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From: Commandant of the Marine Corps
To: Distribution List

Subj: MARINE CORPS CLASS VIII MANAGEMENT HANDBOOK

Ref: (a) MCO 6700.5, MEDICAL AND DENTAL (Class VIII) MATERIEL
SUPPORT OF THE MARINE OPERATIONAL FORCES

1. Purpose. The Marine Corps Class VIII Management Handbook provides guidance to Marine Forces on the execution of MCO 6700.5, Medical and Dental (Class VIII) Materiel Support of the Marine Operational Forces.

2. Background. The Marine Corps is responsible for fulfilling a capability for Class VIII materiel equivalent to 60 Days of Supply (DOS). The Class VIII Management Handbook describes the process and procedures of the Marine Corps to manage Class VIII materiel, to establish a surge capability equivalent to 60 DOS, and to fulfill re-supply capability requirements equivalent to 61-180 DOS. The Handbook provides detailed guidance on actions required to effectively execute the Class VIII management roles and responsibilities established in MCO 6700.5.

The Class Management Handbook describes the actions required to manage the commodity through seven core functions: Management, Requirements Determination, Selection Criteria, Sourcing, Positioning, Acquisition, and Distribution. These functions are consistent with the War Reserve Materiel Program, of which Class VIII materiel is a component.

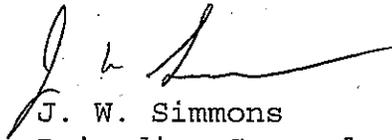
The seven core functions are also in line with the Military Health System/Medical Logistics Enterprise processes used by Navy Medical Logistics Command (NAVMEDLOGCOM) to determine medical support requirements.

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3. Action. Utilize the Class VIII Management Handbook to execute MCO 6700.5 in accordance with the seven functions: Management, Requirements Determination, Selection Criteria, Sourcing, Positioning, Acquisition, and Distribution.

Reserve Applicability. This NAVMC applies to the Marine Corps Total Force.



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**Marine Corps
Class VIII Management
Handbook**

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Overview

The Marine Corps is responsible for fulfilling a capability for Class VIII materiel equivalent to 60 Days of Supply (DOS). For policy level guidance on Class VIII managements see MCO 6700.5.

This chapter describes the actions taken by the Marine Corps to manage Class VIII materiel, to establish a surge capability equivalent to 60 DOS, and to fulfill re-supply capability requirements equivalent to 61-180 DOS. The actions will be presented in terms of how they relate to the War Reserve Materiel (WRM) Functions, shown below.

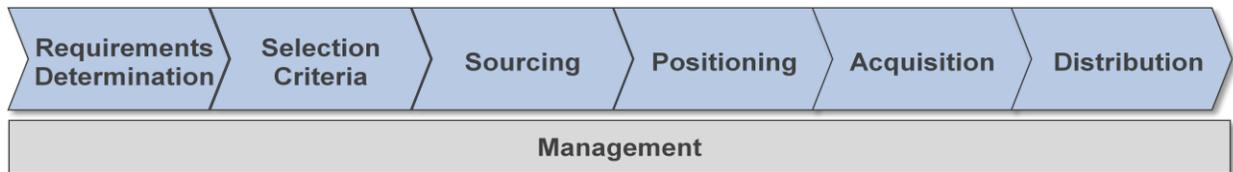


Figure 8.1 WRM Functions

Although the WRM Functions are executed separately, they are mutually supporting activities. Additionally, these functions are in line with the Military Health System/Medical Logistics Enterprise processes used by Navy Medical Logistics Command (NAVMEDLOGCOM) to determine medical support requirements. Of note, the final Disposition phase of the NAVMEDLOGCOM process is not represented in the WRM Functions.

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Class VIII Management

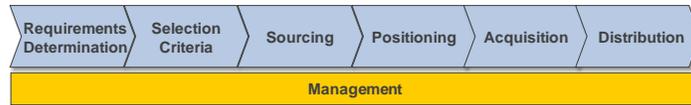
Management

Chapter 1

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A. Management

The Marine Corps manages the majority of Class VIII assets at the individual Medical Logistics Companies (MEDLOGCOs), Supply Battalion. MEDLOGCOs are required to maintain the Authorized Medical Allowance Lists/Authorized Dental Allowance List (AMALs/ADAL) for the respective Marine Expeditionary Force (MEF). The authorized lists are associated with the approved Table of Equipment (T/E) established by Deputy Commandant Combat Development & Integration (DC CD&I) based on the Marine Requirements Oversight Council's approved scenarios. Although the T/E is assigned to the MEFs, the MEDLOGCOs are the custodians for the equipment and consumables. The MEFs can draw against available assets held by MEDLOGCOs, as needed.

Additionally, MEFs are responsible for managing Class VIII Chemical, Biological, Radiological, Nuclear (CBRN) materiel in collaboration with Marine Corps Logistics Command (MCLC). MEFs maintain all Class VIII CBRN materiel as individual line items, rather than as configured AMALs, at the quantities required to support a force employment package. MEFs source their Class VIII CBRN requirements through a combination of in-stores assets or through the use of existing DLA-managed contingency contracts. It is important to note that MEFs do not manage CBRN decontamination kits. (See Chapter 1.4. for more information on management of CBRN assets).

1. Recurring Management Activities

There are several additional management activities required to maintain Class VIII materiel. The purpose and impact of these activities are explained below.

Accountability
AMALs/ADALs are organic assets to the Marine Corps and apart of the T/E. As with other T/E items they are required to be accounted. The Marine Corps has designated the Total Force Structure Management System (TFSMS) as the information system to account for T/E quantities. MEDLOGCOs are required to maintain accountability of AMALs/ADAL inventory through Defense Medical Logistics Standard Support - Assemblage Management Module (DMLSS-AM) and in Global Combat Support System-Marine Corps (GCSS-MC) (or SASSY, as applicable). MEDLOGCOs are also responsible for maintaining all records concerning inventory adjustments and materiel dispositions for a minimum of two years and financial records for a minimum of 6.25 years. MEDLOGCOs will conduct a wall-to-wall inventory reconciliation of all standardized configuration and line item AMALs/ADAL at a minimum of one time per year. During this time, all assets will be marked as deployed or stored in the DMLSS-AM in order to initiate the physical count of

all materiel. The current AMALs/ADAL list can be found on Medical Logistics Online (MLO).

Reference: Visit <https://ips.usmc.mil/sites/mefkb/default.aspx> for current AMALs/ADAL line list; see MCO P4400.151B for procedural inventory and accounting guidance; and see the "Assemblage Management (AM) section," in NAVMC 4000.3 for DMLSS assemblage management guidance. Additionally, see DoD Financial Management Regulation Vol. 5, Chapter 21.

Important Note: Standardly configured AMALs/ADAL will be inventoried as a configured assemblage with supporting documentation (e.g., inventory list, packing list, etc.)

AMALs/ADAL Configuration

AMALs/ADAL are modularly configured in standardized configurations to minimize deviations for embarkation and transportation requirements. In addition to the obvious benefit of optimizing cube and weight, the AMALs/ADAL, when appropriate, are packaged to optimize employment of health services. Based on those benefits and Global Sourcing requirements, it is imperative that the MEDLOGCO maintain the AMALs/ADAL in their approved configurations. Failure to configure in the manner prescribed by Marine Corps Systems Command (MCSC) may result in improper employment of the AMALs/ADAL to facilitate Global Sourcing efforts.

AMALs/ADAL are issued in complete blocks only; partial blocks are not authorized. If a requesting unit requires supplemental equipment or consumables not provided in the standard AMALs/ADAL block, then it is the responsibility of the requesting unit to fund and request the additional order.

Exception: Some equipment and supplies may be maintained as line items to facilitate stock rotation and maintenance (i.e., expiration date management for pharmaceuticals and battery recharging for equipment).

Reference: <https://ips.usmc.mil/sites/mefkb/default.aspx>; NTTP 4-02.1, 3.3.3.4; "Assemblage Management (AM)" section in NAVMC 4000.3.

Important Note: The Marine Corps standardizes across services to the best of its ability; however, maintaining alignment with the Marine Corps mission and mission-specific requirements receives higher precedence than joint standardization. MCSC is responsible for service standardization, which is conducted through the Defense Medical Materiel Program Office (DMMPO) and Assemblage Life Cycle Management (ALCM).

Medical Materiel Recalls

All equipment and pharmaceuticals that are under recall and/or have problems that cannot be fixed by Bio-Medical Equipment Technicians (BMET) will be announced via message from the US Army Medical Materiel Agency (USAMMA) website. In special cases in which there is a risk to life, a special Naval message and a MARADMIN will be released.

Reference: <http://www.usamma.army.mil>

Database Management

The Marine Corps Enterprise Software Portfolio contains Commercial Off the Shelf (COTS), Government Off the Shelf (GOTS), and joint software applications used within the Marine Corps Enterprise. For ease of categorization, software applications are divided into functional areas. The Marine Corps is considered a stakeholder in these functional areas and is therefore responsible for maintaining a USMC software portfolio in the Department of the Navy (DON) Application and Database Management System (DADMS). DMLSS is included in the USMC software portfolio and is therefore a system for which the Marine Corps is required to maintain an Authority to Operate (ATO).

Guaranteed Returns Program

Guaranteed Returns Program is for Class VIII consumables and equipment that are at or near their expiration date and have not had their manufacturer seal tampered with or broken. The consumables in question can be returned to the manufacturer for a replacement of the same medicine or equipment.

Shelf Life Extension Program

Shelf Life Extension Program (SLEP) should be used whenever there is a justification. All desired perishable pharmaceuticals should be identified 210 days prior to the end of shelf life so they can be vetted through the proper chain of command.

Reference: See Navy BUMED 6710.62A for criteria and instructions.

Receipts

Upon receipt of allowance materiel, custodians will check all items to determine necessary storage requirements. Manufacturer guidance should be followed in the storage requirements associated with medical materiel. Environmental recommendations (i.e., temperature, humidity) related to the storage requirements should also be followed to ensure shelf life of the materiel (please see Chapter 1.3 for additional information).

Reference: *Regulations pertaining to security and inventory of controlled substances, precious metals, pilferable items, and other security type items are contained in NAVMED P117, Chapter 21, Section 2. Federal Supply Catalog information contained DoD 4100.39M, Volume 1 includes information reflecting security type items, special storage codes, and shelf life codes to be observed.*

Figure 8.2 Class VIII Management Activities Process Descriptions

2. Inventory Process

The MEDLOGCOs are responsible for ensuring that proper equipment and consumables are present or available to deliver the appropriate capability of health services. Multiple management activities exist to aid this process, including the accountability procedures, AMALs/ADAL configuration standards, attainment reporting, capability analysis, database management, guaranteed returns program, regular inventories, medical materiel recalls, and Shelf Life Extension Program described in the tables above. Maintenance and sufficient supply of equipment and consumables are also achieved through an inventory process facilitated by medical databases such as Defense Medical Logistics Standard Support (DMLSS) and Medical Logistics Online (MLO), as well as through Limited Technical Inspections (LTIs).

DMLSS provides access to the Packing List, Replenishment Process, Assemblage Status Summary Report Criteria, and Assemblage Status Summary Reports (see example in Chapter 1.d.), which can be used to identify deficiencies or excess items. Additionally, upon receipt of a line list from MCSC after Modernization Review, MEDLOGCOs use DMLSS to generate manual DUE-INS by line item, which update as each item is received and associate items to the appropriate blocks. Of note, blocks that are out for exercises, operations, or deployments must be deselected to allow for accurate updating of the system when those blocks are returned. For additional information on how to complete the inventory process, please see the NAVMC 4000.3 and <https://jml149.dmlss.detrick.army.mil/DMLSSU/>, which offers DMLSS training modules.

MEDLOGCOs can use MLO to view both the current list, which displays new items or item increases from UDR updates, and the proposed list, which shows replacements and new and increased items based on the Modernization Review. Once items are purchased for the proposed list,

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MLO will promote from "proposed" to "current." MARCORSSYSCOM will then send a spreadsheet list of items purchased to the respective MEDLOGCO in preparation for delivery, and the MEDLOGCO will enter the purchased item information into DMLSS as described above. MLO capabilities allow MEDLOGCOs to view changes either in the past month or the past six months to limit inventory workload.

For additional information regarding viewing and managing UDR and replenishment items in DMLSS, please see the "Standard Assemblage Update" and "Searching for Replenishment Items" sections of the NAVMC 4000.3.

a. Medical Logistics Online (MLO) AMALs/ADAL List (SAMPLE)

The screenshot displays the MEF Medical Logistics Knowledgebase interface. The main content area shows details for AMAL/ADAL 0636: AID STATION CONSUMABLES. A table lists various medical supplies with their respective NSNs, nomenclatures, part numbers, and quantities.

NSN	Nomenclature	Part Number	UI Qty	UI AAC	Unit Price	Effective Date	Amount In AMAL	Packing Unit
6135-00-826-4798	BATTERY, NONRECHARGEABLE ("AAA" BATTERY)	PC2400	3.00	PG H	\$3.01	09/02/2008	36.00	EA
6135-00-985-7845	BATTERY, NONRECHARGEABLE ("AA" BATTERY)	PC1500	2.00	PG H	\$5.47	09/02/2008	48.00	EA
6135-00-985-7846	BATTERY, NONRECHARGEABLE ("C" BATTERY)		2.00	PG H	\$6.43	09/02/2008	2.00	PG
6505-00-111-7829	LUBRICANT SURGICAL 5 GRAM 144S	NDC00168-0205-45	1.00	PG L	\$22.45	09/02/2008	144.00	EA
6505-00-132-5181	OXYGEN USP 99% CYLINDER TYPE D 95GL (O2 "D" Cylinder)		5.00	EA D	\$150.41	09/02/2008	5.00	EA
6505-00-268-8530	HALOPERIDOL INJECTION USP 5MG/ML 1ML AMPUL 10 AMPULES/PACKAGE (HALDOL)		1.00	PG L	\$102.00	09/02/2008	1.00	PG
6505-00-491-7557	POVIDONE-IODINE CLEANSING SOLUTION USP 7.5% 4 FL OUNCES OR 118ML		15.00	BT L	\$1.76	09/02/2008	15.00	BT
6505-00-560-7331	SULFADIAZINE SILVER CREAM 1% TOPICAL 400GM JAR (SILVADINE CREAM)		5.00	JR L	\$28.92	09/02/2008	5.00	JR
6505-00-598-6116	LIDOCAINE HYDROCHLORIDE INJECTION USP 1.0%/ML 50ML BOTTLE (XYLOCAINE BLEU BTL)		2.00	BT L	\$2.84	09/02/2008	2.00	BT
6505-00-680-7352	PROMETHAZINE HYDROCHLORIDE INJECTION USP 25MG/ML 1ML AMPUL 25/BX (PHENEGRAN)		1.00	BX L	\$41.61	09/02/2008	1.00	BX
6505-01-093-2384	EPINEPHRINE INJECTION USP 0.1MG PER ML SYRINGE-NEEDLE UNIT 10ML 10S		.50	PG L	\$55.06		5.00	EA
6505-01-094-6196	ATROPINE SULFATE INJECTION, USP		.50	BX Y	\$16.04	09/02/2008	5.00	EA
6505-01-104-6393	CEFOXITIN SODIUM STERILE USP 2GM VIAL 25 VIALS PER PACKAGE		.20	PG L	\$678.45	09/02/2008	5.00	EA
6505-01-116-9245	ALBUTEROL INHALATION AEROSOL 17GM CONTAINER 200 METERED SPRAYS		4.00	EA L	\$19.54	09/02/2008	4.00	EA
6505-01-177-0589	BACITRACIN OINTMENT USP 500UN/GM .87GM PACKET I.S. 144PACKETS/PG		1.00	PG L	\$32.44	09/02/2008	144.00	EA
6505-01-187-5540	CLINDAMYCIN INJECTION USP 150MG/ML 6ML VIAL 25 VIALS/PACKAGE		.52	PG L	\$195.47	09/02/2008	13.00	EA
6505-01-189-9903	HYDROCODONE BITARTRATE AND ACETAMINOPHEN TABLETS 100		1.00	BT L	\$3.62	09/02/2008	1.00	BT

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Additionally, Limited Technical Inspections (LTIs) ensure proper equipment, consumable, and health service delivery. There are two forms of LTI: Pre-LTI and Post-LTI.

Pre-LTI Procedures

Pre-LTI procedures are performed prior to any issuing of AMALs/ADAL in order to ensure that all equipment and consumables are accounted for and in good working order.

