



DEPARTMENT OF THE NAVY  
HEADQUARTERS UNITED STATES MARINE CORPS  
3000 MARINE CORPS PENTAGON  
WASHINGTON DC 20350-3000

NAVMC 4000.2A  
LP

JUN 23 2017

NAVMC 4000.2A

From: Commandant of the Marine Corps  
To: Distribution List

Subj: MARINE CORPS CLASS VIIIA HANDBOOK

Ref: (a) MCO 4400.201, VOL 12  
(b) MCO 4400.201, VOL 1  
(c) MCO 4400.201, VOL 2  
(d) MCO 4400.201, VOL 3  
(e) MCO 4400.201, VOL 5  
(f) MCO 4140.5A  
(g) NAVMC 4000.1  
(h) NAVMC 4000.3A

1. Purpose. The Marine Corps Class VIIIA Handbook provides guidance and procedures to the MARFORs in the execution of MCO 4400.201, VOL 12, Medical and Dental (Class VIII) Materiel Support of the Marine Operational Forces.

2. Cancellation. NAVMC 4000.2

3. Background. The Marine Corps is responsible for fulfilling an operational capability of Class VIIIA materiel equivalent to 60 Days of Supply (DOS). This handbook provides detailed guidance and procedures in actions required to effectively manage and execute the day to day operations associated with Class VIIIA management as established in references (a) through (h).

The Class VIIIA 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 VIIIA materiel is a component. The seven core functions are also in line with the Defense Health Agency/Defense Medical Logistics Supply Chain Council (DMLSCC) to determine medical support requirements.

Subj: MARINE CORPS CLASS VIIIA HANDBOOK

4. Action. Utilize the Class VIIIA Handbook to execute references (a) through (h) in accordance with the seven functional areas listed above.

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

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.



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Lieutenant General  
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DISTRIBUTION: PCN 10040000100

# Marine Corps Class VIIIA Handbook

2017



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## Introduction

The purpose of this Handbook is to describe the strategic, operational, and enterprise management activities required for the successful management and administration of United States Marine Corps (USMC) Class VIIIA materiel, in support of Marine Air-Ground Task Force (MAGTF) operations. This handbook expands upon the supporting organizations, the roles and responsibilities, and the desktop procedures necessary to effectively manage Class VIIIA within the Operational Forces (MARFORs) across a Range of Military Operations (ROMO). Additionally, the guidance provided in this handbook will offer the Medical Logistics Company Commander, Medical Planner, Staff Officer, and/or Warehouse Custodian with a better understanding of the associated tasks and duties related to the various aspects of managing Class VIIIA within the Marine Corps while also providing amplification of associated policies and guidance contained within references found in appendix (C).



## 1.0 Class VIII Overview

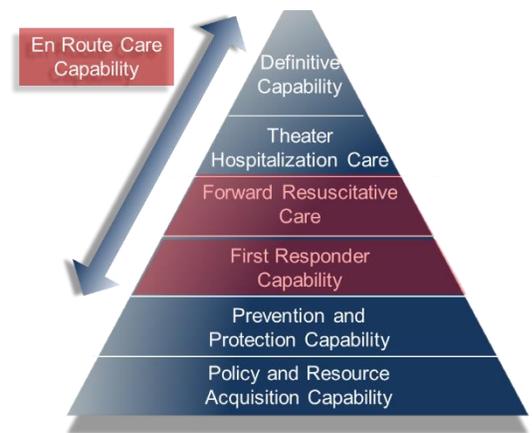
Class VIII materiel includes two subclasses: Subclass ‘A’ (medical/dental materiel) and Subclass ‘B’ (blood/blood products). Class VIIIA is a standard class of supply governed by policy set forth by HQMC and used to support Role 1 & 2 medical capability, which are organic to the Marine Corps.

### 1.1 Class VIIIA Capabilities

Class VIIIA refers to all medications, medical consumables, and major and minor pieces of equipment organized into Authorized Medical Allowance List (AMAL) or Authorized Dental Allowance List (ADAL) blocks and medical kits, according to unit mission requirements. Medical kits include Combat Life Saver (CLS) and Corpsman Assault Packs (CAP). AMALs/ADALs are capability sets assembled and designed to support the specific operational needs of the Marine Corps. Marine Corps Systems Command - Family of Field Medical Equipment (MCSC -FFME) specifies the configuration of each AMAL/ADAL and medical kit capability by maintaining a line item list (bill of materiel) for each set. Each capability set line item list configuration is managed with a National Stock Number (NSN) and associated part number.

AMAL/ADAL blocks support three care capabilities within the Taxonomy of Health Care Capabilities from Joint Publication 4-02 Health Service Support: First Responder, Forward Resuscitative Care, and En Route Care (Figure 1: JP 4-02 Taxonomy Continuum of Care for En Route Care). Care capabilities not organic to the Marine Corps are provided by the Navy through Hospital Ships and Expeditionary Medical Facilities, or by the Army through Combat Support Hospitals.

Figure 1 - Taxonomy of Care



### 1.2 Relationship to War Reserve Materiel Program

The Marine Corps’ Class VIIIA inventory is considered part of the War Reserve Materiel (WRM) Program. The program is designed to provide sufficient ground materiel to sustain the MARFORs from inception until theater sustainment support capability can be established. The WRM functions are the means by which the Marine Corps provides for sufficient materiel, within the limits of acceptable risk.

The WRM functions are:

Function	Description
Management	The day to day activities for maintaining Class VIIIA inventories, supporting systems to include file and system maintenance, system training, exercise support, resourcing and readiness reporting.

Selection Criteria	The identification of ground equipment materiel deemed essential for the operations effectiveness of combat and contingency operations.
Determine Requirements	The computation of actual quantities of materiel by class of supply which results in budgeting and programming to resource the WRM program.
Source Materiel	The registration of War Reserve Materiel Requirements (WRMR) with the appropriate Marine Corps and DoD agencies.
Position Materiel	The physical and geographic locating of materiel in order to minimize lead times in support of the MARFORs.
Acquire Materiel	Provisioning and procurement actions completed to acquire Marine Corps WRM program requirements.
Execute	The authorization, release, and movement of War Reserve Materiel to a desired location upon request from the MARFORs in support of a specific Operational Plan/ Contingency Plan (OPLAN/ CONPLAN).

NOTE: Class VIIIA, because of its unique nature, does not fit perfectly with all Seven Core Functions of the WRM Program. However, this handbook will reference the WRM functions as appropriate in order to provide consistency and help facilitate explanation of the roles and responsibilities necessary for the effective management of Class VIIIA materiel.

## 2.0 Management

Management can be divided into two levels (Strategic and Operational) in order to align Marine Corps Class VIIIA policies and procedures with those applied to war reserve program management and planning as described in both the NAVMC 4000.1 and MCO 4400.39.

