
KW -----	Kilowatts
KRC -----	Keweenaw Research Center
L	
LAP -----	Logistic Assistance Program
LAR -----	Logistical Assistance Representative
LARSALL -----	Logistical Assistance Representatives All
LAV -----	Logistics Assistance Visit
LB -----	Pound
LIN -----	Line Item Number
LSE -----	Logistics Support Element
LTS -----	Long Term Storage
M	
MACOM -----	Major Command
MEDLOG -----	Medical Logistics
MEET -----	Minimum Equipment Essential for Training
MEL -----	Maintenance Equipment Level
MF2K -----	Medical Force 2000
MHE -----	Material Handling Equipment
MIL-HDBK -----	Military Hand Book
MILVAN -----	Military-Owned De-mountable Container
MLMC -----	Medical Logistics Management Center
MLST -----	Medical logistics Support Team
MMS -----	Medical Materiel Sets
MRI -----	Medical Reengineering Initiative
MTMC -----	Military Traffic Management Command
MTOE -----	Modified Table Of Organization & Equipment
MWO -----	Modification Work Order
N	
NBC -----	Nuclear, Biological and Chemical
NMC -----	Non-Mission Capable
NSN -----	National Stock Number
NTC -----	National Training Center
O	
OCONUS -----	Outside Continental United States
OPCON -----	Operational Control
OR -----	Operating Room
P	
PL -----	Public Law
PMCS -----	Preventive Maintenance Checks and Services

Abbreviation/Acronym Definition

POC ----- Point of Contact
 PPU4 ----- Patient Processing Unit

Q

QDR ----- Quality Deficiency Report
 QPL ----- Qualified Products List

R

RCHD ----- Reserve Component Hospital Decrement
 RPSTL ----- Repair Parts and Special Tools List
 RSO&I ----- Reception, Staging, On-ward Movement, and Integration
 RTCH ----- Rough Terrain Cargo Handler
 RTS-MED ----- Regional Training Site - Medical

S

SA ----- Supply Airlock
 SCMD ----- Strategic Capabilities and Materiel Directorate
 SIAD ----- Sierra Army Depot
 SOP ----- Standard Operating Procedure
 SOUM ----- Safety of Use Message
 SWA ----- South West Asia

T

TACOM ----- Tank-Automotive and Armaments Command (US Army)
 TARDEC ----- TACOM Research and Development Center
 TDA ----- Table of Distribution & Allowances
 TDP ----- TACOM Drawing Package
 TDY ----- Temporary Duty
 TEMPER ----- Tent Extendable Modular Personnel
 TM ----- Technical Manual
 TMDE ----- Test, Measurement and Diagnostic Equipment
 TSC ----- Theater Support Command
 TT ----- Total Time
 TXV ----- Thermostatic Expansion Valve

U

UA ----- Unit Assembly Listing
 US ----- United States
 US PL ----- United States Public Law
 USAH ----- United States Army Hospital
 USAH/U ----- United States Army Hospital / Unit
 USAMMA ----- United States Army Medical Materiel Agency
 USAREUR ----- United States Army, Europe

Abbreviation/Acronym

Definition

USARL ----- U.S. Army Research Laboratory
UV----- Ultra Violet

V

VHS ----- Vertical Helix Scan
VOC----- Volatile Organic Compounds

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