Participants in this phase are:

- Marine Expeditionary Forces (MEFs)
- Marine Forces Reserve (MARFORRES)
- Marine Logistics Group (MLG)
- Medical Logistics Company (MEDLOGCO)
- Requesting unit

Systems in this phase are *(See Chapter 9 for Systems Descriptions)*:

- Defense Medical Logistics Standard Support-Assemblage Management Module (DMLSS-AM)
- Global Combat Support System-Marine Corps (GCSS-MC)

See the Useful Reports section in the NAVMC 4000.3, for additional information to aid the Pre-LTI process.

b. Process Step Descriptions

1. Submit preliminary materiel requirement request for coordination

- **Description:** For pre-coordination, Requesting/Using unit submit materiel requirements request to fulfill assets needed to support an assigned exercise, operation, deployment, or contingency. The request is submitted via an AMAL Request Letter. The draft AMAL Request Letter should include AMAL quantities, supplemental medical items, narcotics, Reporting Officer (RO), and Course of Action (COA)*, as required. Unit coordinate with its internal Chain of Command (Supply Battalion/CLR) to approve a draft AMAL Request Letter and then send to the MEDLOGCO.
- **Important Note:** Units must submit materiel requirements a minimum of 45 days prior to the event, exercise, or deployment. The HSSE Letter must include a Line Of Accounting (LOA).
- **Input:** Warning Order/Letter of Instruction (LOI)
- **Output:** Draft AMAL Request Letter
- **Document:** See Chapter 1.c. for an example "AMAL Request Letter"

*COA does not apply to MARFORRES.

2. Review request & determine AMALs/ADAL deficiencies

- **Description:** For pre-coordination, MEDLOGCO receive the draft AMAL Request Letter from the unit and determines asset availability/readiness by creating an assemblage roll-up report in DMLSS. This report summarizes the readiness status of multiple AMAL blocks and identifies the overall dollar deficiency. MEDLOGCO incorporate the deficiency data into the draft AMAL Request letter and send to the MSC/MLG.
- **Input:** Draft AMAL Request Letter
- **Output:** E-mail/phone call

3. Review request & verify the requesting unit rates the materiel

- **Description:** For pre-coordination, MSC or MLG (HSSO), as appropriate, receive the draft AMAL Request Letter and verifies whether or not the unit rates the requested AMALs/ADAL blocks, based on the Table of Equipment (T/E) established in TFSMS. MSC/MLG incorporate the approval/ disapproval recommendation into the draft AMAL Request Letter and send to the Requesting/Using unit for refinement and submission.
- **Input:** E-mail/phone call
- **Output:** Health Service Support Element (HSSE) endorsement/draft AMAL Request Letter

4. Refine and submit materiel requirements request

- **Description:** Requesting/Using unit refine and submit AMAL Request Letter to MEF/MARFORRES for approval.
- **Input:** HSSE endorsement/draft AMAL Request Letter
- **Output:** AMAL Request Letter (submitted by unit)

5. Receive materiel request

- **Description:** MEF/MARFORRES receive the AMAL Request Letter and review the input from Requesting/Using Unit. MEF/MARFORRES determine whether or not to approve the request for the AMALs/ADAL through a two-part approval process.
- **Input:** AMAL Request Letter (submitted by unit)

6. Reject request and send back to Unit

- **Description:** If MEF/MARFORRES deny the request provided in the AMAL Request Letter, the MEF/MARFORRES send the letter back to the unit with a justification for why the request was denied.
- **Input:** Draft AMAL Request Letter
- **Output:** Denied unit AMAL Request w/justification

7. Modify request for resubmission

- **Description:** Requesting/Using unit receive the denied AMAL Request and modify in accordance with the justification provided by the MEF/MARFORRES and resubmit for approval.
- **Important Note:** *The resubmission of the Adjusted AMAL Request letter will follow the same process steps as the original submission.*
- **Input:** Denied unit AMAL Request w/justification
- **Output:** Adjusted AMAL Request Letter

8. Task designated office to support

- **Description:** If MEF/MARFORRES approve the request provided in the AMAL Request Letter, the MEF/MARFORRES task the MSC/MLG to prepare Class VIII materiel for release to the unit.
- **Input:** Unit AMAL Request
- **Output:** HSSE endorsement of AMAL Request + Unit AMAL Request Letter

9. Receive task and prepare to provide support

- **Description:** MSC or MLG (HSSO), as appropriate, receive the approved/signed MEF endorsement and unit request and initiate procedures required to prepare Class VIII materiel for release to the unit.
- **Input:** HSSE endorsement of AMAL Request + Unit AMAL Request Letter

10. Notify unit of request approval

- **Description:** MSC/MLG, as appropriate, notify the unit that the AMAL Request Letter has been approved and provide instructions on the unit's requirements for the Pre-LTI process.
- **Output:** Email/Phone call

11. Task designated office to support request

- **Description:** MSC/MLG, as appropriate, task the MEDLOGCO to prepare Class VIII materiel for release to the unit. This task is provided in the form of a Pre-LTI Letter, which contains a summary of the items (i.e., equipment and consumables) and is approved for release.
- **Output:** HSSE endorsement of AMAL Request + Unit AMAL Request Letter

12. Receive notification

- **Description:** Requesting/Using unit receive notification of approval and instructions from the MSC/MLG required to initiate the Pre-LTI process. Requesting unit coordinate internally to designate a primary/alternate Reporting Officer to conduct the Pre-LTI and a preferred date/time to conduct the Pre-LTI.
- **Important Note:** *The RO must be an Officer or SNCO designated from the requesting unit.*
- **Input:** Email/Phone call
- **Output:** Identified ROs, Proposed Pre-LTI date/time

13. Coordinate to schedule Joint LTI

- **Description:** Requesting/Using unit and MEDLOGCO coordinate to make final preparation for the Pre-LTI. This includes confirming the date/time and discussing roles/responsibilities and expectations for the Pre-LTI. Based on unit requirement, MEDLOGCO generate Pre-LTI to include AMAL quantities, supplemental medical items, LOA, RO, etc. Any remaining requirements prior to the inventory are assigned accordingly.
- **Input:** Designated RO, Proposed Pre-LTI date/time
- **Output:** Pre-LTI Letter

14. Review AMALs/ADAL Status

- **Description:** Prior to the Pre-LTI, MEDLOGCO run a Status Summary Report in DMLSS-AM. This report provides the attainment percentage and the dollar deficiency for a given block. The report enables the MEDLOGCO to identify the appropriate block to pull.
- **Input:** Pre-LTI Letter/Schedule date
- **Output:** Assemblage Status Summary Report (DMLSS-AM)
- **Document:** See Chapter 1.d. for an example "*Assemblage Status Summary Report*"

15. Pull AMALs/ADAL

- **Description:** Based on the block identified from the Status Summary Report, MEDLOGCO pull the block from the warehouse. MEDLOGCO determine the deficiencies in the block requiring replenishment.
- **Input:** Assemblage Status Summary Report (DMLSS-AM)
- **Output:** List of block deficiencies
- **Reference:** See Chapter 1.d. for an example "*Assemblage Status Summary Report*" and reference the "Useful Reports" section of the NAVMC 4000.3 for additional information.

16. Conduct Asset Review

- **Description:** MEDLOGCO conduct an asset review to determine in-house (on-hand) replenishment from secondary location or excess stocks in the warehouse that can be used to increase the block's readiness percentage. MEDLOGCO pull shelf-life & other items to build AMALs/ADAL. Then, MEDLOGCO adjust the deficiencies to reflect items required for external replenishment.
- **Input:** Block deficiencies list (DMLSS-AM, "Replenishment Report")
- **Output:** Adjusted block deficiencies list
- **Reference:** "Searching for Replenishment Items", "Useful Reports", and "Asset Review" sections in the NAVMC 4000.3.

17. Order deficiencies

- **Description:** MEDLOGCO utilize DMLSS to order remaining deficiencies not available in the warehouse. DMLSS sources deficiencies from either the Prime Vendor Medical Surge (PVM)/Prime Vendor Pharmacy (PVP) or through DLA's Contingency Contracts. (See Chapter 4.2. Sourcing Timeline for amplifying information on PVM/PVP and DLA contracts). MEDLOGCO generate a "Replenishment Report," a list of items to be procured to increase readiness, and a DUE-INs Report, a list of what is coming in based on orders, via DMLSS.
- **Important Note:** *Orders pending in DMLSS are reflected as DUE-INs. Once the orders are processed, the percentage readiness is automatically adjusted in the AMALs/ADAL block. Therefore, it is essential that MEDLOGCO accounts for planned verse actual adjustments to block inventory to ensure they are not conducting unnecessary inventories or reporting false attainment. An example checklist is provided in Chapter 1.d. to facilitate tracking of external replenishment. Due to delivery times associated with PVM/PVP, it may take as few as 48 hrs and up to 14 days to get the requested assets required to bring the block up to 100%.*
- **Input:** Adjusted block deficiencies list
- **Output:** Replenishment Report & DUE-INs Report
- **Reference:** "Useful Reports" section in NAVMC 4000.3.

18. Conduct Joint LTI
<ul style="list-style-type: none"> • Description: Once all assets are acquired to bring the block up to the desired level of readiness, the MEDLOGCO and designated unit RO conduct a Joint LTI to include a QA/QC of line items, item quantity, SL3 equipment, and shelf-life assets and ensure that Biomedical has conducted operational checks on designated equipment. A Controlled Substance Officer is present during this process to sign for all narcotics. Upon completion of a satisfactory inspection, RO sign for the AMALs/ADAL and acknowledge the percentage of readiness and standardized configuration or most current packing list from MCSC. • <u>Important Notes:</u> <i>The RO must be an Officer or SNCO designated from the requesting unit. Additionally, narcotics/controlled substances must be signed for by an Officer in accordance with MANMED P-117 and OPNAVINST 3120.32C. The Joint LTI does not apply in cases of global sourcing or for the release of MARFORRES assets, in which case only an LTI is performed. Per MARFORRES Force Order 6000, MARFORRES will conduct a JLTI if the requesting unit funds MARFORRES travel.</i> • Input: Confirmed Pre-LTI date/time, MCSC Packing List • Output: Signed AMALs/ADAL Block; Pre-LTI Packing List
19. Transfer AMALs/ADAL to unit & drop asset in records
<ul style="list-style-type: none"> • Description: Once the RO has signed for the AMALs/ADAL, MEDLOGCO coordinate with unit to transport asset. Upon completion, MEDLOGCO remove the asset from the MEDLOGCO property records in GCSS-MC (or SASSY, as applicable). Additionally, MEDLOGCO update DMLSS-AM of all DUE-INS receipts and freeze AMALs/ADAL block at the level at which it was transferred. • Reference: http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx; "Transferring an Assemblage Out of Your Organization (Loss)" section in NAVMC 4000.3. • Input: Signed AMALs/ADAL Block • Output: AMALs/ADAL GCSS-MC record
20. Pick-up asset in records
<ul style="list-style-type: none"> • Description: Upon receipt of the AMALs/ADAL, Requesting/Using unit add the asset in the unit's property records in GCSS-MC (or SASSY, as applicable). • Reference: http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx; "Transferring an Assemblage into Your Organization (Gain)" section in NAVMC 4000.3. • Input: AMALs/ADAL GCSS-MC record

Figure 8.4 Pre-LTI Process Descriptions

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c. Example: AMAL Request Letter (SAMPLE)

From: Commanding Officer, [Requesting Unit]
To: Commanding Officer, Medical Logistics Company, [1st, 2nd, or 3rd, Delete
for MFR] Supply Battalion, [1st, 2nd, 3rd, 4th] Marine Logistics Group
[Location]

Via: Commanding General, [1st, 2nd, 3rd] Marine Expeditionary Force
(MEF)/Marine Forces Reserve (MFR)
Commanding General, [1st, 2nd, 3rd, 4th] Marine Logistics Group or Major
Subordinate Command, G-3 (HSSE)

Subj: REQUEST FOR AMALs/ADAL IN SUPPORT OF FIELD OPERATIONS.

1. It is requested that the following AMALs/ADAL, pharmaceutical, and consumable list be provided in support of Field Operations.

<u>NOMENCLATURE</u>	<u>QTY</u>
[Block, Designate AMAL/ADAL]	[xxx]
EXAMPLE: 699 AMAL BLOCK	01

2. The following additional information is provided

- a. Responsible Officer (RO): Rank, Last, First, Middle Initial. xxx-xx-
last four of SSN] EXAMPLE: LT John , Doe xxx-xx- [
- b. Date of inventory/ LTI: [dd_MMM-yyyy] EXAMPLE: 29 APR 2010
- c. Date of pick up: [dd_MMM-yyyy] EXAMPLE: 29 APR 2010
- d. Estimated date of return: [dd_MMM-yyyy] EXAMPLE: 15 MAY 2010
- e. RA Job Order Number (JON): [JON associated with line of accounting to
fund request]
- f. Reporting Unit (RUC): [xxxxx] EXAMPLE: 11330

3. Point of contact for this request is, [Rank, Last, First, Middle
Initial., Phone, Email] EXAMPLE: HM3 Vollstedt, Ross @(760) 830 5552

4. An advance copy of this request was sent to CO, Medical Logistics
Company, 1st Supply Battalion, 1st Marine Logistics Group on 13 APR 2010.

J. A. SMITH

d. Assemblage Status Summary Report (SAMPLE)

Assemblage Status Summary Report - Current Allowance Quantities							Current Date: 11-Apr-2011
Criteria: All Items							
Rolled Up by Increment: NO							
Org ID:	M27120	Org UIC:	M27120	Org Description:	2ND MEDLOG		
Assemblage ID:	0619	Number:	6				
Increment:	0	Sub Assm:	00				
Build Control Number:		Assemblage Item ID:					
Description:	LAB CONSUMABLES						
Assemblage ERC:		Allow. Publication Date:	*Not on Record				
Assemblage UTC:		Ownership Code:					
Project Code:							
Warehouse Location:							

Commodity Cls Nm	Dollar Value					
	On Hand	Duein	Deferred	Allow	Over	Short
PHARMACEUTICAL	\$1.93	\$0.00	\$0.00	\$8.65	\$0.00	(\$6.72)
SUPPLY-EXPENDABLE MEDICAL	\$9,896.28	\$49.76	\$0.00	\$10,455.69	\$1,633.21	(\$2,192.62)
SUPPLY-EXPENDABLE NON-MEDICAL	\$8.18	\$0.00	\$0.00	\$8.18	\$0.00	\$0.00
Gross:	\$9,906.39	\$49.76	\$0.00	\$10,472.52	\$1,633.21	(\$2,199.34)

Total Assemblage Critical Items:	0
Total Assemblage Non-Critical Items:	69

Detail Percentages [% of Total Allowance Quantities]

Critical Item Stockage %:	-
Non-Critical Item Stockage %:	95%
Total Item Stockage %:	95%

Gross Percentages [% of Total Allowance Quantities]

Critical Item Stockage %:	-
Non-Critical Item Stockage %:	86%
Total Item Stockage %:	86%

Post-LTI Procedures

Post-LTI procedures are performed after the return of the using unit in order to ensure proper configuration (according to MCSC standards), validate that all equipment is accounted for and in good working order, and determine preliminary replenishment requirements.

It is important that all AMALs/ADAL are returned in the same configuration in which the equipment was issued (i.e., cleaned and in the standard configuration as Pre-LTI).