### Strategic Level

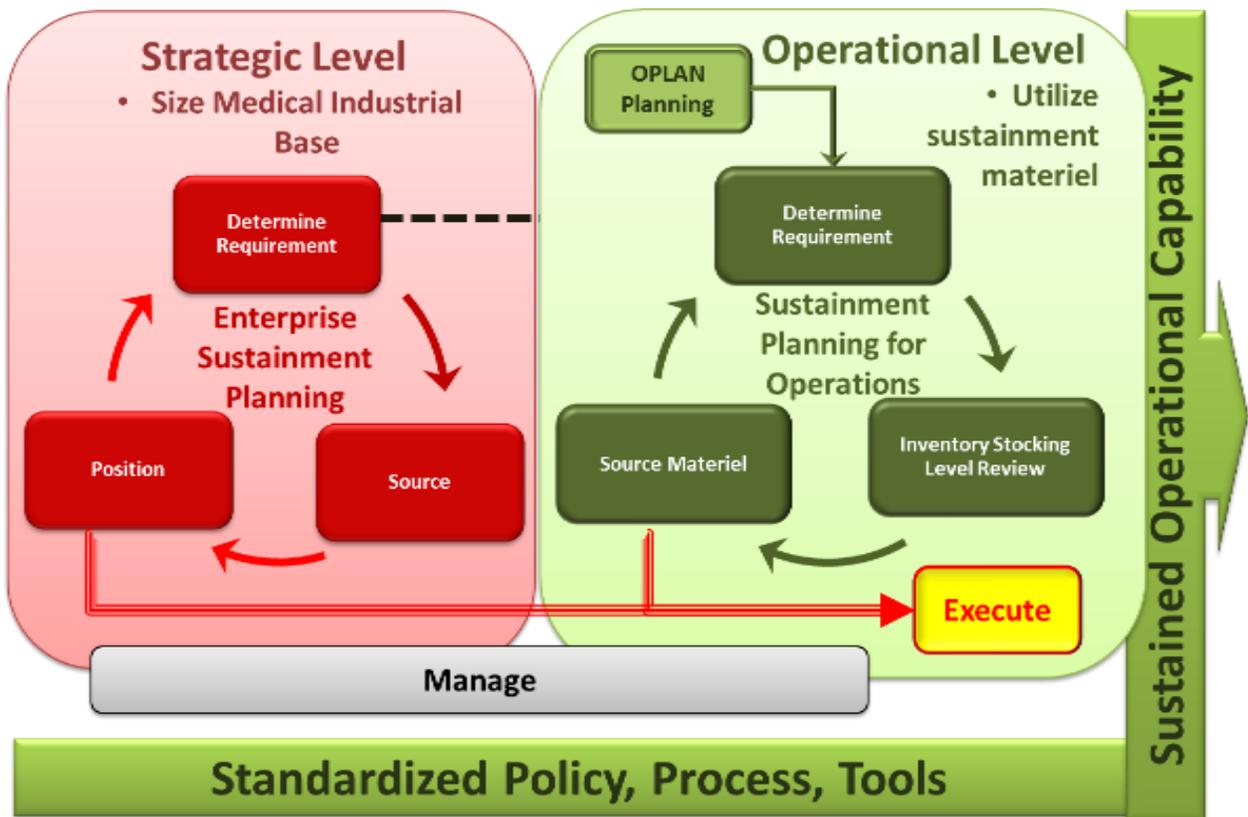
Strategic Level activities are the actions taken by the senior levels of the Marine Corps and the MARFORs to ensure that the medical industrial base is prepared to support the Class VIIIA initial issue and surge demands of the MARFORs. Activities at this level ensure that MARFORs are prepared to respond to any OPLAN, CONPLAN, training events, and any other unplanned operations that the Marine Corps may be tasked.

### Operational Level

Operational Level activities are the processes, procedures, and actions taken to facilitate the utilization of WRM Class VIIIA medical assets. This includes both initial issue and sustainment materiel necessary for the duration of MAGTF operations.

These two levels are inherently linked. Figure 2 below illustrates how the actions executed at the Strategic Level directly impact and enable those actions at the Operational Level.

Figure 2 - Class VIIIA at the Strategic and Operational Levels

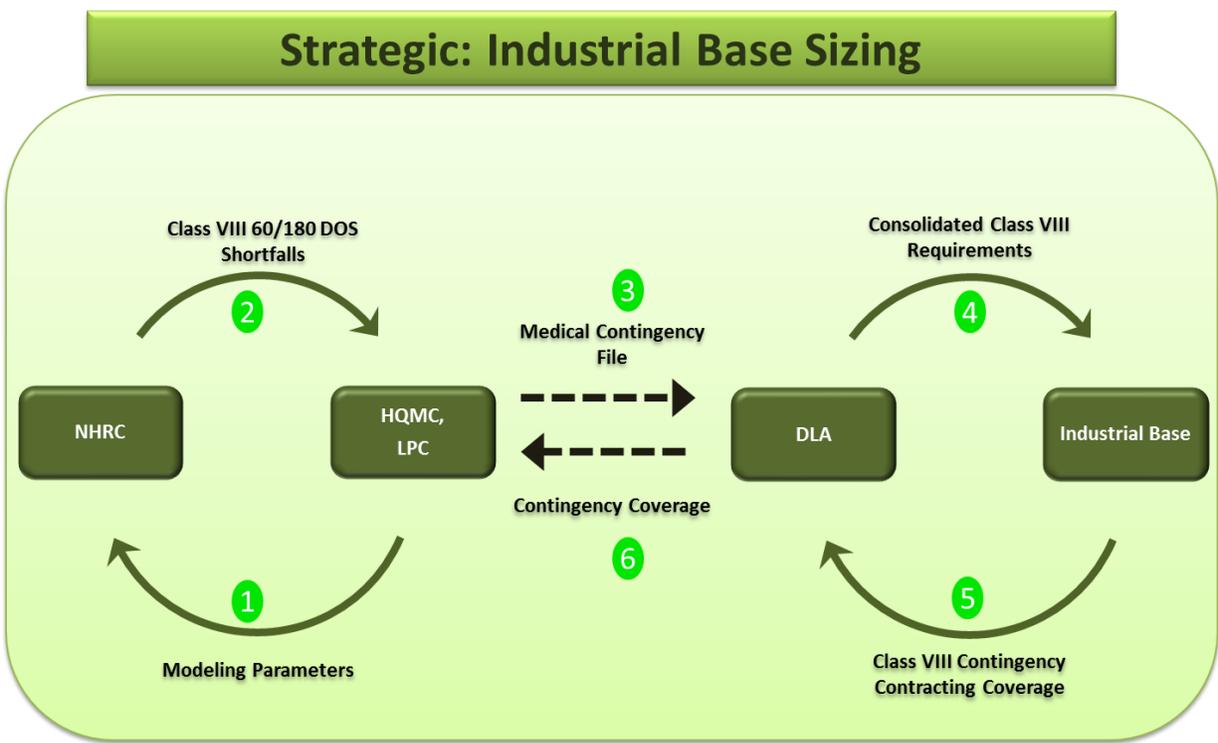


## 2.1 Strategic Management

Headquarters Marine Corps, Installation and Logistics, Logistics Policy and Capabilities Branch (HQMC I&L, LPC-2) along with MCSC-FFME provide a critical role in the strategic management of Marine Corps Class VIIIA inventory by disseminating/advocating policy, providing guidance/support, and by determining the requirements against the industrial base. Requirements determination is accomplished by providing the Marine Corps Class VIIIA prerequisites to Defense Logistics Agency Medical Troop Support (DLA/MTS) via the Medical Contingency File (MCF). The MCF provides anticipated time-phase Class VIIIA materiel based on OPLAN/CONPLAN estimates that stipulate the basis for conducting an Industrial Preparedness Survey. DLA/MTS uses the Marine Corps MCF information, along with MCF Submissions from the other Services to assess the industrial base capabilities of manufacturers and distributors on their ability to provide materiel to meet the time phased mobilization and sustainment requirements of the Joint Forces. The manufacturers and distributors then give a time phased production analysis against the Services' requirements.

The latest Defense Planning Guidance (DPG) is used as the baseline for determining the service medical requirements. The consolidated MCF requirement, along with the industrial base production data, is used by DLA/MTS to place materiel on contingency contract to afford access by the Services via Strategic Materiel Sourcing (SMS) through the Defense Medical Logistics Standard Support System (DMLSS), to materiel that may not be readily available – or not available in sufficient quantity to meet time phased wartime requirements. Figure 3 provides an overview of the Marine Corps role in this process for Industrial base Sizing.

Figure 3 - Class VIIIA Industrial Base Sizing



## 2.2 Operational Management

Operational management is a function within the supply chain management to maintain Class VIIIA inventories. Operational management functions include: management of materiel, budgeting, and information within and across the supply chain to maximize customer satisfaction and meet mission requirements.

The purpose and importance of these activities are explained below:

AMAL/ADAL Accountability: Tactical – AMAL/ADAL assemblage(s) are assigned to units to support the unit mission. The medical professionals assigned to a unit, according to the Table of Organization (T/O), as listed in the Total Force Structure Management System (TFSMS), along with the assigned AMAL/ADAL assemblage(s), in concurrence with the unit Table of Equipment (T/E), are the determining factors for a unit's required medical capability. The AMAL/ADAL assemblage(s) are not to be thought of as assets available to any unit other than that which it is assigned. Also, when a unit checks out an AMAL/ADAL assemblage, it is to be treated and considered as any other end item. Thus, it must be accounted for, maintained, and treated similar to a serialized piece of equipment. Once an AMAL/ADAL assemblage is issued, full replacements of the assemblage are not issued in its place.



AMAL/ADAL Accountability: MEDLOGCO – AMALs/ADALs are considered intermediate/retail stock to the Marine Corps and are a part of a using units T/E. The management and procurement of AMAL/ADAL materiel will be issued, recorded, and controlled the same as intermediate/retail stock that is required to be accounted for. The Marine Corps has designated TFSMS as the information system to account for T/E quantities. The MEDLOGCOs are required to maintain accountability of AMAL/ADAL inventory through DMLSS for line item accountability. Additionally all MEDLOGCOs are required to utilize Global Combat Support System-Marine Corps (GCSS-MC) for accountability at the Table of Allowance Materiel Control Number (TAMCN) level. Finally, MEDLOGCOs are responsible for maintaining all records concerning inventory adjustments and materiel dispositions for a minimum of 10 years and financial records indefinitely.

The MEDLOGCOs will conduct an annual cyclic wall-to-wall inventory reconciliation of all standardized configuration and AMAL/ADAL line items either on a monthly basis or at a minimum of one time per year. The current AMAL/ADAL line lists can be found on Medical Logistics Online (MLO) <https://eis.usmc.mil/sites/mefkb/MLO/Pages/Current.aspx>. Additionally you can visit the MEF Medical Logistics Knowledgebase SharePoint site <https://eis.usmc.mil/sites/mefkb/Web%20Pages/mlo.aspx> for current AMAL/ADAL line lists; See MCO 4400.120 VOL 3 for procedural inventory and accounting guidance as well as DoD Financial Management Regulation 7000.14R, VOL. 5, Chapter 21.

### AMAL/ADAL Configuration

AMAL/ADAL assemblages are modularly constructed in standardized configurations to minimize deviations for embarkation and transportation requirements. In addition to the obvious benefit of optimizing cube and weight, AMAL/ADAL assemblages, when appropriate, are packaged to optimize employment of health services. Based on those benefits and global sourcing requirements, it is imperative that the MEDLOGCOs maintain the AMAL/ADAL assemblages in their approved configurations. Failure to configure in the manner prescribed may result in improper employment of AMAL/ADAL assemblages to facilitate global sourcing and cross-leveling efforts across the USMC. AMAL/ADAL assemblages are issued in complete assemblages only; partial assemblages are not authorized. If a requesting unit requires supplemental equipment or consumables not provided in the standard assemblages or medical kits (CAP, CLS Kit, IFAK, or VMK), then it is the responsibility of the requesting unit to fund and request the required additional Class VIIIA items.

Exception: For the MEDLOGCOs some equipment and supplies may be maintained as line items to facilitate stock rotation and maintenance; however, they must be associated with a Sub-location within DMLSS with their corresponding assemblage type (i.e., battery recharging for equipment) per reference NAVMC 4000.3A.

Important Note: The Marine Corps adopts joint products of choice to promote standardization 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-FFME is responsible for review and adoption of Joint Service standardization where possible. Joint Service standardization is conducted through the Defense Health Agency (DHA) MEDLOG Division and Assemblage Life-Cycle Management (ALCM).



## 2.3 Class VIIIA Management Stakeholders

Table 1 below provides a brief overview of Class VIIIA Management Stakeholders and their roles. For further clarification on the individual stakeholders roles and responsibilities, refer to MCO 4400.201 - VOL 12.

Table 1 - Class VIIIA Management Stakeholders/Roles

Stakeholder	Interest in Class VIIIA	Key Role in Class VIIIA
<b>Operating Forces</b>		
Marine Forces (MARFORs)	Force Provider, Materiel Provider, Planning	MARFORs and Combatant Commanders (COCOMs) play a role in planning and executing Program Objective Memorandum (POM), distribution, and sourcing of AMAL/ADAL assets supporting MAGTFs to ensure Class VIIIA Inventory meets OPLAN/CONPLAN requirements.
Marine Expeditionary Force (MEF)	Planning, User, Procurement, Storage	Plan and manage use of Class VIIIA; ensure Class VIIIA Inventory meets Training and Exercise Employment Plan (TEEP) requirements.
Marine Forces Reserve (MFR)	Planning, User, Procurement, Storage	Plan and manage use of Class VIIIA; ensure Class VIIIA Inventory meets TEEP requirements.
Medical Logistics Company (MEDLOGCO)	Custodian, Issue Point	On-hand inventory manager and custodian for using units.
<b>Oversight, Management, and Execution Support</b>		
Headquarters Marine Corps, Capabilities Development and Integration (HQMC, CD&I)	Capability Development and Validation of Requirements	Establish Class VIIIA requirements aligned to MARFOR missions and organizations.
HQMC, Logistics Policy and Capabilities Branch (LPC)	Policy, Industrial Base Sizing	Develop and oversee policy for Class VIIIA management, accountability, and use.
Marine Corps Systems Command – Family Field Medical Equipment (MCSC-FFME)	Acquisition and Class VIIIA Enterprise Manager	Acquisition Authority for initial issue and modernization of AMAL/ADAL assemblages.
Marine Corps System Command Information System and Infrastructure	Acquisition/IT Systems Support	Documentation, IT Support, and System Training.

Stakeholder	Interest in Class VIIIA	Key Role in Class VIIIA
Defense Logistics Agency Troop Support (DLA/MTS) – Medical Supply Chain	Sourcing/Industrial base Sizing	Put in place contracts, business rules, and agreements to rapidly procure the full spectrum of medical supplies and equipment using a multitude of supply sources.
Class VIIIA Supply Base	Sourcing	Prime Vendors and other contract vehicles managed by DLA, who serve as the suppliers and distributors of Class VIIIA materiel.

## 2.4 MEDLOGCO Mission and Tasks

Class VIIIA support for the MARFORs is provided within each active component MEF and MARFORRES. Direct support for MAGTF level forces is provided by the MEDLOGCO within the Supply Battalion of the Marine Logistics Group (MLG) at each corresponding MEF and MFR. The AMAL/ADAL's are associated with the approved T/E established by Deputy Commandant (DC), CD&I based on the Marine Requirements Oversight Council's approved scenarios. The associated T/E is then broken down to the using unit level as an Approved Acquisition Objective (AAO). Although the T/E is assigned to the MEFs and MFR, the MEDLOGCOs are the custodians for the equipment and consumables. Additionally each MEF has a determined Inventory Stocking Level (ISL) that is established by a collaborated effort between MCSC-FFME and HQMC I&L, LPC-2 and each MEF G-4 Health Service Support (HSS) element. This established ISL is part of the USMC Class VIIIA Enterprise Management process to promote enhanced and sustained Class VIIIA materiel service levels; provide enterprise-wide visibility and accountability; reduce the logistics burden on the operating forces in garrison; maintain shelf life standards; reduce losses from expiry; and reduce overall procurement, replenishment, and replacement costs.

**MEDLOGCO Mission:** To provide general supply and maintenance support for MEF Class VIIIA assets configured into AMALs/ADALs. The AMAL/ADAL capability sets are maintained and managed at the MEDLOGCOs supporting their subsequent MEF (I MEF, II MEF, III MEF) and MFR in garrison, with exception to the individual medical kits and packs which are maintained at the individual units. These MEDLOGCOs support the medical inventory supply and management needs of the MARFORs.