Participants in this phase are:

- Marine Logistics Group (MLG)
- Medical Logistics Company (MEDLOGCO)
- Supported unit

Systems in this phase are (*See Chapter 9 for Systems Descriptions*):

- Defense Medical Logistics Standard Support-Assemblage Management Module (DMLSS-AM)
- Global Combat Support System-Marine Corps (GCSS-MC)
- Standard Accounting, Budgeting, and Reporting System (SABRS)

a. Process Map

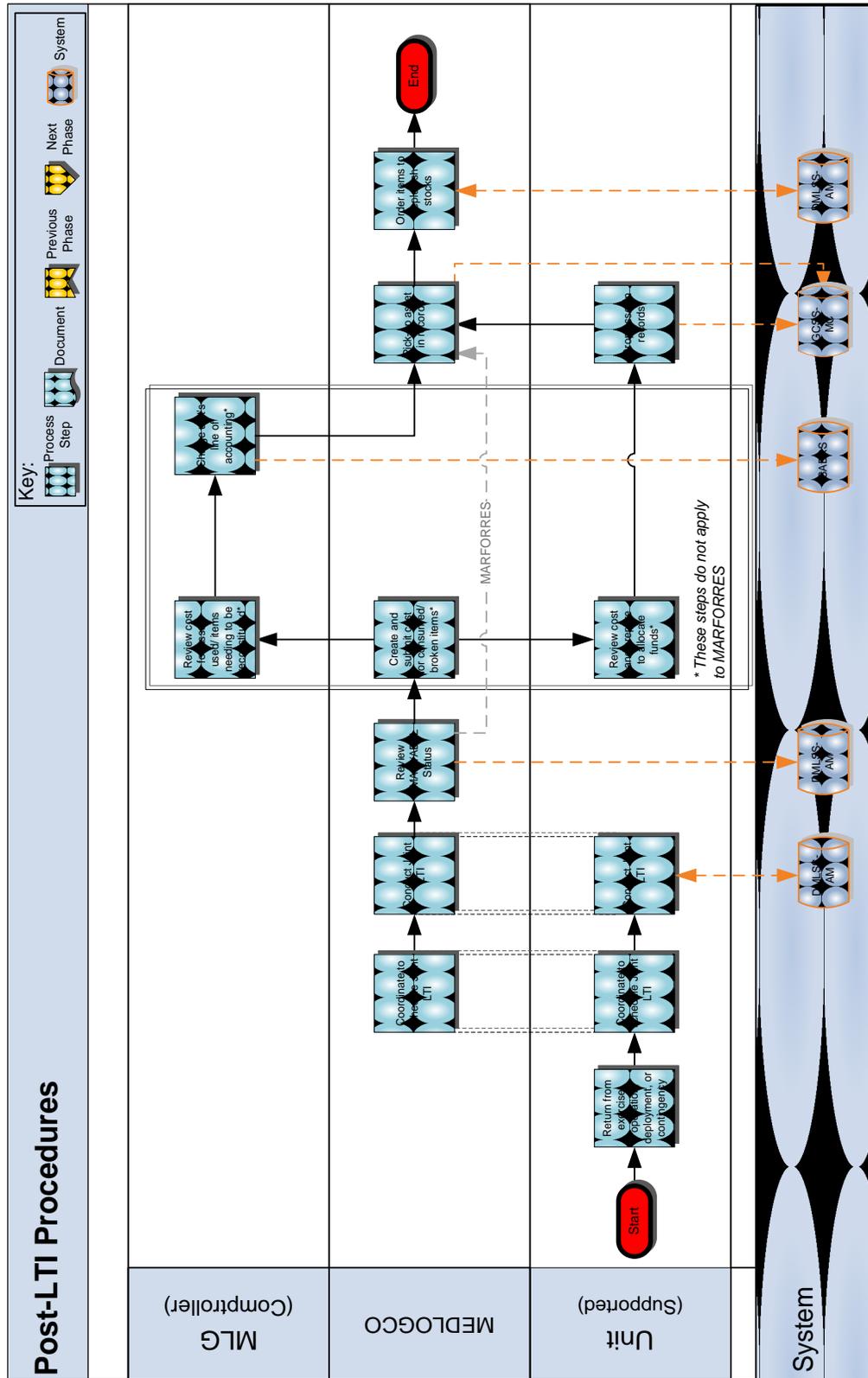


Figure 8.5 Post-LTI Process

b. Process Step Descriptions

1. Return from exercise, operation, deployment, or contingency
<ul style="list-style-type: none">• Description: Supported unit return from exercise, operation, deployment, or contingency and report to MEDLOGCO no more than one week following return to initiate coordination for a Post-LTI. Supported unit designate a primary/alternate Reporting Officer to conduct the Post-LTI and a preferred date/time to conduct the Post-LTI. If AMALs are not returned in a timely fashion, units may be charged for the total cost of the AMAL.• <i>Important Note:</i> The RO must be an Officer or SNCO designated from the requesting unit. The RO must be the same for both Pre- and Post-LTI.• Output: Designated ROs, Proposed Post-LTI date/time

2. Coordinate to schedule Joint LTI
<ul style="list-style-type: none">• Description: Unit and MEDLOGCO coordinate to make final preparation for the Post-LTI. This includes confirming the date/time and discussing roles/responsibilities and expectations for the Joint LTI.• Input: Proposed Post-LTI date/time• Output: Confirmed Post-LTI date/time

3. Conduct Joint LTI
<ul style="list-style-type: none">• Description: MEDLOGCO and designated unit RO conduct a Joint LTI to include; a QA/QC of line items, item quantity, SL3 equipment, shelf-life assets, and ensure that Biomedical has conducted operational checks on designated equipment. A Controlled Substance Officer is present during this process to sign for all narcotics. Upon completion of a satisfactory inspection, MEDLOGCO sign for the AMALs/ADAL and acknowledge the percentage of readiness.• <i>Important Notes:</i> The RO must be an Officer or SNCO designated from the requesting unit. Additionally, narcotics/controlled substances must be signed for by an Officer in accordance with MANMED P-117 and OPNAVINST 3120.32C. The Joint LTI does not apply in cases of Global Sourcing or for the release of MARFORRES assets, in which case only an LTI is performed. Per MARFORRES Force Order 6000, MARFORRES will conduct a JLTI if the requesting unit funds MARFORRES travel.• Input: Confirmed Post-LTI date/time, Pre-LTI Packing List

4. Review AMALs/ADAL Status

- **Description:** MEDLOGCO determine items needing replenishment (broken/consumed) and update in DMLSS. Then MEDLOGCO run a Status Summary Report in DMLSS and obtain the attainment percentage and the dollar deficiency for the returned block. The report enables the MEDLOGCO to identify the line items and equipment to order to bring the block up to desired readiness.
- **Output:** Status Summary Report + Supplemental SL3 or Components Report
- **Reference:** "Useful Reports" section in NAVMC 4000.3.

5. Create and submit cost for consumed/broken items*

- **Description:** MEDLOGCO create a Reconciliation Letter, which includes validation of the Pre-LTI Packing List, a summary of the items the unit signed for, and the items that were returned. MEDLOGCO (HSSO) send the Pre/Post-LTI Letter to the Supported Unit and the MSC/MLG Comptroller.
- **Important Note:** *This does not apply to MARFORRES.*
- **Input:** Status Summary Report + Supplemental SL3 or Components Report
- **Output:** Reconciliation Letter

6. Review cost for assets used/ items needing to be reconstituted*

- **Description:** MSC/MLG (Comptroller) receive the Reconciliation Letter and review the cost associated with consumed/broken assets.
- **Important Note:** *This does not apply to MARFORRES.*
- **Input:** Reconciliation Letter
- **Output:** Replenishment Cost

7. Charge unit's line of accounting*

- **Description:** MSC/MLG (Comptroller) charge the Line of Accounting (LOA) provided by the requesting unit in the AMAL Request Letter submitted during the Pre-LTI process in accordance with local policy (see Chapter 1).
- **Important Note:** *This does not apply to MARFORRES. If a unit's deployment spans over two Fiscal Years (FYs) then the requiring unit is required to provide an updated Line of Accounting (LOA) to the MEDLOGCO.*
- **Input:** Replenishment Cost
- **Output:** LOA Charge

8. Review cost and prepare to allocate funds*

- **Description:** Supported unit receive the Reconciliation Letter, review the cost associated with consumed/broken assets, and prepare for funds to be allocated.
- **Important Note:** *This does not apply to MARFORRES.*
- **Input:** Status Summary Report
- **Output:** Reconciliation Letter

9. Drop asset in records

- **Description:** Upon review of the charges, supported unit remove the asset from its property records by TAMCN in GCSS-MC.
- **Reference:** <http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx>; "Transferring an Assemblage Out of Your Organization (Loss)", NAVMC 4000.3.
- **Input:** Reconciliation Letter
- **Output:** AMALs/ADAL GCSS-MC record

10. Pick-up asset in records

- **Description:** MEDLOGCO add the asset in the unit's property records by TAMCN in GCSS-MC.
- **Reference:** <http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx>; "Transferring an Assemblage into Your Organization (Gain)", NAVMC 4000.3.
- **Input:** AMALs/ADAL GCSS-MC record

11. Order items to replenish stocks

- **Description:** MEDLOGCO utilize DMLSS to order replenishment stocks to bring the asset to the required level of readiness. DMLSS sources deficiencies from either the PVM/PVP or DLA's Contingency Contracts. (See Chapter 4, Sourcing Timeline for amplifying information on PVM/PVP and DLA contracts). MEDLOGCO generate a Replenishment Report, a list of items to be procured to increase readiness, and a DUE-INS Report, a list of what is coming in based off order, via DMLSS.
- **Important Note:** Orders pending in DMLSS are reflected as DUE-INS. Once the orders are processed, the percentage readiness is automatically adjusted in the AMALs/ADAL block. Therefore, it is essential that MEDLOGCO accounts for planned verse actual adjustments to block inventory to ensure they are not conducting unnecessary inventories or reporting false attainment. Due to delivery times associated with PVM/PVP, it may take as few as 48 hrs and up to 14 days to get the requested assets.
- **Output:** Replenishment Report & DUE-INS Report
- **Reference:** "Search for Replenishment Items", NAVMC 4000.3.

Figure 8.6 Post-LTI Process Descriptions

c. Exceptions

There are instances when a unit returning from an operation will leave the medical materiel, which is signed for, in-theater for other units to fall-in on. In this case, no Post-LTI will be performed by the departing unit, but it is recommended that the fall-in unit conduct a Post-/Relief LTI in order to account for all equipment and materiel. The fall-in unit will follow the Pre-LTI procedures for routing an AMAL Request Letter up the Chain of Command. The AMAL Request Letter will be used to report the materiel as a combat loss.

Once the MEFs sign the AMAL Request Letter and provide it to the MSC/MLG and the MEDLOGCO, the MEDLOGCO will drop the AMALs/ADAL in DMLSS and update the on-hand quantities in GCSS-MC. Then the MEDLOGCO will create a Combat Loss Letter summarizing the assets for which the unit signed. A Responsible Officer (RO), an Officer, or SNCO designated by the unit will report to the MEDLOGCO to sign the Combat Loss Letter. The signed letter will be provided to the comptroller at the MLG to receive funding to replenish the stocks left in-theater. The MEDLOGCO is responsible for replenishing the stocks after receipt of funding.

3. Proper Care and Storage of Pharmaceuticals

All pharmaceuticals should be stored in a temperature-controlled environment, in accordance with manufacturer guidance. Failure to store pharmaceuticals at appropriate temperatures in combination with regular monitoring temperature and humidity (T/H) monitoring may result in advanced deterioration or reduced pharmaceutical

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effectiveness. Proper storage in a temperature-controlled storage facility will ensure the shelf-life of all medical and dental pharmaceuticals, as well as limit loss of inventory and adverse clinical effects caused by improper storage. In order to ensure that proper storage standards are met, all USMC units storing pharmaceuticals will provide the following:

- a. A temperature and humidity (T/H) controlled monitoring program to ensure that all stored pharmaceuticals meet the manufacturer requirements.
- b. Continuous or periodical monitoring of stored equipment and consumables. If monitored periodically, consumables/equipment will be recorded twice within a 24-hour period, and all readings will be posted and available for inspections. Continuous monitoring will be conducted in accordance with an approved USMC monitoring system. Use of a commercial alarm to indicate a single event and/or record detailed time and temperature history is recommended.

Any pharmaceuticals that have been exposed in an uncontrolled environment for 72 hours will be considered unserviceable. The lot number will be recorded and pulled from the shelves, and if the pharmaceuticals have a total value in excess of \$1000, they may be submitted to the FDA for acceptance into the Shelf Life Extension Program in accordance with BUMED 6710.62A. Pharmaceuticals that do not meet the standards for entry into the Shelf Life Extension Program will be prepared for disposal.

4. CBRN Materiel Management

CBRN skin decontamination kits are Class VIII assets are centrally managed with all Marine Corps non-medical CBRN equipment. The WRM requirements for CBRN skin decontamination kits are calculated and managed using the same procedures as Class II materiel and are procured by MCSC through the Warfighting PEB.

In addition to the skin decontamination kits, MEFs maintain all other Class VIII CBRN materiel as individual line items, rather than as configured AMALs, at the quantities required to support a force employment package. MEFs shall determine an appropriate personnel requirement in accordance with the minimum number of on-hand CBRN equipment they maintain. This will be the quantity held on-hand at the MEDLOGCO vice the total AAO. This number is updated on an annual basis in order to reflect changes in MEF-held CBRN equipment levels.

MEFs source their Class VIII CBRN requirements through a combination of in-stores assets (on-hand) or through the use of existing DLA-managed contingency contracts (remaining AAO). MEDLOGs are required to utilize DLA contracts for tiered resupply of remaining materiel requirements. Additionally, MEFs are required to develop and implement an incremental procurement and replenishment program in order to ensure shelf life dating for MEF-held CBRN materiel is spread across

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multiple manufacturer production lots. MEDLOGCOs shall follow BUMEDISNT 6710.62 and DODI 6430.02 on DoD/Food and Drug Administration (FDA) Shelf Life Extension Program (SLEP) materiel and shall enter all qualified NSN in the SLEP database located at:
https://slep.dmsbfda.army.mil/portal/page/portal/SLEP_PAGE_GRP/SLEP_HOME_NEW.

Marine Corps Logistics Command (MCLC) is responsible for managing Class VIII CBRN requirements to support follow-on forces and MARFORRES, as well as managing all USMC Class VIII (SLEP) materiel. CBRN materiel requirements managed by MCLC are sourced through a combination of contingency contracts, DoD/FDA SLEP materiel, or in-stores inventory. Any MEF-held Class VIII CBRN materiel that expires and meets the criteria for testing in the DoD/FDA SLEP should be transferred to MCLC and held as SLEP materiel.

5. Biomedical Equipment Management

Biomedical Equipment Technicians (BMETs) are taught the basic theory and concepts of different classes of medical equipment at the DoD Biomedical Equipment Technician (BMET) School and are capable of performing level II maintenance on the classes of equipment held within the Marine Corps inventory. Since some equipment is a product of new technology, BMETs should apply their training to new equipment with use of service and operator manuals.

Training in medical equipment technology that is not provided by the DoD BMET School will be funded by MCSC. BMETs, in turn, will be required to train other BMETs in the MEDLOG on new equipment in order to sustain technical knowledge gained from initial training. Additional training requested after the initial training class will be funded by the requesting command.

The frequency of scheduled medical equipment maintenance should comply with the manufacturer's requirements or frequency established by NAVMEDLOGCOM. The Biomedical Engineering Division (BIOMED) is required to use the DMLSS Device Code and Life Expectancy Table for assigning risk levels and maintenance frequency.

For additional information, please see the NAVMEDLOGCOM Biomedical Equipment Division Support website at https://gov_only.nmlc.med.navy.mil/.

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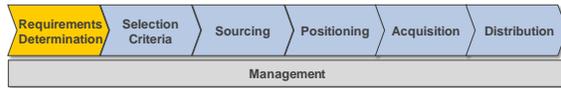
Requirements Determination

Chapter 2

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A. Requirements Determination



Requirements Determination, in conjunction with the Selection Criteria function described in the previous chapter, parallels the Plan Health Service Support phase of the NAVMEDLOGCOM process for determining medical support requirements.

The Marine Corps has two distinct phases for determining Class VIII materiel requirements. The first phase is to establish initial issue (15 DOS) requirements as a part of the unit T/E listed in TFSMS. The AMALs/ADAL types and quantities in the T/E comprise the unit's basic allowance, which the MEDLOGCO will hold and maintain. These AMALs/ADAL also undergo routine reviews to ensure the type and quantity of materiel is in accordance with changing mission objectives or force structure.

1. Requirements Determination – Initial Issue

Participants in this phase are:

- Deputy Commandant Combat Development & Integration (DC CD&I) Combat Development Directorate (CDD)/Logistics Integration Division (LID)
- Deputy Commandant Combat Development & Integration (DC CD&I) Total Force Structure Division (TFSD)
- Marine Corps Systems Command (MCSC)
- Marine Forces (MARFOR)
- Marine Expeditionary Forces (MEFs)
- Marine Forces Reserve (MARFORRES)
- Using unit

Additional participants that contribute to this phase include:

- Marine Corps Warfighting Laboratory (MCWL)
- Training & Education Command (TECOM)

MCWL coordinates with DC CD&I to support pre-phase efforts in informing DC CD&I on any projects researching developmental equipment/assets that may be used to fill a gap in requirements. Additionally, MCWL supports post-phase efforts in conducting testing and evaluation on requirements to document justification for prioritization of requirements.

TECOM coordinates with DC CD&I to support the post-phase effort in identifying the training requirements associated with permanent programs.