**Tasks:** The MEDLOGCO tasks in garrison are as follows:

- Provide general supply support, to include establishing an operation of Class VIIIA supply points for sustainment, acquisition, receipt, and issue of Class VIIIA materiel.
- Provide proper care, custody, and safekeeping for each AMAL/ADAL.
- Provide field level maintenance support for Class VIIIA equipment as part of AMAL/ADAL configurations.
- Provide support for the packing, preserving, storage, and maintenance of Class VIIIA resupply.
- Provide for the sustainment, receipt, storage, and issue of Class VIIIA supplies in support of the AMAL/ADAL for MAGTF medical and dental units forward (early stages of deployment).
- Conduct physical inventory counts: 100% physical inventory annually or cyclic inventory to reach 100% physical inventory annually, and 100% physical inventory of controlled substances, which will update inventory records to account for theft, handling losses, damages to on-hand items, and the replenishment of shortfalls.
- Provide technical assistance to MAGTF medical/dental units for the maintenance, inventory, and

quality control of unit AMAL/ADAL.

- Adhere to the Shelf Life Extension Program (SLEP).
- Account for, maintain physical custody of, sustain, and modernize the AMALs/ADALs for their supported units.

Important Note: The Reserve Component (RC) of MFR reinforces and augments the Active Component (AC) either by integration of RC forces with AC MAGTFs, and/or through the provision of capabilities to directly satisfy Combatant Commander (COCOM) requirements. As an Operational Reserve, MFR must possess sufficient Class VIIIA materiel to support the RC annual training plan, as well as training requirements at the Regiment/Group level and below in addition to COCOM requirements in which they directly support . When integrating with AC MAGTFs, MFR units will obtain medical support and sustainment from the gaining AC command's MEDLOGCO. When augmenting AC a Feasibility of Support (FOS) message will be processed through the appropriate MFR chain of command to be released to the appropriate AC chain of command. Due to the limited quantities of AMAL/ADAL blocks within MARFORRES Training Allowance (TA)/ISL, it is directed that any additional medical and dental supplemental items above and beyond the overall AMALs and ADALs be funded by the requesting units.

## 2.5 Enterprise Management

The Class VIIIA Enterprise Management initiative establishes a centralized management process for Class VIIIA equipment and materiel with a single enterprise-wide acquisition objective, which moves appropriate and specific garrison supply chain functions to DLA through a variety of E-Commerce solutions and contracting vehicles.

The primary objective of Class VIIIA Enterprise Management is to promote an enhanced and sustained ready-to-issue posture of Class VIIIA materiel. The Class VIIIA Inventory positioning model is comprised of four MEDLOGCOs associated with the MARFORs. Under the Enterprise Management Strategy, Class VIIIA equipment, supplies, and consumables are centrally managed by MCSC-FFME and initial issue inventory is positioned at each of the MEDLOGCOs. MCSC-FFME in coordination with HQMC I&L, LPC-2 and the MARFORs provide overall management of Class VIIIA inventory; provide guidance in program requirement planning; enterprise inventory oversight; purchasing; funding; and modernization. Through engagement and communication with the MARFORs and conducting a detailed analysis of inventory data, MCSC-FFME coordinates with the DLA/MTS, and the industrial base Prime Vendor Program (PVP) to align contract vehicles with current requirements ensuring Warfighters are issued complete, ready-to-use AMAL/ADAL assemblages to support their operational needs.

MCSC-FFME, provides enterprise management of Class VIIIA materiel for the Marine Corps, and has developed a five phase strategy to support the enterprise management objectives: Plan, Source, Procure, Deliver, and Return. The characteristics of the management philosophy are provided below.

<b>MCSC-FFME Class VIIIA Enterprise Management Process Mapping</b>				
<b>Plan</b>	<b>Source</b>	<b>Procure</b>	<b>Deliver</b>	<b>Return</b>

## 2.5.1 Plan

MCSC-FFME facilitates the initial demand planning which will drive the Marine Corps Class VIIIA ISL and positioning. MCSC-FFME actively engages each MARFOR and the DLA supply chain to ensure the system is prepared to respond to demand triggers. This process requires the MARFORs to use DMLSS as the appropriate Accountable Property System of Record (APSR), to provide accurate and timely data that will then be used to support inventory planning activities at an enterprise level. This data also drives accurate inventory reporting, which provides Commanders with near-real time readiness visibility. MCSC-FFME collaborates with DLA/MTS to validate lead times for the delivery of AMAL/ADAL assemblage line items required to support changes in enterprise inventory levels. Inventory planning specialists at MCSC-FFME conduct ongoing analysis to maintain a robust understanding of line item consumption, shelf life, and other trends in order to anticipate required adjustments to the Marine Corps ISL.

MCSC-FFME is also responsible for all elements for procurement strategy development, AMAL/ADAL initial issue, modernization, and the complete Life Cycle sustainment management of USMC medical materiel. These efforts include managing each line item NSN, evaluating suitable substitutions, developing assembly requirements, creating modernization schedules, and prioritizing funding. Capability modernization and configuration approaches are established by HQMC CD&I requirements, subject matter expert input, and Naval Health Research Center data for casualty modeling and clinically driven standard treatment protocols.

## 2.5.2 Source

Sourcing is the responsibility of MCSC-FFME and DLA/MTS, leveraging DLA as the primary source of supply for all materiel not currently on-hand. DLA has a full spectrum of contracting avenues to include the PVP, Depot Stocks, Direct Vendor Delivery, and the Electronic Catalog (ECAT). Each MEDLOGCO submits requisition requests through DMLSS for AMAL/ADAL assemblages line items through various E-COMMERCE solutions, and DLA/MTS is then responsible for assisting in the managing, tracking, and communicating of order status.

DLA/MTS sources against the requisition request using Prime Vendor and other contract vehicles in accordance with their Wholesale Medical Logistics Readiness Plan (WMLRP). The WMLRP is a concept of various initiatives and assemblage building programs that provides a continuum of acquisition and support options to meet readiness challenges at the AMAL/ADAL assemblage and line item requisition levels. This program fully supports the warfighter in accordance with Joint Publication 4-02, Doctrine for Health Service Support in Joint Operations. The WMLRP is focused on satisfying the Marine Corps time phased shortfall requirements for military contingency operations. The full focus of this program is to put in place contracts, business rules, and agreements to acquire the full spectrum of medical supplies and equipment using a multitude of supply sources. This includes the maximum use of contractual access to the commercial inventory vice the purchase of materiel.

Sourcing of Class VIIIA materiel by transfer between MEDLOGCOs is accomplished via the Global Sourcing/Cross Leveling process. This method is utilized to support any shortfalls due to operational requirement changes as well as changes to each of the MEFs ISL's. Advance coordination and approval by MCSC-FFME and HQMC I&L, LPC-2 is required through the appropriate chain of command. Global Sourcing/Cross Leveling procedure, as directed by the Marine Corps Force Generation Process

laid out in MCO 3502.6A, ensures that the warfighter deploys with fully capable and modernized AMALs/ADALs; provides enterprise-wide visibility and accountability to better manage available assets; and reduces overall procurement, replenishment, and replacement costs in a fiscally constrained environment.

For initial issue or modernization item(s), MCSC-FFME requests materiel, obtains approval, and allocates funds. For line item replenishment and sustainment, each MEDLOGCO is responsible for requesting materiel, obtains local approval, and allocating local funds via DMLSS. For excess Class VIIIA materiel across the USMC, MCSC-FFME shall serve as the primary point of contact for redistribution.



### 2.5.3 Procure

Each MEDLOGCO will requisition or procure their required purchases utilizing a wide variety of E-COMMERCE solutions for sustainment and replenishment with assistance from DLA/MTS to fulfill demand signals from MCSC-FFME and the deployed MARFOR. Each MEDLOGCO is then responsible to receipt for and build the assemblages as required which will maintain their established ISL and readiness capability.

### 2.5.4 Deliver

Delivery of replenishment line items will be executed by the PVP program (and other contract vehicles as applicable) and shipped directly to MEDLOGCO facilities. Delivery of modernization items will be executed by MCSC-FFME and sent to the MEDLOGCOs via the product support integrator. The MEDLOGCO responsibility in this process includes receiving materiel; identifying deficiencies/shortages, and/or any quality issues for immediate correction; and updating DMLSS inventory records to acknowledge receipt of the corresponding quantities, lot numbers, and expiration dates.

Determining exercise, operation, deployment, or contingency requirements for Class VIIIA materiel is a MARFOR responsibility and is executed by the supporting MEDLOGCO. The AMAL/ADAL assemblages, under the enterprise management deferred stocking level plan (to facilitate shelf life management), require that the MEDLOGCO perform the final build of all assembled materiel, equipment, and pharmaceuticals. Once the AMAL/ADAL is 100% ready-for-issue, MEDLOGCO will

schedule and conduct a Joint LTI.

### 2.5.4.1 Pre-LTI Procedures

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

Participants in the Pre-LTI phase are:

- Marine Expeditionary Forces (MEF)
- Marine Forces Reserve (MFR)
- Marine Logistics Group (MLG)
- Requesting/Using Unit
- Medical Logistics Company (MEDLOGCO)

Pre-LTI Process Step Descriptions:

#### 1. Submit preliminary materiel requirement request for coordination

- **Description:** For pre-coordination, the requesting/using unit submits materiel requirements request for assets needed to support an assigned exercise, operation, deployment, or contingency. The request is submitted through the appropriate chain of command via GCSS-MC. The AMAL/ADAL Request should include AMAL/ADAL quantities, supplemental medical items, narcotics, Responsible Officer (RO), and Course of Action (COA), as required. The Using Unit coordinates with its internal Chain of Command (Supply Battalion/CLR) to track the approval of the AMAL/ADAL Request Letter and then provide draft to the MEDLOGCO.
- **Important Note:** Units must submit materiel requirements a minimum of 45 days prior to the event, exercise, or deployment with the exception of MFR which requires 90 days prior.

#### 2. Pre-LTI coordination

- **Description:** For pre-coordination, MEDLOGCO receives an advanced copy of the service request and draft AMAL/ADAL 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/ADAL blocks and identifies the overall dollar deficiency. The MEDLOGCO incorporates the deficiency data into the response via the Major Subordinate Command (MSC)/MLG.

#### 3. Review request and verify the requesting unit rates the materiel

- **Description:** For pre-coordination, MSC/MLG, as appropriate, receives the AMAL/ADAL service request via GCSS-MC and verifies whether or not the unit rates the requested AMAL/ADAL blocks based on the T/E established in TFSMS. The MSC/MLG incorporates the approval/disapproval recommendation into the AMAL/ADAL service request response and sends it to the requesting using unit or next higher up in the chain of command for refinement/approval.

#### 4. Refine and submit materiel requirements request

- **Description:** If request is returned, requesting/using unit refines and submits the AMAL/ADAL service request to the approving MSC HSSO for each MEF/MFR for approval via GCSS-MC.

#### 5. Receive materiel request

- **Description:** The approving MSC HSSO for each MEF/MFR receives the AMAL/ADAL request via GCSS-MC and reviews the input from requesting/using unit. The approving MSC HSSO determines whether or not to approve the request.

#### 6. Reject request and send back to unit

- **Description:** The approving MSC HSSO for each MEF/MFR denies the request via GCSS-MC and sends the letter back to the unit with a justification for why the request was denied.

#### 7. Modify request for submission

- **Description:** Requesting/using unit receives the denied AMAL/ADAL request and modifies in accordance with the justification provided by the approving MSC HSSO for each MEF/MFR and resubmits for approval.
- ***Important Note:*** *The resubmission of the adjusted AMAL/ADAL Request letter will follow the same process steps as the original submission.*

#### 8. Task designated office to support

- **Description:** If the approving MSC HSSO for each MEF/MFR approves the request, the approving MSC for each MEF tasks the MSC/MLG to prepare Class VIIIA materiel for release to the unit.

#### 9. Receive task and prepare to provide support

- **Description:** MSC or MLG HSSO, as appropriate, receives the approved unit requests and initiates procedures required to prepare Class VIIIA materiel for release to the unit.

#### 10. Notify unit of request approval

- **Description:** MSC/MLG, as appropriate, notifies the unit that the AMAL/ADAL request has been approved and provides instructions on the unit's requirements for the Pre-LTI process.

#### 11. Task designated office to support request

- **Description:** MSC/MLG, as appropriate, tasks the MEDLOGCO to prepare Class VIIIA 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) to include unit appropriation funding and is approved for release.

#### 12. Receive notification

- **Description:** Requesting/using unit receives notification of approval and instructions from the MSC/MLG required to initiate the Pre-LTI process. Requesting unit coordinates internally to designate a primary/alternate RO to conduct the Pre-LTI and a preferred date/time to conduct the Pre-LTI.
- ***Important Note:*** *The RO must be an Officer or a Staff Non-Commissioned Officer (SNCO) designated from the requesting unit in writing via signed DD 577 by the Commanding Officer.*

### 13. Coordinate to schedule Joint LTI (once final approval finalized)

- **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 generates Pre-LTI to include AMAL/ADAL quantities, supplemental medical items, LOA, RO, etc. Any remaining requirements prior to the inventory are assigned accordingly.

### 14. Review AMAL/ADAL status

- **Description:** Prior to the Pre-LTI, MEDLOGCO runs a Status Summary Report in DMLSS-AM. This report provides the attainment percentage and the dollar deficiency for a given block. The report enables MEDLOGCO to identify the appropriate block to pull.

### 15. Conduct Pre-LTI

- **Description:** Based on the block identified from the Status Summary Report, MEDLOGCO pulls the block from the warehouse. The MEDLOGCO determines the deficiencies in the block requiring replenishment. The MEDLOGCO and designated unit RO conduct a Joint LTI to include a QA/QC of line items within AMAL/ADALs ensuring 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, the MEDLOGCO and using unit RO sign for the AMALs/ADAL and acknowledges the percentage of readiness.
- ***Important Notes:*** *The RO for the narcotics/controlled substances must be signed for by a Command appointed Responsible Officer/ Narcotics Custodian 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.*

## 2.5.5 Return

Upon completion of an exercise or deployment, MEDLOGCO personnel are responsible for coordinating with the using unit to conduct a Joint LTI. This inspection determines the level and extent of maintenance and/or replenishment required to restore the assemblage to its specified ready-to-issue condition. Line item replenishment in garrison for consumed and/or damaged inventory, as indicated by the Joint LTI, will be administered by the MEDLOGCOs and funded by the MEFs/MARFORRES. Based on the Joint LTI, the MEDLOGCO will then need to order items identified as expended, expired, damaged, or missing through DMLSS. Replenishment line items will be delivered directly to the MEDLOGCO, and upon receipt of the items MEDLOGCO personnel will record the receiving transaction in DMLSS, directly restock the line items into the appropriate location within the warehouse.