Systems in this phase are *(See Chapter 9 for Systems Descriptions)*:

Class VIII Management

- Total Force Structure Management System (TFSMS)
- Global Combat Support System-Marine Corps (GCSS-MC)
- Program Budgeting Documentations Database (PBDD)

a. Process Map

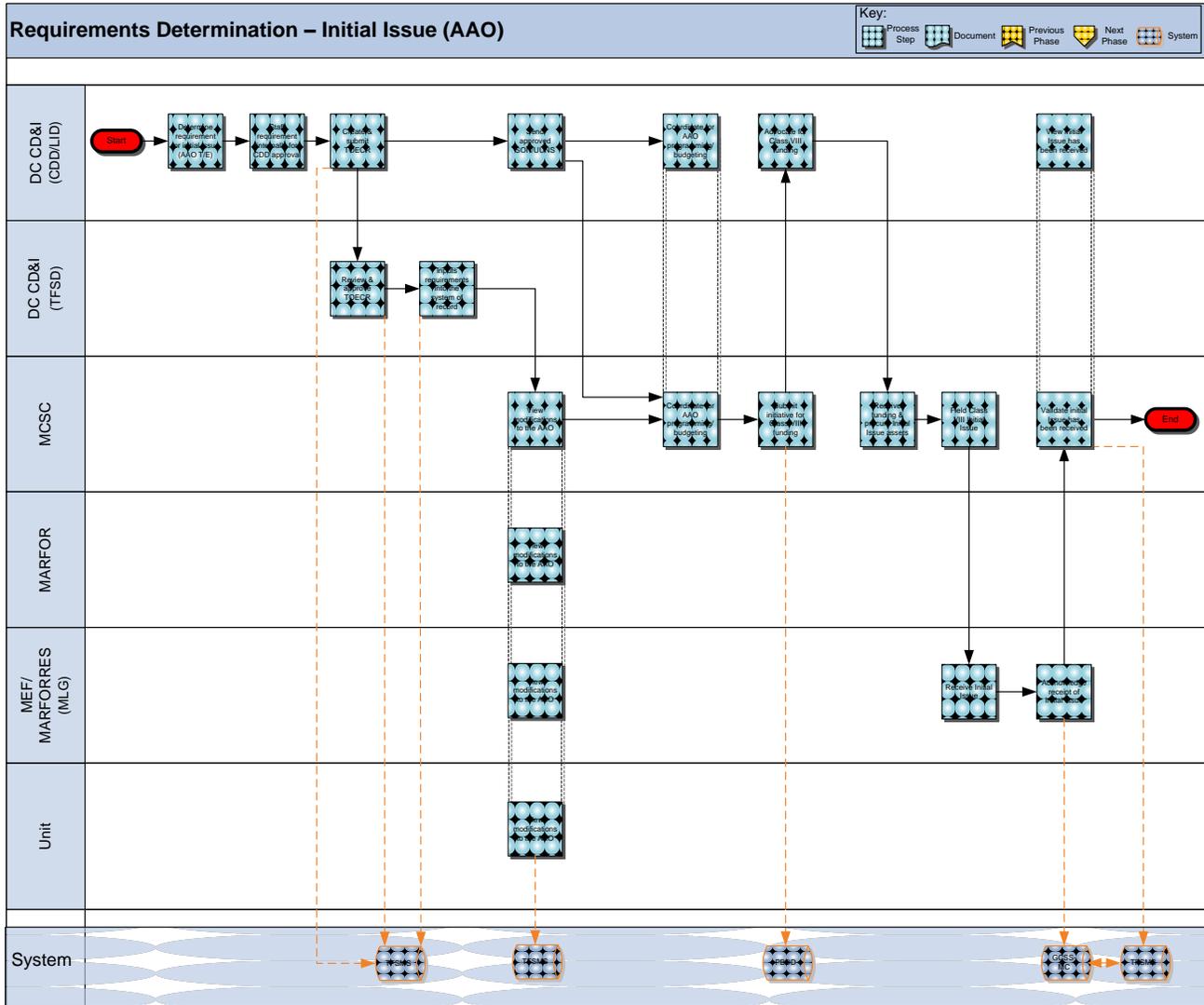


Figure 8.10 Requirements Determination-AAO Initial Issue Process

b. Process Step Descriptions

1. Determine requirement for initial issue (AAO T/E)
<ul style="list-style-type: none">• Description: DC CD&I (CDD/LID) determine a new requirement for initial issue (AAO T/E, 15 DOS). Based on this requirement, LID create a Statement of Need (SON) or an Urgent Universal Needs Statement (UUNS) to substantiate the requirement. The SON/UUNS contain the asset's concept of employment, characteristics, and Approved Acquisition Objective (AAO) broken down by MEFs, MARFORRES, Maritime Prepositioning Ships (MPS), MARSOC, Support Establishment, and MARFORs.• Important Note: <i>The pharmacy is not included in the initial issue (AAO T/E, 15 DOS) process. It is the responsibility of the MEDLOGCOs to procure through the Prime Vendor Pharmacy (PVP) or DLA Contingency Contracts.</i>• Input: JCIDS/EFDS Program of Records• Output: SON/UUNS
2. Staff requirement internally for CDD approval
<ul style="list-style-type: none">• Description: DC CD&I (CDD/LID) staff the SON/UUNS internally through CDD to get approval for the modification to the (AAO T/E). Approval is granted via a CDD Letter of Approval.• Input: SON/UUNS• Output: CDD Letter of Approval
3. Create and submit TOECR
<ul style="list-style-type: none">• Description: DC CD&I (CDD/LID) create and submit a Table of Organization and Equipment Change Request (TOECR) to the Total Force Structure Management Structure (TFSMS). After inputting the TOECR into TFSMS, CDD/LID should submit the TOECR to DC CD&I (TFSD) for review and approval.• Input: CDD Letter of Approval• Output: TOECR
4. Review and approve TOECR
<ul style="list-style-type: none">• Description: DC CD&I (CDD/LID) coordinate with DC CD&I (TFSD) to determine the impacts on the Marine Corps Approved Acquisition Objective (AAO). Upon successful completion of analysis, CDD endorse and LID forward to TFSD for action.• Input: TOECR• Output: CDD Endorsement/Approved TOECR

5. Input requirements into the system of record

- **Description:** DC CD&I (TFSD) input new initial issue (15 DOS) requirements (T/E), in accordance with the approved TOECR, into the system of record, TFSMS. Each new requirement is associated with a Unit Identification Code (UIC).
- **Input:** Approved TOECR
- **Input:** Adjust T/E

6. View modifications to the AAO

- **Description:** MCSC, MARFOR, MEF/MARFORRES (MLG), and the supported unit view adjustments to the T/E associated with their UIC in TFSMS.
- **Input:** Adjust T/E

7. Send approved SON/UUNS

- **Description:** DC CD&I (CDD/LID) send the approved SON/UUNS to MCSC to provide MCSC with a confirmation that the AAO has been loaded and enable MCSC to initiate procurement/budgeting.
- **Output:** SON/UUNS

8. Coordinate for AAO programming/budgeting

- **Description:** DC CD&I (CDD/LID) and MCSC (PM-CSE) collaborate to generate a justification and support documentation to establish a Class VIII initial issue (15 DOS) initiative for programming/budgeting.
- **Input:** SON/UUNS
- **Output:** Initial Issue Funding Line

9. Submit initiative for Class VIII funding

- **Description:** MCSC (PM-CSE) submit a request for Class VIII initial issue (15 DOS) funding in the PBDD. The initiative articulates the unfunded requirements, identifies the pre-existing budget-line/funding profile which supports the requirements, and justifies the need for the initial issue (15 DOS) type and quantity.
- **Input:** Initial Issue Funding Line
- **Output:** PBDD Initial Issue Entry

10. Advocate for Class VIII funding

- **Description:** DC CD&I (CDD/LID) serve as the Class VIII program advocate and articulate the value/benefit of new program resources as outlined in the Initial Issue Initiative, in order to help ensure that Class VIII Initial Issue (15 DOS) requirements receive funding in the POM Process (See NAVMC 4000.1, Chapter 8: Acquisition for more information on the POM Process). Class VIII requirements are briefed to the Warfighting Program Evaluation Board (WIPEB).
- **Input:** PBDD Initial Issue Entry
- **Output:** WIPEB Submission

11. Receive funding and procure initial issue assets

- **Description:** At the completion of the POM cycle, MCSC (PM-CSE) receive Class VIII funding and procure initial issue (15 DOS) assets.
- **Input:** Class VIII funding
- **Output:** Initial Issue

12. Field Class VIII initial issue

- **Description:** Once MCSC (PM-CSE) receive the Initial Issue (15 DOS) assets from the procurement source, MCSC (PM-CSE) field the assets to the designated MEF/MARFORRES (MLG).
- **Output:** Initial Issue

13. Receive initial issue

- **Description:** MEF/MARFORRES (MLG) receive initial issue (15 DOS) from MCSC (PM-CSE) and incorporate into the Class VIII inventory.
- **Input:** Initial issue

14. Acknowledge receipt of initial issue

- **Description:** MEF/MARFORRES (MLG) add assets to Class VIII inventory by updating the associated records in GCSS-MC (or SASSY, as applicable). Upon completion, compare GCSS-MC records to TFSMS and officially acknowledge receipt of initial issue (15 DOS) in TFSMS by updating the on-hand quantity for each respective Unit Identification Code (UIC).
- **Output:** Updated GCSS-MC record, Updated TFSMS On-hand quantity
- **Reference:** <http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx>

15. Validate initial issue has been received

- **Description:** DC CD&I (CDD/LID) validate that initial issue (15 DOS) has been received and input into TFSMS by ensuring that on-hand quantities for each respective UIC are appropriated updated.
- **Input:** Updated TFSMS On-hand quantity
- **Output:** Validated TFSMS On-hand quantity
- **Reference:** <https://tfsms.mccdc.usmc.mil>

Figure 8.11 Requirements Determination–AAO Initial Issue Activities Process Descriptions

It is important to note that modifications may be made to the basic allowance by the unit to gain an additional Warfighting capability deemed critical to operating forces for combat or contingency operations. After they receive MEF Commander approval, units may recommend substitutions or additions to their AMALs/ADAL T/E through the Urgent Needs Process (UNP). Details regarding this process can be referenced in MCO 3900.17, the Marine Corps Urgent Needs Process (UNP) and the Urgent Universal Needs Statement (UUNS) or at <https://www.mccdc.usmc.mil>.

2. Requirements Determination – Surge

There are two components that go into the development of surge requirements for Class VIII materiel: Casualty Estimations (CASEST) and Patient Streams.

The CASEST is a service requirement to determine the number of casualties that are estimated in accordance with a given OPLAN. This is an internal Marine Corps process comprised of collaboration between PP&O (PLN) and I&L (LPC). As depicted in the Surge Requirement process map (Section A.2.a.), LPC will request PLN's support to determine CASEST. In this process, PLN will review the numbered OPLANS and derive an estimated number of casualties based on the environment, duration, and intensity pertaining to the OPLAN. PLN and LPC will establish CASEST based on two combat phases, three levels of intensity, and other casualties.

Two phases of combat:

- Assault (1st 30 days of combat)
- Sustainment (Every subsequent 30 day period)

Three intensities of combat:

- **Low Intensity Conflict (LIC):** Political-military confrontation between contending states or groups below conventional war and above the routine, peaceful competition among states. It frequently involves protracted struggles of competing principles and ideologies. LIC ranges from subversion to the use of means employing political, economic, informational, and military instruments to include irregular warfare scenarios. LICs are

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often localized, generally in the third-world, but contained regional and global security implications.

- **Medium Intensity Conflict (MIC):** A Medium Intensity Conflict is characterized by the protracted employment of regular armed forces in combat as a major manifestation of power by the threat and responding nations, and the designation of military objectives to achieve political and economic goals. It may include some or all of the techniques and characteristics of low intensity conflict.
- **High Intensity Conflict (HIC):** The relatively unconstrained use of power by one or more nations to gain or protect territory and interests that directly affects the survival of the nation. The form of conflict is characterized by extreme levels of violence. The employment of the full range of military force sustained by the preponderance of other national resources to achieve military and political victory is the primary use of nuclear weapons and may include some or all of the characteristics of LIC and MIC.

LPC will provide these estimates to the Naval Health Research Center (NHRC) for the development of patient streams. NHRC will divide the casualty estimations into one of five sub-categories:

- **Wound in Action (WIA):** A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who has incurred an injury due to an external agent or cause. The term encompasses all kinds of wounds and other injuries incurred in action, whether there is a piercing of the body, as in a penetration or perforated wound, or none, as in the contused wound. These include fractures, burns, blast concussions, all effects of biological and chemical warfare agents, and the effects of an exposure to ionizing radiation or any other destructive weapon or agent. The hostile casualty's status may be categorized as "very seriously ill or injured," "seriously ill or injured," "incapacitating illness or injury," or "not seriously injured." Also called WIA. See also casualty category.
- **Disease Non-Battle Injury (DNBI):** A person who is not a battle casualty but who is lost to the organization by reason of disease or injury, including persons dying of disease or injury, by reason of being missing where the absence does not appear to be voluntary, or due to enemy action or being interned. Also called DNBI casualty.
- **Non-Battle Injury (NBI):** A person who becomes a casualty due to circumstances not directly attributable to hostile action or terrorist activity. Also called NBI.
- **Died of Wounds Received in Action (DWRIA):** A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity, who dies of wounds or other injuries received in action after having reached a medical treatment facility. Also called DWRIA. See also casualty category.
- **Killed in Action (KIA):** A casualty category applicable to a hostile casualty, other than the victim of a terrorist activity,

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who is killed outright or who dies as a result of wounds or other injuries before reaching a medical treatment facility. Also called KIA. See also casualty category.

NHRC will utilize a robust empirical data base to establish probability distributions across each of the five sub-categories in order to develop patient streams. Upon conclusion, NHRC will input these distributions into modeling systems to generate the materiel requirements, number and type of supplies, to treat a particular patient stream. The resulting list of materiel requirements will be provided to LPC to submit to DLA for future sourcing.

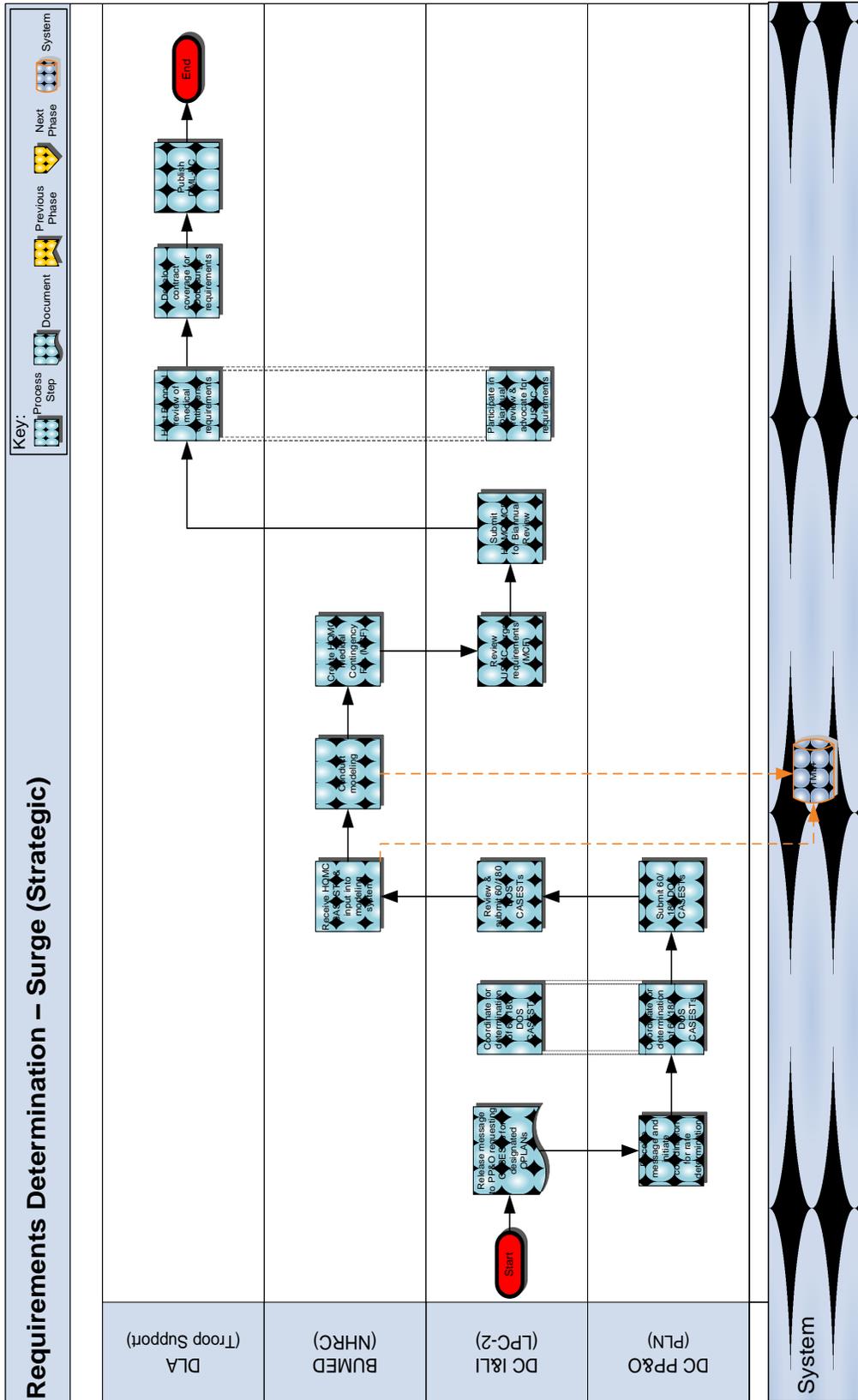
Participants in this Requirements Determination–Surge phase are:

- Defense Logistics Agency (Troop Support)
- Naval Health Research Center
- Deputy Commandant Installations & Logistics (DC I&L) Life Cycle Management Branch (LPC)
- Deputy Commandant Plans, Policies, and Operations (DC PP&O)

Systems in this phase are (*See Chapter 9 for Systems Descriptions*):

- Tactical Medical Logistics Planning Tool (TML+)

a. **Process Map**



b. Process Step Descriptions

1. Release message to PP&O requesting CASESTs for designated OPLANS
<ul style="list-style-type: none">• Description: Based on annual requirement, DC I&L (LPC-2) create and disseminate a Naval Message to PP&O (PLN) to request support in generating CASESTs for designated OPLANS.• Input: Requirements Determination Timeline• Output: CASEST Naval Message
2. Receive message and initiate coordination for rate determination
<ul style="list-style-type: none">• Description: DC PP&O receive message from DC I&L (LPC-2) and conduct preliminary analysis required to support the development of CASEST rates. The preliminary analysis includes an examination of current Defense and Marine Corps guidance on considerations for parameter data, as well as planning factors such as conflict intensities (LIC, MIC, HIC) and DNBI, as defined above in the introduction to this section.• Input: CASEST Naval Message• Output: Preliminary Analysis
3. Coordinate for determination of 60/180 DOS CASESTs
<ul style="list-style-type: none">• Description: DC PP&O coordinate with DC I&L (LPO-1/LPC-2) in order to determine the appropriate CASEST rate for a 60/180 DOS capability in accordance with the four elements (LIC, MIC, HIC, and DNBI) defined above in the introduction to this section.• Input: Preliminary Analysis
4. Submit 60/180 DOS CASESTs
<ul style="list-style-type: none">• Description: DC PP&O (PLN) submit 60/180 DOS CASESTs to DC I&L (LPC-2) for review.• Output: 60/180 DOS CASESTs
5. Review and submit 60/180 DOS CASESTs
<ul style="list-style-type: none">• Description: DC I&L (LPC-2) review the CASEST provided by DC PP&O and make any required adjustments prior to submitting to NHRC. Upon approval, LPC-2 submit to NHRC.• Input: 60/180 DOS CASESTs• Output: Adjusted 60/180 DOS CASESTs
6. Receive HQMC CASESTs and input into modeling system
<ul style="list-style-type: none">• Description: BUMED (NHRC) receive HQMC CASESTs and input into TML+ modeling system.• Input: Adjusted 60/180 DOS CASESTs

7. Conduct modeling
<ul style="list-style-type: none">• Description: BUMED (NHRC) conduct modeling in TML+. NHRC run the patient streams in terms of volume and type of injury. Utilize the model to determine, based on a statistical variables, the patient stream. Based on this data, determine the associated AMALs, number of supplies required to treat the patient stream identified, and generate surge requirements.• Important Note: This process applies to consumable re-supply only and does not address equipment.• Input: CASEST into TML+• Output: Surge Requirements
8. Create HQMC Medical Contingency File (MCF)
<ul style="list-style-type: none">• Description: BUMED (NHRC) create HQMC MCF. DC I&L (LPC-2) participate in this process, along with MCSC (PM CSE), to ensure that NSNs in the Marine Corps inventory align with the MCF. Additionally, DC I&L (LPC-2) identify items that are coded "Y" (items that are no longer manufactured but may still be in the Marine Corps inventory) and determine appropriate substitutions for replenishment of these items.• Input: Surge Requirements• Output: Draft MCF
9. Review USMC surge requirements (MCF)
<ul style="list-style-type: none">• Description: BUMED (NHRC) send final MCF to DC I&L (LPC-2) for review. DC I&L (LPC-2) coordinate with MCSC to ensure all NSNs associated with the surge requirements are valid. Modify as appropriate to generate the Adjusted MCF.• Input: Draft MCF
10. Submit HQMC MCF for Biannual Review
<ul style="list-style-type: none">• Description: DC I&L (LPC-2) submit HQMC portion of the MCF to DLA (Troop Support) for incorporation with the other service requirements at the Biannual Review.• Important Note: <i>The MCF is submitted annually in January/July</i>• Output: Final MCF

11. Host Biannual Review of medical contingency requirements
<ul style="list-style-type: none">• Description: Defense Logistics Agency (DLA) (Troop Support) host Biannual Review of medical contingency requirements. This effort is supported DC I&L (LPC-2), who participates in the Biannual Review and advocates for USMC requirements. During the review, requirements are vetted across all services to ensure requirements are valid and can be supported by contingency contracts. A priority is set for items that support multiple services.• Input: Individual Service MCF• Output: Consolidated MCF
12. Develop contract coverage for DoD surge requirements
<ul style="list-style-type: none">• Description: DLA review the current contingency contracts in place to ensure coverage associated with the newly-established requirements and award contracts for new surge requirements.• Input: Consolidated MCF
13. Publish DML-PC
<ul style="list-style-type: none">• Description: DLA publish Defense Medical Logistics-Proponent Committee. The committee involves participants from all services, who review the status of all contingency files. DML-PC publish a report at the conclusion of the committee, which covers the status of contingency files and DLA's percentage capability.• Output: DML-PC Report

Figure 8.13 Requirements Determination–Surge (Strategic) Activities

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Selection Criteria

Chapter 3

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A. Selection Criteria

Selection Criteria, in conjunction with the Requirements Determination function described in the following chapter, parallels the Plan Health Service Support phase of the NAVMEDLOGCOM process for determining medical support requirements.

The Marine Corps AMALs/ADAL are designed to establish and/or support a specific health care mission. These health care missions will be influenced by factors such as fluctuations in combat intensity, evacuation policies and capabilities, and availability of non-organic health care support (i.e., Navy Expeditionary Medical Facilities (EMFs), host nation support, etc). The Marine Corps has established a process, the Modernization Review, to review the method by which Medical Materiel is updated to reflect current treatment protocols and modalities in order to improve operational medical readiness to the warfighter by fielding improved Medical Materiel.

1. Modernization Review

The Modernization Review is an extensive process and is used to ensure use of the most-up-to-date equipment and consumables. Individual AMALs/ADAL are reviewed on a four-year cycle.

Participants in this phase are (*See MCO 4400.39, Chapter 8, for overall roles and responsibilities*):

- Deputy Commandant Installations & Logistics (DC I&L) Life Cycle Management Branch (LPC)
- Deputy Commandant Combat Development & Integration (DC CD&I) Integration Division (ID)
- Commanding General Marine Corps Systems Command (CG MCSC) Program Manager, Combat Support Equipment (PM-CSE)
- Naval Health and Research Center (NHRC)
- Blount Island Command (BIC)
- Marine Forces Command (MARFORCOM)
- Marine Forces Pacific (MARFORPAC)
- Marine Expeditionary Forces (MEFs)
- Marine Forces Reserve (MARFORRES)

Systems used in this phase are (*See Chapter 9 for Systems Descriptions*):

- Medical Logistics Online (MLO)
- Total Force Structure Management System (TFSMS)

a. Process Map

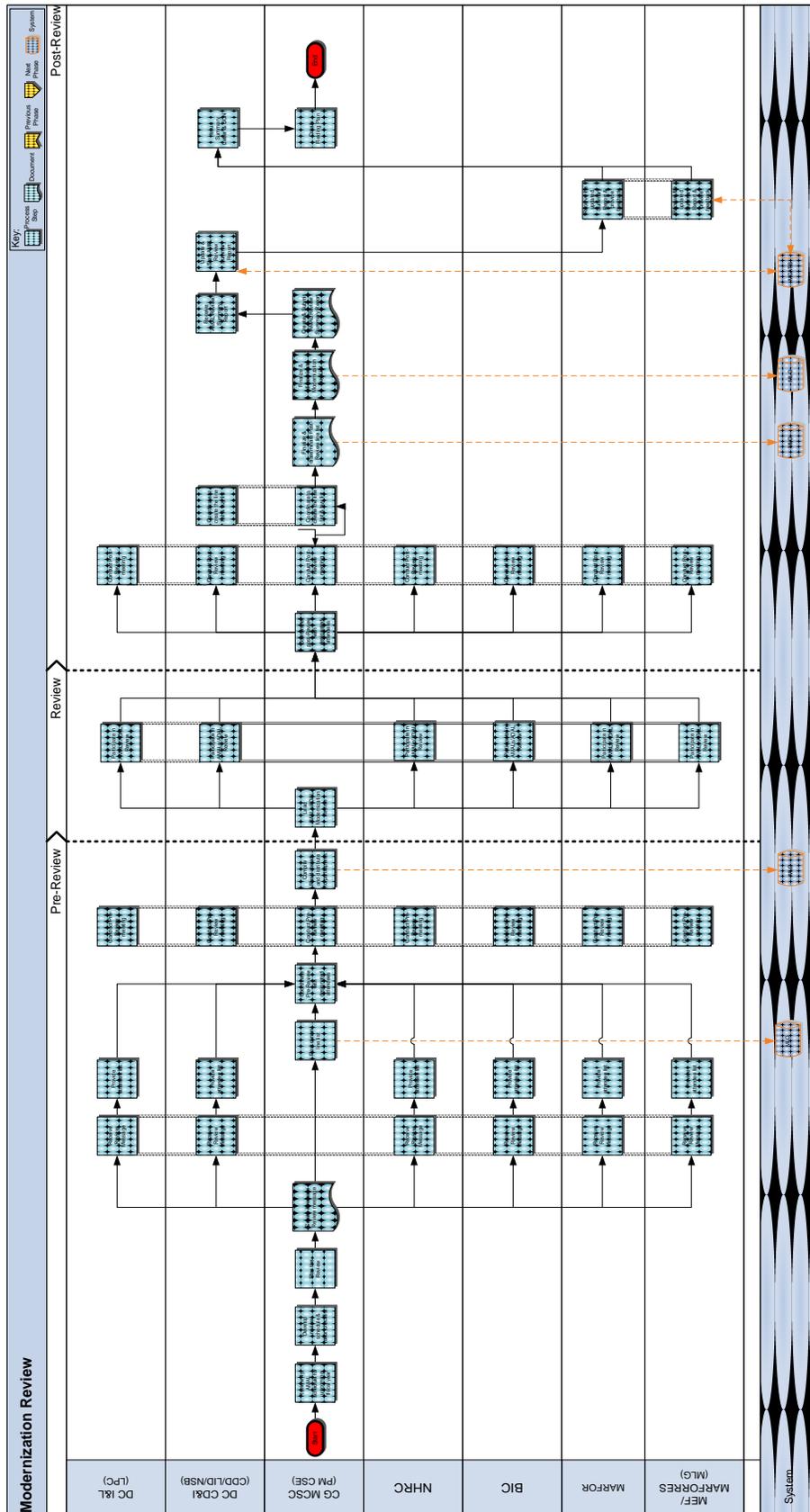


Figure 8.7 Modernization Review

b. Process Step Descriptions

1. Review 4 yr AMAL schedule for upcoming fiscal year
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) review the schedule for upcoming fiscal year to determine reviews and venues. PM-CSE publish the schedule via electronic correspondence.• Input: AMAL schedule (4 year)• Output: Schedule for upcoming FY• Reference: https://ips.usmc.mil/sites/mefkb/default.aspx
2. Develop review schedule & tailor checklist
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) develop review schedule in accordance with Checklist from AMAL Review Website. PM-CSE tailor Checklist according to the size and complexity of the AMAL to either a 60- or 90-Day Post-Review Cycle and post for participant review.• Input: Checklist from AMAL Review Website• Output: Review Schedule, Tailored AMAL Modernization Review Checklist• Reference: https://ips.usmc.mil/sites/mefkb/default.aspx
3. Plan the Review
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) plan the review by compiling all necessary data/information and coordinate logistics at selected venue. Details pertaining to data/information and the venue for the review will be incorporated into the Review message.• Input: AAO, SON, NHRC modeling simulation data/information• Output: Details for Review message
4. Create & release Review message
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) create the Review message, incorporating details for Review message and staff accordingly. Upon approval, MCSC (PM-CSE) release the message via electronic correspondence to the MARFOR; 4th MEDLOG; DC CD&I, CDD, LID; NHRC; BIC; DC I&L; and any other required participants.• Input: Details for Review message• Output: Review Message
5. Receive Review Message
<ul style="list-style-type: none">• Description: DC I&L, NHRC, BIC, MARFORs, and MEFs/MARFORRES (4th MEDLOG) receive the Review message, coordinate internally to select appropriate staff to support the Review, and prepare accordingly.• Input: Review Message

6. Provide attendee list
<ul style="list-style-type: none">• Description: DC I&L, NHRC, BIC, MARFORs, and MEFs/MARFORRES (4th MEDLOG) provide MCSC (PM-CSE) a list of personnel designated to participate in the Review.• Output: Attendee List
7. Post current line list
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) post current line list to the AMAL Review workspace for participant evaluation prior to the Modernization Review.• Output: Current (FY) Line List
8. Coordinate Pre-Review with designated attendees
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) coordinate with designated personnel to establish the Pre-Review meeting. The coordination will set requirements for the meeting (e.g., data/information requirements, etc.) and determine whether the meeting will be held in person and/or via teleconference.• Input: Attendee list
9. Conduct Pre-Review meeting
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) lead designated participants, from DC I&L, NHRC, BIC, MARFORs, and MEFs/MARFORRES, in a Pre-Review meeting. The review will address preliminary reference materiel gathered by PM-CSE to create a consolidated line list, tasker list, read-ahead documents, etc.• Input: Preliminary Reference Materiel• Output: Consolidated line list, tasker list, read-ahead documents• Reference: https://ips.usmc.mil/sites/mefkb/default.aspx
10. Compile read-aheads and distribute to participants
<ul style="list-style-type: none">• Description: Upon conclusion of the Pre-Review meeting, MCSC (PM-CSE) disseminate all documents generated during the Pre-Review to participants.• Output: Pre-Review: consolidated line list, tasker list, read-ahead documents• Reference: https://ips.usmc.mil/sites/mefkb/default.aspx, Review Tab of the corresponding AMAL Review Website

11. Lead/Participate in AMALs/ADAL Modernization Review

- **Description:** MCSC (PM-CSE) lead designated participants, including DC I&L (LPC), DC CD&I (LID), NHRC, BIC, MARFOR, and MEF/MARFORRES (MLG), in Modernization Review. The Modernization Review should include validation of attendee list, presentation of supporting briefs, and line-by-line reviews. At the conclusion of the Review, MCSC (PM-CSE) reconcile lists, consolidate notes, assign preliminary task (task, suspense date, owner), and set Post-Review Meeting date.
- **Important Note:** *The pharmacy is not included in the Modernization Review. It is the responsibility of the MEDLOGCOs to procure through the Prime Vendor Pharmacy (PVP) or DLA Contingency Contracts.*
- **Input:** Attendee List, supporting briefs, line list
- **Output:** Reconciled line list, review notes, preliminary task list, post-review meeting date