### 2.5.5.1 Post-LTI Procedures

Post-LTI procedures are performed after the using unit returns in order to ensure proper configuration (according to MCSC-FFME 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 the Post-LTI phase are:

- Marine Logistics Group (MLG)
- Medical Logistics Company (MEDLOGCO)
- Using Unit

Post-LTI Process Step Descriptions:

<b>1. Return from exercise, operation, deployment, or contingency</b>
<ul style="list-style-type: none"><li>• <b>Description:</b> Supported unit returns from exercise, operation, deployment, or contingency and reports to MEDLOGCO no more than one week following return to initiate coordination for a Post- LTI. Supported unit designates RO to conduct the Post-LTI and a preferred date/time to conduct the Post-LTI. If AMAL/ADALs are not returned in a timely fashion, the MEDLOGCO will follow up with the using unit on new estimated return date.</li><li>• <b><i>Important Note:</i></b> <i>The RO must be an Officer or SNCO designated via signed DD 577 from the requesting unit. The RO must be the same for both Pre- and Post-LTI. Otherwise a Change of RO document must be provided at the time of the POST-LTI.</i></li></ul>
<b>2. Coordinate to schedule Post LTI</b>
<ul style="list-style-type: none"><li>• <b>Description:</b> Using 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.</li></ul>
<b>3. Conduct Post LTI</b>
<ul style="list-style-type: none"><li>• <b>Description:</b> The MEDLOGCO and designated unit RO conduct a Joint LTI to include a QA/QC of line items within AMAL/ADALs returned 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, the MEDLOGCO and using unit RO sign for the AMALs/ADAL and acknowledges the percentage of readiness.</li><li>• <b><i>Important Notes:</i></b> <i>The RO must be an Officer or SNCO who is not the prescribing provider, which is designated from the requesting unit. Additionally, narcotics/controlled substances must be signed for by a Command appointed Responsible Officer/ Narcotics Custodian 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></li></ul>
<b>4. Review AMALs/ADAL status</b>

- **Description:** MEDLOGCO determines items needing replenishment (broken/consumed) and updates in DMLSS. Then, MEDLOGCO runs a Status Summary Report in DMLSS and obtains 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.

**Reference:** Useful Reports section in NAVMC 4000.3A.

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

- **Description:** MEDLOGCO creates 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. The MEDLOGCO (HSSO) sends the Pre/Post-LTI Letter to the supported unit and the MSC/MLG Comptroller.

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

- **Description:** MSC/MLG (Comptroller) receives the Reconciliation Letter and reviews the cost associated with consumed/broken assets.

#### 7. Charge Re-imbursement

- **Description:** The MEDLOGCOs will then provide charges incurred by the requesting unit in the process as set forth by their respective MLG Comptrollers. Unit funding data will be charged through SABRS for replenishment of all used line items.
- ***Important Note:*** *If a unit's deployment spans over two Fiscal Years (FYs), then the requiring unit is required to provide an updated LOA to the MEDLOGCO.*

#### 8. Review estimated with unit Post-LTI

- **Description:** MEDLOGCO will provide the supported unit the Reconciliation Letter based on the results of the Post-LTI process.

#### 9. Transfer asset in records

- **Description:** Upon review of the changes, supported unit will transfer the asset via the GCSS-MC (Pick/Pack/Ship) method from its property records by TAMCN.  
**Reference:** <http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx>; Transferring an Assemblage out of Your Organization (Loss), NAVMC 4000.3A.

#### 10. Pick-up transferred asset in records

- **Description:** MEDLOGCO receipts for 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 4000.3A.

#### 11. Order items to replenish stocks

- **Description:** MEDLOGCO utilizes 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. The MEDLOGCO generates a Replenishment Report, a list of items to be procured to increase readiness, and a DUE-Ins Report (i.e., a list of what is coming in based off orders via DMLSS).
- ***Important Note:*** *Orders pending in DMLSS are reflected as DUE-Ins. Once the orders are processed and receipted in DMLSS, the percentage readiness is automatically adjusted in the AMALs/ADAL block. Therefore, it is essential that MEDLOGCO accounts for planned vice actual adjustments to block inventory to ensure they are not conducting unnecessary inventories or reporting false attainment.*
- **Reference:** Search for Replenishment Items, NAVMC 4000.3A

### 2.5.5.2 Pharmacy/Medical Fluids Policy

Until such time as the using units can produce the proper climatized care and storage that will maintain all pharmacy items and medical fluids at the suggested manufacturer recommended temperatures, all pharmacy items and medical fluids will not be accepted after the completion of the using unit Post-LTI by MEDLOGCO. Pharmaceuticals and medical fluids will be accepted only when the using unit provides the means and documentation by which the items were stored, ensuring it was within the manufacturer's recommended temperatures. The documentation must contain the complete history of storage temperature logs showing that all pharmacy items and medical fluids were maintained within appropriate standards. If a using unit does not record the temperatures or is unable to maintain proper temperatures, the MEDLOGCO cannot accept the material Post-LTI, and the unit will be charged the replacement cost.

### 2.5.5.3 Exceptions

There are instances when the Using Unit returning from an operation will leave their assigned medical materiel in place for the next rotation, which is to be properly signed for in-theater by the outgoing and incoming units. In this case, no Post-LTI will be performed by the Departing Unit; however, it is recommended that the Replacing Unit conduct a Post/Relief LTI in order to account for all equipment and materiel. The Replacing Unit will follow the Pre-LTI procedures for routing an AMAL/ADAL Request Letter through their respective HSSE, clearly annotating which unit the AMAL/ADAL will be transferred from.

Once MEF/MFR signs the AMAL/ADAL Request Letter and provides it to the MSC/MLG and the MEDLOGCO, MEDLOGCO will input the AMALs/ADAL in the DMLSS and update the on-hand quantities in both DMLSS and GCSS-MC.

## 2.6 Information 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

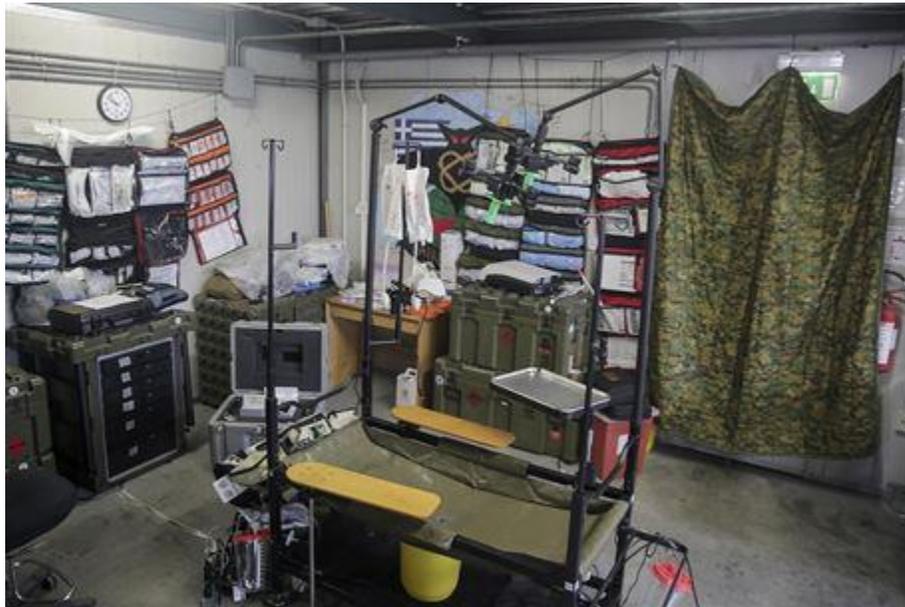
Marine Corps is considered a Stakeholder in these functional areas and is therefore responsible for maintaining a USMC software portfolio in the Department of the Navy (DON) Application and Database Management System (DADMS). DMLSS is included in the USMC software portfolio and is therefore a system of record for which the Marine Corps is required to maintain an Authority to Operate (ATO).

DMLSS is a standard DoD Military Health System Information Management/Information Technology application, utilized to manage AMAL/ADAL readiness at the enterprise level, while supporting inventory visibility and reporting capabilities through the full adoption of Enterprise Management Desktop Procedures (section 10 of this handbook). MCSC-FFME uses DMLSS to manage inventory, maintain supply records, and collect and analyze data to identify trends and usage patterns across the USMC. The MEDLOGCOs use DMLSS to maintain accurate on-hand inventory at the NSN level and all Stock List components (materiel list associated with that particular AMAL/ADAL), maintenance, shelf life, and custody records.