12. Coordinate Post-Review with designated attendees

- **Description:** MCSC (PM-CSE) coordinate with designated personnel to establish the Post-Review meeting and communicates meeting logistics via e-mail. Additionally, MCSC (PM-CSE) post reconciled consolidated line list to the Post-Review Tab of the corresponding AMAL Review Workspace for reference.
- **Input:** Reconciled line list, review notes, preliminary task list, post-review meeting date
- **Output:** E-mail (Post-Review Coordination)
- **Reference:** <https://ips.usmc.mil/sites/mefkb/default.aspx>; Review Tab of the corresponding AMAL Review Website

13. Conduct Post-Review meeting

- **Description:** MCSC (PM-CSE) lead designated participants, including DC I&L (LPC), DC CD&I (LID), NHRC, BIC, MARFOR, MEF/MARFORRES (MLG), in Post-Review meeting. Post-Review should include line-by-line revalidation of information collected at the Modernization Review and assign action for any outstanding tasks needed to finalize a proposed line list.
- **Input:** E-mail (Post-Review Coordination)
- **Output:** Revalidated line list, Task List

14. Coordinate to create the line list and buy list

- **Description:** MCSC (PM-CSE) monitor completion of outstanding tasks in order to create and disseminate Post-Review line list. Once all tasks are complete, DC CD&I (LID, Naval Support Branch) and MCSC (PM-CSE) refine the output from the Post-Review in order to ensure alignment with the current SON capabilities and current missions set by HQMC. Once the line list has been refined, DC CD&I (LID, Naval Support Branch) and MCSC (PM-CSE) determine the items required for procurement.
- **Input:** Revalidated line list, Task List
- **Output:** Final line list, Modernization buy list

15. Create and disseminate Post-Review line list

- **Description:** MCSC (PM-CSE) generate the Final Modernization Line List based on collaboration with DC CD&I (LID, Naval Support Branch). When completed, MCSC (PM-CSE) upload the Final Modernization line list to the Post-Review Tab of the AMAL Review Workspace for reference.
- **Input:** Final line list
- **Output:** Final Modernization line list
- **Reference:** <https://ips.usmc.mil/sites/mefkb/default.aspx>, Post-Review Tab of the AMAL Review Website

16. Create and disseminate Modernization Buy List

- **Description:** MCSC (PM-CSE) generate the Final Modernization buy list based on collaboration with DC CD&I (LID, Naval Support Branch). When completed, MCSC (PM-CSE) upload the Final Modernization Buy List to the Post-Review Tab of the AMAL Review Workspace for reference.
- **Input:** Modernization buy list
- **Output:** Final Modernization buy list
- **Reference:** <https://ips.usmc.mil/sites/mefkb/default.aspx>, Post-Review Tab of the AMAL Review Website

17. Create and Submit AMAL Review Summary Report

- **Description:** MCSC (PM-CSE) create and submit AMAL Review Summary Report to DC CD&I (LID, Naval Support Branch) for review. The AMAL Review Summary Report will include all changes made to the line list throughout the review process and the associated procurement costs.
- **Input:** Final Modernization line list, Final Modernization buy list
- **Output:** Draft AMAL Review Summary Report
- **Document:** AMAL Review Summary Report

18. Receive AMAL Review Summary Report
<ul style="list-style-type: none">• Description: DC CD&I (LID, Naval Support Branch) receive AMAL Review Summary Report from MCSC (PM-CSE) and review the report to make any last changes required to ensure the line list and buy list are in alignment with the SON capabilities and the current mission set established by HQMC.• Input: Draft AMAL Review Summary Report
19. Update & Staff AMAL Review Summary Report
<ul style="list-style-type: none">• Description: Upon completing the update to the AMAL Review Summary Report, DC CD&I (LID, Naval Support Branch) staff the report to the MARFORs and MEF Surgeons via MCATS for concurrence.• Output: AMAL Review Summary Report
20. Receive the updated Summary Report & provide feedback
<ul style="list-style-type: none">• Description: MARFORs/MEF Surgeons receive AMAL Review Summary Report and provide feedback on concurrence/non-concurrence along with the associated justification to DC CD&I.• Input: AMAL Review Summary Report• Output: Validated AMAL Review Summary Report
21. Issue Summary Letter & SON
<ul style="list-style-type: none">• Description: DC CD&I (LID, Naval Support Branch) consolidate all the feedback provided from the MARFORs and MEF Surgeons and issue a letter to MCSC along with the updated SON, if required, to MCSC.• Input: Validated AMAL Review Summary Report• Output: Summary Letter, SON (as required)
22. Issue Summary Letter & SON
<ul style="list-style-type: none">• Description: MCSC (PM-CSE) utilize the issue letter and updated SON, if provided, to create a fielding plan for procurement and establish the priorities for the following FY POM-cycle.• Input: Summary Letter, SON (as required)• Output: Fielding Plan

Figure 8.8 Class VIII Modernization Review Activities
Process Descriptions

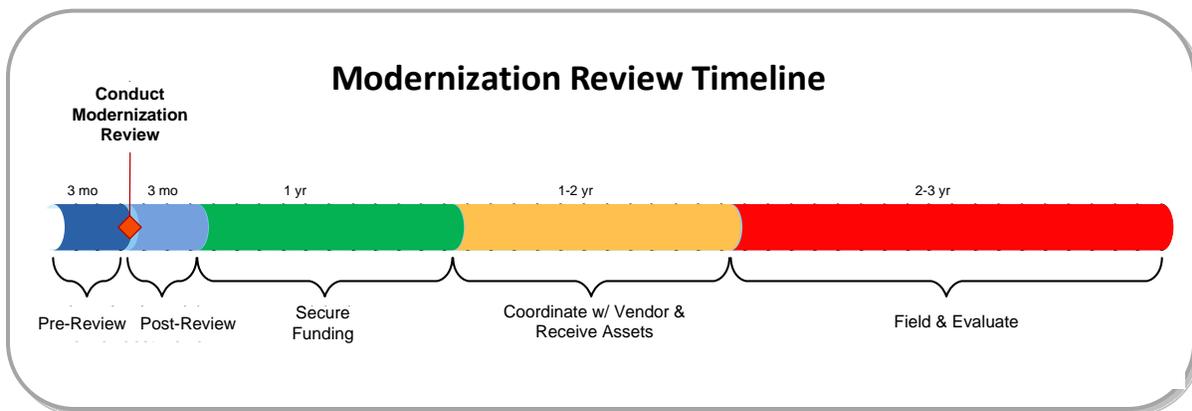


Figure 8.9 Modernization Review Timeline (4yr-cycle)

It is important to note that there are many factors that can impact the Modernization Review timeline and result in expanding the duration of each phase.

Major impacts that will halt all forward progress of this timeline are if funding is not secured or if the requirements fall below the priority threshold. The priority list is established by DC CD&I and MCSC based on mission priority. Prioritization fluctuates based on the funding level received as well as the usage rate.

This phase is crucial to maintaining the timeline. Another example cause of added time to the review process is if items require research and development/testing. Therefore, this process is at a minimum 4 years.

2. Fielding and Receiving of Initial Issue

After the Modernization Review is complete, items are purchased in accordance with the published Modernization Line List and the Modernization Buy List. MEDLOGCOs can use MLO to view both the buy list, which displays new items or item increases, and the modernization list, which shows replacements and new and increased items.

Once an item is purchased, the item status in MLO will change from "proposed" to "current." MCSC will then send a spreadsheet list of items to be received to the MEDLOGCOs in preparation for delivery. MEDLOGCOs will use the spreadsheet list to generate manual DUE-INS by line item in DMLSS, which will update when the item is received and will associate to the appropriate block, thereby creating a Memorandum of Record receipt (for more information regarding DUE-INS and Memorandum of Record, please see the "Assemblage Management (AM)" section of the NAVMC 4000.3). Blocks that are out for exercises, operations, or deployments must be deselected to allow for accurate updating of the system when those blocks are returned.

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Sourcing

Chapter 4

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A. Sourcing

The Sourcing function, in conjunction with the Distribution function described in Chapter 7 (Distribution), parallels the Deliver Healthcare Capability phase of the NAVMEDLOGCOM process for determining medical support requirements.

The Class VIII 60 DOS requirement is sourced as follows:

- Each MEDLOGCO is required to have a minimum of 15 DOS on-hand. Any deficiency to the mission requirement is registered with HQMC and filled through the Global Sourcing Concept. The using unit will receive the equipment block and associated consumable blocks, as appropriate, to equal 15 DOS. (See Chapter 10 for the list of equipment AMALs/ADAL and their associated consumable blocks).
- The surge requirement, consisting of 16-60 DOS are registered through HQMC portion of the MCF and submitted to DLA (Troop Support) biannually (See Chapter 3: Requirements Determination for the detailed process). Requisitions against these pre-planned requirements are submitted by the MEDLOGCOs to DLA via DMLSS. DLA (Troop Support) fills the requests through contingency contracts or traditional support.
- If the Combatant Command (COCOM) Theater Lead Agent for Medical Materiel (TLAMM) or Medical Supply Chain Network is established in theater in less than 60 days, then the Marine Corps turns over responsibility of those requirements.

1. Global Sourcing Concept

The Marine Corps uses a Global Sourcing Concept to resource medical supply deficiencies during a contingency, especially when requirements exceed current capabilities (AAO). The Marine Corps does not have a surge capability during a contingency but must utilize the assets available at the MEDLOGCOs. Therefore in order to prevent a single MEDLOGCO from becoming non-mission capable in the event of an OPLAN/CONPLAN deficiency, Class VIII requirements are sent via Naval Message to HQMC DC I&L (LPO) to coordinate sourcing and direct redistribution of on-hand AMALs/ADAL.

Participants in the Global Sourcing Concept are (*See MCO 4400.39, Chapter 8, for overall roles and responsibilities*):

- Deputy Commandant Installations and Logistics (DC I&L) Logistics Plans and Operations Branch (LPO)
- Marine Forces (Pacific/Command)
- Marine Expeditionary Forces (MEFs)/Marine Forces Reserve (MARFORRES), Marine Logistics Group (MLG)
- MEF, Medical Logistics Company (MEDLOGCO)
- MARFORRES, MLG, 4th Medical Logistics Company (MEDLOGCO)*
**4th MEDLOGCO in MARFORRES falls under the Medical Logistics Group (MLG) and supports all MARFORRES units.*

Systems used in the Global Sourcing Concept are (*See Chapter 9 for Systems Descriptions*):

- Defense Medical Logistics Standard Support - Assemblage Management Module (DMLSS-AM)
- Joint Medical Asset Repository (JMAR)

Class VIII Management

a. Process Map

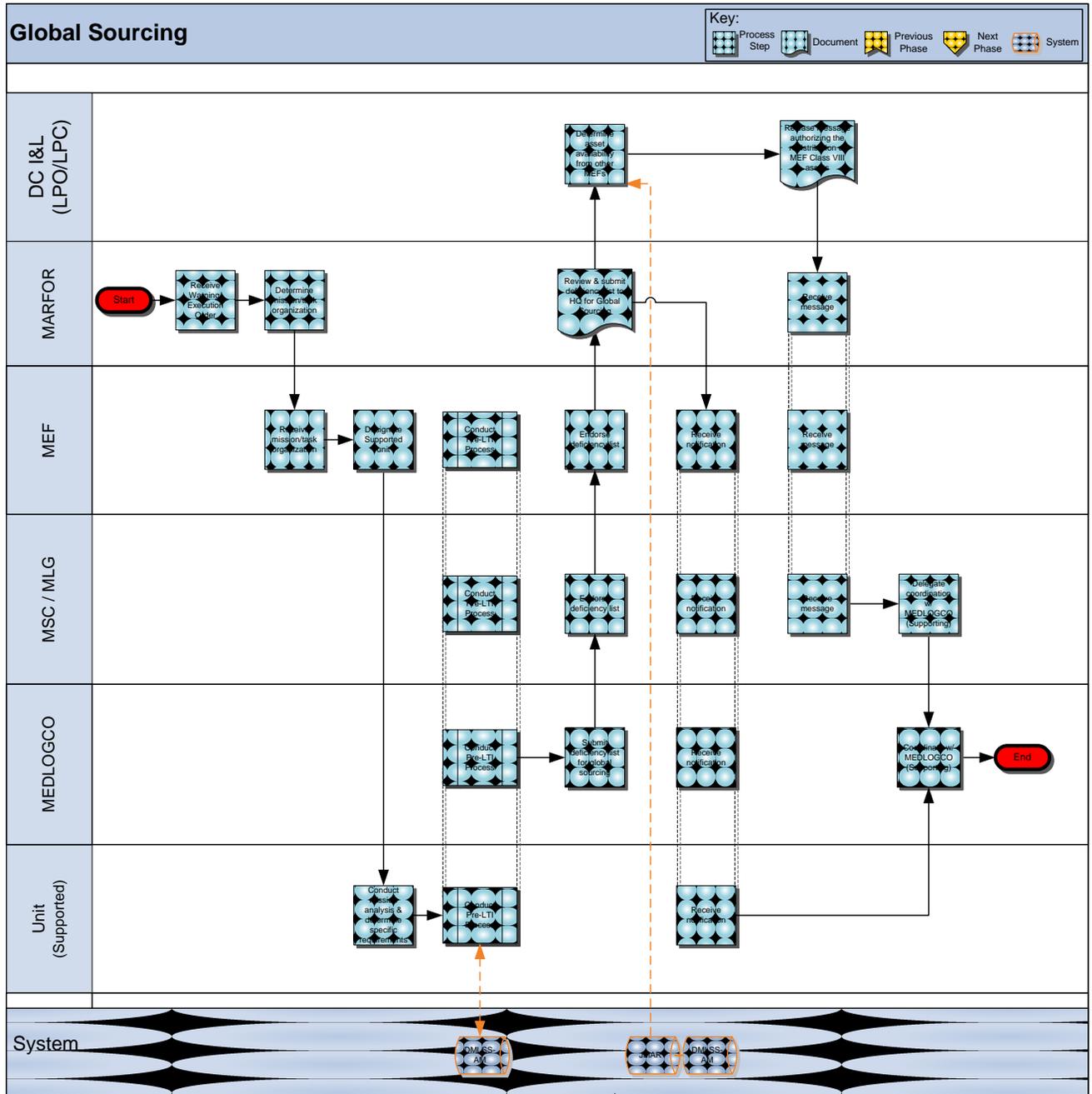


Figure 8.14 Global Sourcing Process

b. Process Step Descriptions

1. Receive Warning/Execution Order
<ul style="list-style-type: none">• Description: MARFOR receive Warning/Execution Order from HQMC released by the CJCS. The Execute Order directs execution of an Operation Order (OPORD) or other military operation to implement a National Command Authority (NCA) decision. The Warning/Execute Order will be issued by authority and direction of the Secretary of Defense (SECDEF) and provides essential guidance such as the date and time for execution, course of action, major combat forces approved for the operation, strategic movement planning guidance, and known logistics constraints. In a particularly time-sensitive situation requiring an immediate response, an Execute Order may be issued without prior formal crisis planning.• Input: Warning/Execution Order
2. Determine mission/task organization
<ul style="list-style-type: none">• Description: MARFOR utilize the guidelines and parameters established in the Warning/Execution Order to determine the force structure required to support the particular plan. This force structure will serve as the basis for the planning of equipment and personnel required for mission/task execution.• Output: Force List
3. Receive mission/task organization
<ul style="list-style-type: none">• Description: MEF receive the force list from the MARFOR and use it to identify unit to support the mission/task. MEF establish planning guidance for the designated unit.• Input: Force List• Output: Letter of Instruction (LOI)
4. Designate supported unit
<ul style="list-style-type: none">• Description: MEF provide planning guidance to designated unit to support the mission/task, in accordance with the Warning/Execution Order.• Input: Letter of Instruction (LOI)
5. Conduct mission analysis and determine specific requirements
<ul style="list-style-type: none">• Description: Supported unit review the planning guidance, conduct internal mission analysis, and determine specific personnel and equipment/consumable requirements to submit for approval.• Output: List of Equipment/Consumable Requirements

6. Conduct Pre-LTI Process
<ul style="list-style-type: none"> • Description: Supported unit, MEDLOGCO, MSC/MLG, and MEF conduct Pre-LTI process (See Chapter 1.2: Pre-LTI process). In this process, materiel requirements are submitted, validated, and approved through the Chain of Command. The MEDLOGCO is tasked to build the AMALs/ADAL in accordance with the MEF's guidance. The MEDLOGCO utilize both internal (warehouse) and external (PVM/PVP and Contingency Contract) to bring the AMALs/ADAL to the desired level of readiness. In the case that either the desired level of readiness cannot be achieved through internal/external sourcing or if completed the MEDLOGCO will become non-mission capable, the MEDLOGCO creates a Naval Message of Class VIII deficiency requirements. • Input: List of Equipment/Consumable Requirements
7. Submit deficiency list for global sourcing
<ul style="list-style-type: none"> • Description: MEDLOGCO submit Class VIII deficiency requirements, which are sent up the Chain of Command for endorsement. • Output: List of Class VIII deficiencies
8. Endorse deficiency list
<ul style="list-style-type: none"> • Description: MSC/MLG and MEF review the Class VIII deficiency requirements and verify the impact on the mission/task if the requirements are not filled or if the MEDLOGCO is depleted. After receiving the MEF's endorsement, the deficiency list is submitted to the MARFOR for final review. • Input: List of Class VIII deficiencies • Output: List of Class VIII deficiencies (Endorsed)
9. Review & submit deficiency list to HQ for Global Sourcing
<ul style="list-style-type: none"> • Description: MARFOR review the deficiency list and the risk associated with not filling the requirement and approve it. Upon approval, MARFOR create a Global Sourcing Naval Message and submits to HQMC DC I&L (LPO) to coordinate sourcing and direct redistribution of on-hand AMALs/ADAL. • Input: List of Class VIII deficiencies (Endorsed) • Output: Global Sourcing Naval Message
10. Receive notification
<ul style="list-style-type: none"> • Description: MSC/MLG, MEDLOGCO, and supporting unit receive a courtesy copy of the Global Sourcing Naval Message and prepare for any required task to complete the process. • Input: Global Sourcing Naval Message
11. Determine asset availability from other MEFs

Class VIII Management

- **Description:** DC I&L (LPO/LPC) review the deficiency request provided in the Naval Message and determine the readiness status of the other MEDLOGCOs in JMAR. LPO/LPC determine the best source internal to the Marine Corps for the assets required associated with the least amount of risk.
- **Important Note:** *JMAR is populated by DMLSS.*
- **Input:** Global Sourcing Naval Message
- **Reference:** "Asset Review" section in NAVMC 4000.3.

12. Release message authorizing the redistribution of MEF Class VIII assets

- **Description:** DC I&L (LPO/LPC) generate a Naval Message designating the supporting MEDLOGCO and the quantity and type of assets to provide to the requesting unit as well as any amplifying guidance.
- **Output:** Class VIII Redistribution Naval Message

13. Receive message

- **Description:** MARFOR, MEF, and MSC/MLG receive the Class VIII Redistribution Naval Message and complete respective tasks in accordance with HQMC guidance.
- **Input:** Class VIII Redistribution Naval Message

14. Delegate coordination w/ MEDLOGCO (Supporting)

- **Description:** MSC/MLG task the MEDLOGCO to coordinate with the designated MEDLOGCO as defined in the guidance message to arrange for inventory and transportation of assets.
- **Output:** Global Sourcing Task

15. Coordinate w/MEDLOGCO (Supporting)

- **Description:** MEDLOGCO coordinate with MSC/MLG and the Supported unit to support the conclusion of the LTI with the supporting MEDLOGCO and to arrange for transportation of the asset to a location set by the supported unit. The coordination is complete when the asset is received by the supported unit.
- **Input:** Global Sourcing Task
- **Output:** Requested AMALs/ADAL

Figure 8.15 Global Sourcing Activities Process Descriptions

2. Sourcing Timeline

Since the MEDLOGCOs are PVM/PVP customers, it is assumed that the MEDLOGCO will utilize the PVM/PVP prior to submitting any Class VIII requisitions to DLA. It is important to note that PVM/PVP support both usage and non-usage base items. Usage items are frequently used materiel for which provisions are built into the contract for a guaranteed fill rate the PVM/PVP is responsible to meet. Non-Demand items are materiel that the PVM/PVP may or may not have in stock since the demand is low or infrequent, and therefore, the PVM/PVP cannot guarantee fill rates. The Marine Corps falls into the non-demand side, so there is no guarantee that the PVM/PVP will be able to fulfill the requests. When the PVM/PVP cannot fulfill a request, the Marine Corps will receive a canceled or rejected line in DMLSS. At this point, the MEDLOGCO can submit a requisition to DLA (Troop Support). For more information on non-demand fill rates and the provisions for days to fill non-demand items, visit DMMOnline, <https://dmmonline.dscp.dla.mil>. Additionally, please see the "Resubmit Orders/Follow-Up Requests/Cancellations" section of the NAVMC 4000.3, for more information regarding cancellation/rejection lines in DMLSS.

The MEDLOGCO submits a requisition to DLA's source of supply in DMLSS. There are two means by which DLA (Troop Support) sources materiel by contingency contracts and traditional support.

When a requisition is submitted, it is first received by DLA (Transaction Services). DLA (Troop Support) will pull the requisition associated with any readiness customer and attempt to route the requirement to an appropriate contingency contract, if available. Since contingency contracts guaranteed access to the materiel when needed, DLA only has to coordinate the shipping of materiel and can deliver the asset within 72 hours of the request. For more information on the materiel covered by current contingency contracts, visit DMMOnline, Readiness Management Application at <https://dmmonline.dscp.dla.mil>.

Requests that are not covered by contingency contracts are routed through DLA's Enterprise Business System (EBS). This is referred to as traditional support in which DLA will coordinate with a buyer to procure the requested item. Since this process is influenced by procurement and acquisition lead times, it may take months to deliver to the requesting unit.

(See Chapter 6: Acquisition for information about the process for funding of requisitions, contingency contracts, and traditional support.)

Class VIII Management

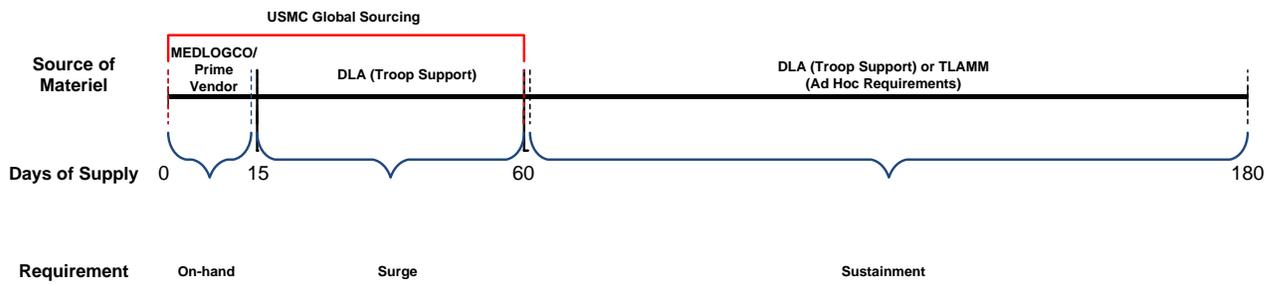


Figure 8.16 Class VIII Sourcing Timeline

During a contingency, when the Marine Expeditionary Brigade (MEB) is employed, the Class VIII assets held aboard the Maritime Prepositioning Ship Squadron (MPSRON) are available for employment consideration. However, if a MEB is not employed, assets must be requested from the owning Service, the COCOM, and the Joint Chiefs of Staff (JCS). Approval from all three levels is required for the release of Class VIII assets.

Once the TLAMM is established in a theater of operations, the TLAMM assumes responsibility of Class VIII resupply. The TLAMM is a joint initiative established in a theater of operations under the responsibility of the Combatant Commander. *(Note: The TLAMM typically is the Army.)*

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Positioning

Chapter 5

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A. Positioning

The Positioning function parallels the Sustain Healthcare Capability phase of the NAVMEDLOGCOM process for determining medical support requirements.

Positioning of Class VIII materiel, as defined by MCO 4400.39, does not occur since there is no stockpile of Class VIII materiel beyond the stocks held by the MEDLOGCOs and the stocks held aboard MPF (See *HQMC Prepositioning Programs Handbook, 2nd Edition for details pertaining to management of MPF stocks*). DLA (Troop Support) utilizes contingency contracts with PVM/PVP, which pull materiel from warehouse locations on an as-needed basis to fill requirements during days 16-60. After day 60, materiel is positioned by DLA (Troop Support) in the theater of operations with the COCOM TLAMM or Medical Supply Chain Network.

1. Positioning of Class VIII at Blount Island Command (BIC)

All Class VIII equipment and consumables required to support an MPF for thirty days of contingency operations will be prepositioned aboard MPF ships. Class VIII supplies and equipment on MPSRON ships are intended to fill the gap between days 16-30. The following items will not be embarked due to shelf-life and other issues:

- Narcotics/controlled substances
- Precious metals
- Refrigerated Class VIII items (refrigerated items will not be embarked aboard MPF vessels until adequate container space is identified)
- All Federal Supply Class 6505 materiel, except for intravenous (IV)
- Solutions, medical gasses, and pharmaceuticals that are part of the Capability Sets (CAPSET)
- Federal Supply Class Non-6505 (all others) with remaining shelf lives of 36 months or less (exception managed)

Items that do not meet prepositioning criteria will be included in the Fly-In-Echelon (FIE). It is the responsibility of the supporting MEF to purchase and ship all reported FIE requirements. Blount Island Command (BIC) will provide After Action Report (AAR) post-loading of an individual MPS to the supporting MEF. The report will identify all FIE, not-in-stock, and short shelf life requirements. The respective MEF/MEDLOGCO will have ready stock or utilize DLA contingency contracts to support FIE requirements.

2. Geo-locations of Class VIII Materiel Positions



Figure 5.1 Class VIII Materiel Positioning Geo-locations

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Acquisition

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A. Acquisition

The Acquisition function parallels the Acquire Healthcare Enablers phase of the NAVMEDLOGCOM process for determining medical support requirements.

The MEF commander is responsible for the funding, requisitioning, maintenance, and management control of all Class VIII materiel allowance items in his possession with Operation and Maintenance, Marine Corps (O&MMC) funds. (See *NavCompt Manual, Volume 7, paragraph 075001-25 for additional funding guidance.*)

MARFORRES is responsible for submitting funding requests in form of a MARFORRES Training, Exercise and Employment Plan Database (TEEP) annually to HQMC. The TEEP is generated from a consolidation of MARFORRES exercises and anticipated training costs for the upcoming FY.

MCSC is responsible for the procurement of Initial Issue (15 DOS) and Modernization of Class VIII through the Warfighting PEB.

The Warstopper Program is a Defense O&M line of funding that is used to support contingency contracts. There are various lines of funding within the Warstopper program, one of them is the medical readiness line. This line funds the fees to the vendors to maintain the availability of the materiel to which they are required to have access. The Warstopper Program enables DLA to bypass the administrative lead times and procurement lead times, required for traditional acquisition, and guarantees access. It is important to note that the Warstopper Program is not for the purchase of materiel or equipment, but rather the guaranteed access to the materiel when needed.

The Marine Corps does not incur any cost for Contingency Contracts until the requisitions are submitted. The MEDLOGCOs are responsible for ensuring the funds have been obligated in SABRS prior to submitting a requisition. Subsequently, the MEDLOGCO submits a requisition in DMLSS with a DODAAC and a funding code. In the case of a contingency operation, the funding code is provided in the Execution Authorization Message (See *Chapter 7: Distribution: Execution Authorization Message Activities*). DLA charges the account through DFAS. On the backside, the Defense Finance and Accounting System (DFAS) will then allocate funds to the vendor upon receipt of an invoice.

The Defense Working Capital Fund is used to support traditional acquisition for the purchase of materiel or equipment. Traditional support is required for assets that are specific to the military or

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are non-demand items for which a commercial vendor cannot provide guaranteed access.

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Distribution

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A. Distribution

The Distribution function, in conjunction with the Sourcing function described in Chapter 4 (Sourcing), parallels the Deliver Healthcare Capability phase of the NAVMEDLOGCOM process for determining medical support requirements.

The Medical Air Bridge (MAB) is the means by which DLA (Troop Support) distributes Class VIII surge requirements (*See Chapter 3: Requirements Determination for more information on how surge requirements are submitted*). The MAB provides materiel to an Aerial Port of Debarkation (APOD) within 72 hours of the request. Each MEDLOGCO is an authorized MAB user. Upon receiving a requisition, DLA will determine location of another authorized user in closest proximity to a USTRANSCOM carrier. The materiel is consolidated and turned over to the USTRANSCOM authorized carrier and then flown to an APOD. DLA is authorized to utilize MAB locations in conjunction with USTRANSCOM carriers; this precludes the requirement to send the materiel to a Consolidation and Containerization Point (CCP) at one of the Defense Distribution Centers and thereby decrease the lead time.

Constraints to the MAB that will increase the delivery time of materiel are the shipment of non-air authorized HAZMAT, Class II narcotics, and bottled gas. More information on materiel constraints and restrictions can be found at DMMOnline, <https://dmmonline.dscp.dla.mil>.

Asset visibility for the MAB is maintained through standard commercial marking or government Global Tracking System (GTS). In the case of commercial marking, DLA uses the preferred marking method of the authorized USTRANSCOM carrier. Regardless of which carrier is used, the Medical Air Bridge database will depict the tracking number for all assets in-transit, available to all authorized users.

Government GTS is used if the asset is delivered to a government airbase. In this case, all assets will be marked with Radio Frequency Identification (RFID) tags.

Additionally, the Emergency Supply Operation Center (ESOC) is the DLA's resource for transferring materiel to units in an emergency within 24 hours. In garrison, units in possession of a Department of Defense Activity Address Code (DODAAC), a Prime Vendor account, and access to the internet can order directly from PVM/PVP. If PVM/PVP is unable to provide the materiel, DLA can order the materiel directly. Units can also call the distribution center in order to arrange a special pickup of materiel if an emergency situation arises.* Units that are deployed must contact the TLAMM in their Area of

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Responsibility (AOR), establish an account and a line of accounting (LOA), and place their order through the TLAMM. The TLAMM will establish and arrange pickup and transportation of the materiel to the unit's location.

**DLA's ESOC can be contacted at 215-737-2112.*

1. MEDLOGCO Ordering/Receiving Process in a Forward Area

Prior to deployment, MEDLOGCO should review the Medical Contingency File (MCF) and determine the actual line items and quantities that will be required for the specific mission. The MEDLOGCO may want to utilize NHRC and/or TML+ to determine the appropriate re-supply based on mission criteria (size, scope, location, anticipated CASEST). The MCF should be loaded in DMLSS as a separate "assemblage" with all NSN pointing to SMS as the source of supply. With the approval of MEF/SUPBN, MEDLOGCO should validate requirements and quantity, determine the delivery date and/or APOD/APOE, and execute the MCF electronic order. It is recommended that MEDLOGCO coordinate orders and establish timelines with DLA TS prior to submission in order to ensure the use of available contingency contracts within DLA. This inventory will provide the foundation inventory for the MEDLOGCO to establish a forward deployed warehouse for line item re-supply of the deployed AMALs/ADAL.

Once deployed, the MEDLOGCO will be the USMC lead agent for medical supplies and consumables. All guidelines and regulations regarding the ordering and receiving of Class VIII will be established through the MEDLOGCO in accordance with the TLAMM. The following steps provide a general overview of the ordering and receiving process for Class VIII materiel while units are in a forward area:

- Upon arrival in the forward area, using units must register with the MEDLOGCO and submit a Delegation of Authority (DOA) for Narcotics and identified LNO's
- Orders will be placed via the Point of Contact (POC) to MEDLOGCO customer service
- Orders will be processed by MEDLOGCO and ordered
- Once materiel has been receipted, MEDLOGCO will notify the using units via email and phone
- After orders have been received, MEDLOGCO will ship materials to the unit by the most expedient mode of transportation; all material will be tagged by a tracking device to ensure that the shipment is accounted for until it reaches its destination

Please note that this process may vary according to situation or events on the ground.

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**Marine Forces Reserve
(MARFORRES)**

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A. Marine Forces Reserve (MARFORRES)

As the Reserve Component (RC) of the Marine Corps Total Force, Marine Forces Reserve (MARFORRES) reinforces and augments the Active Component (AC) either by integration of RC forces with AC Marine Air Ground Task Forces (MAGTFs), and/or through the provision of capabilities to directly satisfy Combatant Commander requirements. As an Operational Reserve, MARFORRES must possess sufficient Class VIII materiel to support inactive duty and annual training, as well as short-duration deployments at the Regiment/Group level and below. When integrating with AC MAGTFs, MARFORRES units will obtain medical support and sustainment from the gaining AC command's medical infrastructure, including the MEDLOGCO that supports that AC command.