In addition to DMLSS, HQMC policy requires that inventory accountability at the TAMCN level is maintained within GCSS-MC or any future mandated systems. The Joint Medical Asset Repository (JMAR) is the DoD authorized system for medical readiness reporting purposes. DMLSS workflow feeds into JMAR; therefore the data accuracy of DMLSS at the MEDLOGCO is paramount. Financial transactions between DLA and the USMC are managed using the Standard Accounting, Budget, and Reporting System (SABRS) and/or Military Standard Requisitioning and Issue Procedures (MILSTRIPs). Once Class VIIIA materiel has been issued to a using unit, that unit is responsible for maintaining accurate inventory and equipment maintenance records for materiel throughout the period of deployment, contingency, or exercise. Upon the using unit return, materiel will be inventoried by MEDLOGCO and updated in DMLSS and GCSS-MC to reflect the change in custody.

## 3.0 Modernization Review

The Marine Corps AMAL/ADAL assemblage(s) 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 the availability of non-organic health care support (i.e., Navy Expeditionary Medical Facilities (EMFs), host nation support, etc.). It is also essential to understand that an AMAL/ADAL assemblage alone, does not equate to a medical capability that supports these health care missions. The AMAL/ADAL assemblage + Medical Professional = Medical Capability. Thus, AMAL/ADAL assemblages must consistently be reviewed and analyzed to ensure that the contents of the assemblages meet the needs and requirements of the medical professionals



## 3.1 Modernization Review Process

The Marine Corps has established the Modernization Review, a process 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.

The Modernization Review is an extensive process and is used to ensure use of the most-up-to-date equipment and consumables. Each individual AMAL/ADAL is reviewed on a 4-year cycle or sooner as necessary when significant equipment and consumable components become obsolete.

Participants in the Modernization Review phase are:

- Deputy Commandant Installations & Logistics (DC I&L) Logistics Policy and Capabilities Branch (LPC-2)
- HQMC, Health Services, The Medical Officer Marine Corps (TMO)
- Deputy Commandant Combat Development & Integration (DC, CD&I) Integration Division (ID)
- Commanding General Marine Corps Systems Command (CG MCSC)
- Naval Health and Research Center (NHRC)

- Blount Island Command (BIC)
- Marine Corps Forces Command (MARFORCOM)
- Marine Corps Forces Pacific (MARFORPAC)
- Marine Expeditionary Forces (MEFs)
- Marine Forces Reserve (MFR)
- Defense Medical Materiel Program Office (DMMPO)

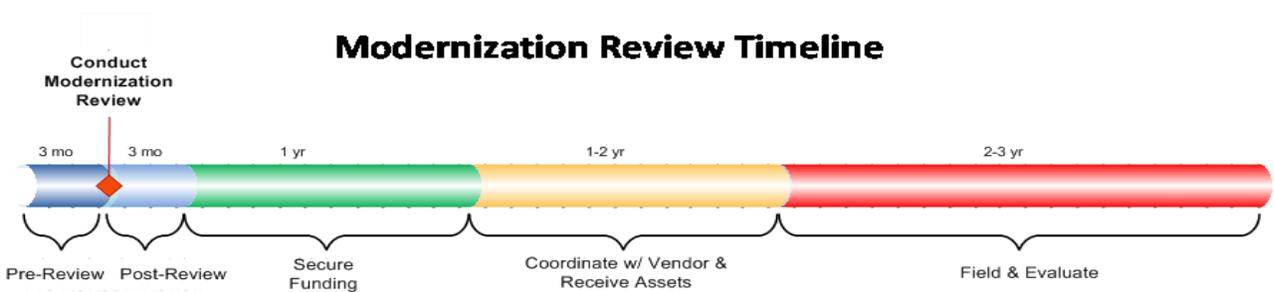
Systems used in this phase are:

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

### 3.2 Modernization Review Timeline

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. Figure 4 depicts the Modernization Review Timeline (4yr-cycle).

Figure 4 - Modernization Review Timeline



This process is at a minimum 4 years. Major impacts (e.g., funding is not secured or requirements fall below the priority threshold) may halt all forward progress of this timeline. Additionally, time may be added to the review process if items require research and development/testing. The priority list is established by DC, CD&I and MCSC-FFME based on mission priority. Prioritization fluctuates based on the funding level received as well as the usage rate.

Class VIIIA Modernization Review Activities Process Step Descriptions:

1. Review 4 year AMAL schedule for upcoming fiscal year
<ul style="list-style-type: none"> <li>• <b>Description:</b> MCSC-FFME reviews the schedule for the upcoming fiscal year to determine reviews and venues. MCSC-FFME publishes the schedule via electronic correspondence.</li> <li>• <b>Input:</b> AMAL schedule (4 year)</li> <li>• <b>Output:</b> Schedule for upcoming fiscal year</li> <li>• <b>Reference:</b> <a href="https://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx">https://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx</a></li> </ul>

## 2. Develop review schedule and tailor checklist

- **Description:** MCSC-FFME develops a review schedule in accordance with the AMAL Modernization Review Checklist from the AMAL Review Website. MCSC-FFME tailors the Checklist according to the size and complexity of the AMAL to either a 60- or 90-Day Post-Review Cycle and posts it for participant review.
- **Input:** Checklist from AMAL Review Website
- **Output:** Review Schedule, tailored AMAL Modernization Review Checklist
- **Reference:** <https://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx>

## 3. Plan the Review

- **Description:** MCSC-FFME plans the review by compiling all necessary data/information and coordinates logistics at the selected venue. Details pertaining to data/information and the venue for the review will be incorporated into the Review message.
- **Input:** AAO, Statement of Need (SON), NHRC modeling simulation data/information
- **Output:** Details for Review Message

## 4. Create and release Review Message

- **Description:** MCSC-FFME creates the Review Message, incorporating details for the Review Message and staffs accordingly. Upon approval, MCSC-FFME releases the message via electronic correspondence to the MARFORs; MEFs; DC, CD&I, CDD, LID; NHRC; MCLC; DC I&L; and any other required participants.
- **Input:** Details for Review Message
- **Output:** Review Message

## 5. Receive Review Message

- **Description:** DC I&L, NHRC, MCLC, MARFORs, and MEFs/MARFORRES receive the Review Message, coordinate internally to select appropriate staff to support the Review, and prepare accordingly.
- **Input:** Review Message (DON Tracker can be utilized for this process as needed)

## 6. Provide Attendee List

- **Description:** DC I&L, NHRC, MCLC, DC, CD&I, CDD, LID, MARFORs, MEFs, DMMPO, and MARFORRES provide MCSC-FFME a list of personnel designated to participate in the Review.
- **Output:** Attendee List

## 7. Post current line list

- **Description:** MCSC-FFME posts 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

- **Description:** MCSC-FFME coordinates with designated personnel to establish the Pre-Review Meeting. The meeting coordinator 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

- **Description:** MCSC-FFME leads designated participants in a Pre-Review Meeting. The review will address preliminary reference materiel gathered by MCSC-FFME 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://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx>

## 10. Compile read-aheads and distribute to participants

- **Description:** Upon conclusion of the Pre-Review Meeting, MCSC-FFME disseminates all documents generated during the Pre-Review to participants.
- **Output:** Pre-Review: consolidated line list, tasker list, read-ahead documents
- **Reference:** <https://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx>

## 11. Lead/Participate in AMALs/ADAL Modernization Review

- **Description:** MCSC-FFME leads designated participants, including DC I&L (LPC), DC, CD&I (LID), NHRC, BIC, MARFOR, and MEF/MARFORRES, 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-FFME reconciles lists, consolidates notes, assigns preliminary task (task, suspense date, owner), and sets Post-Review Meeting date.
- ***Important Note:*** *The pharmacy is included in the Modernization Review. However, in order to enhance efficiency and readiness, it is the responsibility of the MEDLOGCOs to procure through the PVP or DLA Contingency Contracts based on procurement guidance given.*
- **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-FFME coordinates with designated personnel to establish the Post-Review Meeting and communicates meeting logistics via e-mail. Additionally, MCSC-FFME posts 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://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx>