4th Marine Logistics Group (MLG), 4th Supply Battalion, 4th Medical Logistics Company will be the custodians for all medical supplies and equipment for MARFORRES. Initial requirements for AMALs/ADAL support will be forecasted through the USMC force allocation and MARFORRES Training and Exercise Employment Plan (TEEP) processes. All AMALs/ADAL will be ordered from 4th MEDLOGCO 60 days from the date of exercise via a Request for Additional Medical Materiel Letter (See *MARFORRES Force Order 6000, Chapter 7 for a sample of the letter*). All requests will be sent to MARFORRES G4 Health Service Support Officer (HSSO) and routed through the Chain Of Command. Units requiring support from 4th MEDLOGCO will submit their billable line of accounting in their request for support, which will be billed at the beginning of the operation. JLTIs will be conducted Pre- and Post-exercise in accordance with Force Order 6000.1B Chapter 7. Once the equipment is signed for, coordination of movement of AMALs/ADAL to the exercise and post-exercise will be accomplished by the using unit. Subsequently, all AMALs/ADAL will be returned to 4th MEDLOGCO in the same configuration that they were inspected. All other instruction for Class VIII materiel can be found in Marine Forces Reserve Force Order 6000.1B.

Per Force Order 6000, 4th Medical Logistics Company does not maintain stocks of controlled substances. These stocks must be requested from an AC Medical Logistics Company of a MTF by a Medical Officer supporting the exercise or AT.

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Systems Descriptions

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A. Systems Descriptions

Acronym	Name	Description	Reference
DMLSS	Defense Medical Logistics Standard Support	Delivers an automated and integrated information system with a comprehensive range of medical materiel, equipment, war reserve materiel and facilities management functions for the Military Health System. Of note, DMLSS provides line item control only.	NAVMC 4000.3/eLearning access: https://jml149.dmlss.detrick.army.mil/DM_LSSU/
GCSS-MC	Global Combat Support System- Marine Corps	A portfolio of systems that supports the logistics elements of Command and Control, joint logistics interoperability, and secure access to and visibility of logistics data. The GCSS-MC portfolio includes LDW, Log C2, and several legacy systems, and portfolio requirements are contained in the GCSS-MC ORD. Of note, GCSS-MC also includes SASSY.	http://www.marcorsys.com.usmc.mil/sites/gcss-mc/index.aspx
JMAR	Joint Medical Asset Repository	The Quad-Service web based medical logistics data warehouse and data repository that serves as a single source for acquiring, managing, and providing timely and accurate joint medical asset visibility information. JMAR collects medical logistics data from 31 DoD sources systems and makes that data available through standard and customized reports.	https://jmar.detrick.army.mil
MLO	Medical Logistics Online	Medical Logistics Online is a database that helps in keeping a repository of Marine Corps medical logistics statistics and information.	https://ips.usmc.mil/sites/mefkb/default.aspx
PBDD	Program Budgeting Documentation Database	The PBDD, a web-based system accessible to all Marine Corps users, is the Corps' primary means of gathering data for program development. It facilitates controlled, orderly, timely staffing and editing of initiatives by program sponsors, advocates, and HQMC departments. PBDD collects and presents data for POM deliberations and will facilitate the collection and display of the standardized performance measures and cost data.	https://hqipom1.hqmc.usmc.mil/portal/servlet/GlobalLogin
SABRS	Standard Accounting Budgeting And Reporting System	The official accounting system for the U.S. Marine Corps, and was designed to meet all fiduciary standards established by the General Accounting Office. This includes the year authorized to incur new obligations and the subsequent five year to complete receipt and expenditures on established undelivered orders.	MCO P7300.12
SASSY	Supported Activities Supply System	The Automated Information System (AIS) that supports retail level of U.S. Marine Corps supply system. SASSY provides the retail supply accounting functions, such as stock replenishment, requirements determination, receipt inventory, stock control, and asset availability for all U.S. Marine Corps units. Of note, SASSY provides TAMCN control only.	UM4000.124 SASSY User Manual
TFSMS	Total Force Structure Management System	TFSMS is a Marine Corps (MC) enterprise system integrating capability development processes to support the Warfighter in terms of structure and equipment.	https://tfsms.mccdc.usmc.mil

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Acronym	Name	Description	Reference
TML+	Tactical Medical Logistics Planning Tool	TML+ is used in calculating the casualties for any given operation, as well as patient flow. The output from this system is used to determine the materiel requirements to meet the need of planned operations. TML+ also helps in identifying the quantity of supply and personnel, and transportation assets needed for support.	TML+, Tactical Medical Logistics Planning Tool User's Manual Version 4.1

Figure 8.17 Systems Associated with Class VIII

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AMALs/ADAL Set List

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A. AMALs/ADAL Set List

USMC AMAL/ADAL						
AMAL	TAMCN	DESCRIPTION	NSN	IDNO	CONCEPT OF EMPLOYMENT	Equipment / Consumable Ratio
618	C86008	LABORATORY EQUIPMENT	6515090006459	11712A	1 Labs; Laboratory testing for surgical casualties and DNBI	(1) 618: (2) 619
619	C86048	LABORATORY CONSUMABLES	6515090006455	11706A	100 Pts; hematology, chemistry, urinalysis, blood bank, microbiology	
627	C86148	X-RAY EQUIPMENT	6515090006454	11707A	1 X-ray Suites; rapid electronic imaging system	(1) 631: (2) 632
631	C86248	SHOCK SURGICAL TRIAGE EQUIPMENT	6515090006496	11740A	1 STP Sites	
632	C86288	SHOCK SURGICAL TRIAGE CONSUMABLES	6515090006494	11736A	50 Trauma Cases	(1) 633: (2) 634
633	C86308	ACUTE CARE WARD EQUIPMENT	6515090006475	11725A	10 Flow Through Beds (6 cot/bed and 4 Critical care)	
634	C86348	ACUTE CARE WARD CONSUMABLES	6515090006476	11726A	50 Bed Days (72hr/pt)	(1) 635: (2) 636
635	C86388	BATTALION AID STATION EQUIPMENT	6515090006473	11723A	Tx 300 DNBI Pts / 30 days	
636	C86408	BATTALION AID STATION CONSUMABLES	6515090006472	11722A	Tx 300 DNBI Pts / 30 days	(1) 639: (2) 640
637	C86448	PREVENTIVE MEDICINE MANEUVER (PMM) EQ	6515090006495	11735A	Inspect food service, sanitation, water potability, and disease surveillance	
638	C86488	PREVENTIVE MEDICINE TECHNICIAN (PMT) Con	6515090006497	11741A	Inspect food service, sanitation, water potability, disease surveillance and control, habitability & waste management	(1) 639: (2) 640
639	C86508	OPERATING ROOM EQUIPMENT	6515090006474	11724A	1 OR's / 2 Tables	
640	C86548	OPERATING ROOM CONSUMABLES	6515090006479	11731A	25 Cases	(1) 645: (5) 646
645	C87458	FORWARD RESUSCITATIVE SURGERY SYSTEM	6515090002014	10882A	18 Pts for 48 hours per every 646 re-supply	
646	C86568	FRSS RESUPPLY	6515090006501		18 Pts for 48 hours	(1) 691: (1) 692
647	C87008	EN ROUTE CARE SYSTEM (ERCS)	6515090006483	11729A	Monitor/transport (2) critically injured but stabilized for two hour; CH46, CH53, MV22	
648	C80048	SHORT RANGE CASUALTY EVACUATION (CASEVAC)	6515090006457	11710A	Monitor/transport (5) litter casualties and (2) ambulatory for two hours	(1) 691: (1) 692
650	C80068	PREVENTIVE MEDICINE OCCUPATIONAL SURVEILLANCE	6515090006478	11728A	Conduct industrial hygiene functionality and env health assays	
651	C80078	PREVENTIVE MEDICINE ENTOMOLOGY (PMENTO)	6515090006486	11730A	conduct entomology functionality	(1) 691: (1) 692
652	C80058	CHEMICAL BIOLOGICAL INCIDENT RESPONSE FORCE	6515090006456	11709A	Casualty collection, non-ambulatory decon and Pt Holding/stabilization	
660	C80098	MARINE CORPS SPECIAL OPERATIONS COMMAND	6515090006458	11711A	Provide initial resuscitative and stabilizing care for 14 pt w/ major injuries	(1) 691: (1) 692
662	C87158	FIELD DENTAL OPERATORY	6515090001996	10880A	TX 200 Dental Pt / 30 days	
685	C86858	GEO MISSION / COLD WEATHER	6515090006498	11742A	1000 PAR / 30 days; Diagn & Tx for Freezing and non-freezing injuries	(1) 691: (1) 692
686	C86868	GEO MISSION / HOT WEATHER	6515090006500	11739A	1000 PAR / 30 days; prophylaxis & Tx diseases endemic to hot	
687	C86878	GEO MISSION/NBC PER INDIVIDUALS	6515090006499	11738A	Provides self-administered medicants for a single CBRN exposure, 1 per T/O	(1) 691: (1) 692
688	C86888	GEO MISSION/NBC UNIT	6515090006485	11734A	1000 PAR / 30 days; Augmet BAS/Sickcall in tx of CBRN casualties	
691	C86948	MEDLOG TEST/REPAIR EQUIPMENT	6515090006480	11733A	Perform testing, calibrating and level three repair support for Class VIII equipment	(1) 691: (1) 692
692	C86988	MEDLOG TEST/REPAIR CONSUMABLES	6515090006477	11727A	Perform testing, calibrating and level three repair support for Class VIII equipment	
699	C87408	SICK CALL BLOCK	6515090006484	11732A	300 DNBI PT / 30 days	(1) 691: (1) 692
JBAIDS	C80008	JOINT BIOLOGICAL AGENT IDENTIFICATION AND DIAGNOSIS SYSTEM (JBAIDS)	6545015292063	11288A	Biological agent identification and diagnostic system	

USMC Medical Kits						
NA	C31502F	INDIVIDUAL FIRST AID KIT (IFAK)	6545015392732	04351D	Self-aid for life threatening external bleeding and common non-life threatening injuries	(1) 691: (1) 692
NA	C60088	COMBAT LIFE SAVER (CLS) KIT	6545015714470	11705A	Tx extremity hemorrhage, tension pneumothorax and airway management; 1st responder care at point of injury by CLS trained Marines	
NA	C00262B	STANDARDIZED VEHICLE MEDICAL KITS	6545015722054	11717A	1st responder care at point of injury	(1) 691: (1) 692

Figure 8.18 AMALs/ADAL Set List

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Terms of Reference

Chapter 11

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A. Acronyms & Definitions

1. Acronym List

AAO	Approved Acquisition Objective
ADAL	Authorized Dental Allowance List
ALCM	Assemblage Life Cycle Management
AMAL	Authorized Medical Allowance List
APOD	Aerial Point of Debarkation
BIC	Blount Island Command
BMT	Bio-Medical Technicians
BUMED	Bureau of Medicine and Surgery (United States Navy)
CASEST	Casualty Estimation
CBRN	Chemical, Biological, Radiological, Nuclear
CCP	Consolidation and Container Point
CDD	Combat Development Directorate
CG	Commanding General
CLB	Combat Logistics Battalion
COCOM	Combatant Commander
CONPLAN	Contingency Plan
DC CD&I	Deputy Commandant for Combat Development and Integration
DC I&L	Deputy Commandant for Installations and Logistics
DC PP&O	Deputy Commandant for Plans, Policies, and Operations
DLA	Defense Logistics Agency
DMLSS	Defense Medical Logistics Standard Support
	Defense Medical Logistics Standard Support-Assemblage
DMLSS-AM	Management Module
	Defense Medical Logistics Standard Support-Automated
DMLSS-AIS	Information System
DML-PC	Defense Medical Logistics-Proponent Committee
DMMPPO	Defense Medical Management Program Office
DNBD	Disease Non-Battle Death
DNBI	Disease Non-Battle Injury
DOD	Department of Defense
DODAAC	Department of Defense Activity Address Code
DOS	Days of Supply
DWRIA	Died of Wounds Received in Action
EBS	Enterprise Business System
EFDS	Expeditionary Force Development System
EMF	Expeditionary Medical Facility
FY	Fiscal Year
GCSS-MC	Global Combat Support System-Marine Corps
GFC	Gaining Force Commander
GTS	Global Tracking System
HAZMAT	Hazardous Material
HIC	High Intensity Conflict
HSSE	Health Services Support Element
HSSO	Health Services Support Officer
HQMC	Headquarters, Marine Corps
ID	Integration Division
JCIDS	Joint Capabilities Integration Development System
JCS	Joint Chiefs of Staff

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JLTI	Joint Limited Technical Inspection
JMAR	Joint Medical Asset Repository
KIA	Killed in Action
LCE	Logistics Combat Element
LIC	Low Intensity Conflict
LID	Logistics Integration Division
LOA	Line of Accounting
LOI	Letter of Instruction
LPC	Life Cycle Management Branch
LPO	Logistics Plans and Operations Branch
LTI	Limited Technical Inspection
MAB	Medical Air Bridge
MAGTF	Marine Air Ground Task Force
MARADMIN	Marine Administrative Message
MARCORSYSCOM	Marine Corps Systems Command
MARFOR	Marine Force
MARFORCOM	Marine Forces Command
MARFORRES	Marine Forces Reserve
MCATS	Marine Corps Action System
MCF	Medical Contingency File
MCWL	Marine Corps Warfighting Lab
MEDLOG	Medical Logistics
MEDLOGCO	Medical Logistics Company
MEU	Marine Expeditionary Unit
MIC	Medium Intensity Conflict
MLO	Medical Logistics Online
MPS	Maritime Prepositioning Ships
MPSRON	Maritime Prepositioning Squadron
NAVCOMPT	Navy Comptroller
NCA	National Command Authority
NHRC	Naval Health Research Center
NTTP	Navy Tactics, Techniques, and Procedures
OPORD	Operations Order
PBDD	Program Budgeting Documentation Database
PM-CSE	Program Manager-Combat Support Equipment
PP&O	Policy Plans and Operations
PVM	Prime Vendor Medical Surge
PVP	Prime Vendor Pharmacy
QA/QC	Quality Assurance/ Quality Control
RFID	Radio Frequency Identification
RO	Responsible Officer
SABRS	Standard Accounting Budgeting and Reporting System
SASSY	Supported Activities Supply System
SECDEF	Secretary of Defense
SLEP	Shelf-Life Extension Program
SNCO	Staff Non Commission Officer
SON	Statement of Need
T/E	Table of Equipment
TECOM	Training and Education Command
TFSMS	Total Force Structure Management System
TLAMM	Theater Lead Agent for Medical Materiel
TML+	Tactical Medical Logistics Planning Tool

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T/O	Table of Organization
TOECR	Table of Organization, Equipment Change Request
UNP	Urgent Needs Process
UNS	Urgent Needs Statement
UUNS	Urgent Universal Needs Statement
USTRANSCOM	United States Transportation Command
USAMMA	US Army Medical Materiel Agency
WIPEB	Warfighting Program Evaluation Board

3. Definitions

Allowance. Authorized quantities of consumable supplies, durables, and equipment distributed throughout the Marine Expeditionary Force (MEF) to provide a capability to perform a specific function identified to support the designated health care mission.

Assemblage. A module with all required AMALs/ADAL to establish a specific health care capability or to treat a specific population at risk (PAR). Assemblages have an assigned TAMCN associated with the capability set.

Authorized Medical Allowance List (AMAL). A list containing the minimum requirements of materiel which establishes a specific health care function under combat/deployed operations.

AMAL Supply. A list of consumable supplies that are required to support a predetermined patient care load associated with a specific health care function.

Authorized Dental Allowance List (ADAL). A list of the minimum types and quantities of equipment required to establish a specific dental care function (e.g., dental operator/dental clinic) combined with the list of consumable supplies that are required to support a predetermined patient care load associated with the dental care function.

Module. The packaging of equipment or supplies, which comprise a AMALs/ADAL, into a functional unit.

Defense Medical Management Program Office (DMMPO). The DMMPO is comprised of a general/flag officer from each of the four military services. The DMMPO is tasked by the Assistant Secretary of Defense for Health Affairs (ASD/HA) to develop commonality of deployable medical facilities and provide recommendations to improve commonality amongst the services. DMMPO members include Office of the Assistant Secretary of Defense, Health Affairs (HA); Office of the Joint Chief of Staff (OJCS/J4), Deputy Director for Medical Readiness; DLA, Director, J3; Joint Forces Command (JFCOM), Command Surgeon; USARMC; HQMC, Medical Officer; Office of the Chief of Naval Operations, Director of Medical Resources, Plans, and Policy Division (N931); USAF, Assistant Surgeon General.

Standardization. Uniformity on the basis of national stock number (NSN) or authorized substitutes.