### 13. Conduct Post-Review Meeting

- **Description:** MCSC-FFME leads designated participants, including DC I&L (LPC), DC, CD&I (LID), NHRC, BIC, MARFOR, MEF/MARFORRES, 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-FFME monitors completion of outstanding tasks in order to create and disseminate the Post-Review line list. Once all tasks are complete, DC, CD&I (LID, Naval Support Branch) and MCSC-FFME 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-FFME 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-FFME generates the Final Modernization line list based on collaboration with DC, CD&I (LID, Naval Support Branch). When completed, MCSC-FFME uploads 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://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx>

### 16. Create and disseminate Modernization buy list

- **Description:** MCSC-FFME generates the Final Modernization buy list based on collaboration with DC, CD&I (LID, Naval Support Branch). When completed, MCSC-FFME uploads 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://eis.usmc.mil/sites/mefkb/amalreviews/default.aspx>

### 17. Create and Submit AMAL Review Summary Report

- **Description:** MCSC-FFME creates and submits 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/AMAL Review Summary Report

### 18. Receive AMAL Review Summary Report

- **Description:** DC, CD&I (LID, Naval Support Branch) receives AMAL Review Summary Report from MCSC-FFME and reviews 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 and Staff AMAL Review Summary Report

- **Description:** Upon completing the update to the AMAL Review Summary Report, DC, CD&I (LID, Naval Support Branch) staffs the report to the MARFORs for concurrence via DON Tracker.
- **Output:** AMAL Review Summary Report

### 20. Receive the updated Summary Report and provide feedback

- **Description:** MARFORs 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 and SON

- **Description:** DC, CD&I (LID, Naval Support Branch) consolidates all the feedback provided from the MARFORs and issues a letter with the updated SON, if required, to MCSC-FFME.
- **Input:** Validated AMAL Review Summary Report
- **Output:** Summary Letter, SON (as required)

### 22. Create Fielding Plan

- **Description:** MCSC-FFME utilizes the issue letter and updated SON, if provided, to create a Fielding Plan for procurement and establishes the priorities for the following POM-cycle.
- **Input:** Summary Letter, SON (as required)
- **Output:** Fielding Plan

## 4.0 Requirements Determination

To ensure that determination requirements are met, Strategic Level Sustainment Planning must occur.

### 4.1 Strategic Level Planning for Class VIIIA

Strategic level sustainment planning refers to the actions taken to ensure that Class VIIIA materiel requirements are determined, sourced, and positioned at appropriate locations based on OPLANS and CONPLANS as well as strategic planning guidance and directives. HQMC, MARCORSSYSCOM, and the MARFORs are involved in Strategic level sustainment planning procedures and processes. This section outlines those procedures and processes and the roles and responsibilities associated with the respective Stakeholders.

#### 4.1.1 Requirements Determination

The T/E for Class VIIIA is determined by DC, CD&I through the Expeditionary Force Development System (EFDS) and can be modified by submission of Table of Organization/Equipment Change Requests (TOECRS) submitted through the Total Force Structure Management System (TFSMS). Marine Corps units are assigned specific AMAL/ADAL assemblage(s) based on their assigned (T/O) mission and are part of the unit T/E listed in TFSMS. These assemblage(s) represent a capability that contains the necessary pharmaceuticals, along with major and minor pieces of equipment to treat a set number of patients. For planning purposes as stated in Marine Corps Warfighting Publication (MCWP) 4-11.1 Health Services Support Operations, AMAL/ADALs are designed to support a MEF in an estimated worst case scenario: 60 days for the MEF, 30 days for a Marine Expeditionary Brigade (MEB), and 15 days for a Marine Expeditionary Unit (MEU). The majority of using units will source to 15 DOS. These first 15 DOS are referred to as the Initial issue. The following sections will provide guidance on how requirements are determined at the strategic level within the Marine Corps.

#### 4.1.2 Initial Issue Requirements Determination

As threats that the Marine Corps faces continue to evolve and change, the Class VIIIA materiel which makes up the initial issue must adapt and change as well. Therefore, these AMAL/ADAL assemblages undergo routine reviews to ensure the type and quantity of materiel are the most modern capability set while adapting to changing mission objectives or force structure.

Participants in the Initial Issue phase are:

- Deputy Commandant Combat Development & Integration (DC, CD&I)/Logistics Integration Division (LID)
- Total Force Structure Division (TFSD)
- Marine Corps Systems Command (MCSC)
- Marine Corps Forces (MARFORCOM, MARFORPAC, MARSOC, MFR)
- Marine Expeditionary Forces (MEFs)
- Using unit

Additional participants that contribute to this phase include:

- Marine Corps Warfighting Laboratory (MCWL): MCWL coordinates with DC, CD&I to support pre-acquisition 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-acquisition efforts in conducting testing and evaluation on requirements to document justification for prioritization of requirements.
- Training and Education Command (TECOM): TECOM coordinates with DC, CD&I to support the post-acquisition effort in identifying the training requirements associated with permanent programs.

Systems in this phase are:

- Total Force Structure Management System (TFSMS)
- Program Budgeting Documentation Database (PBDD)
- DMLSS
- GCSS-MC

### 4.1.3 Sustainment Requirements Determination

Beyond the initial issue, the sustainment of AMAL/ADAL assemblages must be planned for when MAGTF units are deployed to a theater of operation. Since the Marine Corps is responsible to fulfill a 60 DOS Class VIIIA capability and that the initial issue is designed for 15 DOS, sustainment requirements at the strategic level are determined through the development of the Medical Contingency File (MCF). The MCF is a documented time phased wartime requirement that is submitted to DLA/MTS from all four Services. The consolidated MCF requirements are then used by DLA to analyze the industrial base and guarantee access to sustainment requirements via contingency contracts.

There are two components that go into the development of strategic level sustainment requirements for Class VIIIA materiel: Casualty Estimations and Patient Streams. Casualty estimations are based and identified with the Defense Planning Guidance (DPG). Population at Risk (PAR) is based on DPG duration and intensity rate. These two elements are identified thru NHRC, which will determine the casualty estimation.

Two phases of combat:

- Assault (1st 30 days of combat)
- Sustainment (Every subsequent 15 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.
- 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 designation of military objectives to achieve political and economic goals.
- 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.

### Methodology for computation of Class VIIIA Sustainment Requirements

Participants in this Requirements Determination—Sustainment phase are:

- Naval Health Research Center (NHRC)
- Deputy Commandant Installations & Logistics, Logistics Policy and Capabilities Branch (DC I&L, LPC-2)
- Marine Corps Systems Command - Family Field Medical Equipment (MCSC-FFME)
- DLS/MTS

MCSC-FFME with input from HQMC I&L, LPC-2 will coordinate with NHRC who has already identified anticipated patient stream and associated treatments for battle injuries, non-battle injuries, and disease for the MAGTF operational phases and mission duration. Once NHRC has all the required information for the anticipated patient streams and associated treatments for battle injuries, non-battle injuries, and disease for the MAGTF operational phases and mission, this information will be utilized to support the operations identified in the DPG for the development of Class VIIIA materiel requirements. NHRC will input these distributions into modeling systems to generate the materiel requirements estimates or Estimated Supplies Program (ESP), and the number and type of supplies to treat a particular patient stream. Once the ESP is provided by NHRC, MCSC-FFME will utilize the Medical Contingency Requirement Workflow (MCRW) application via the Defense Logistics Agency, DLA/MTS, Medical Supply Chain-DMMONLINE (<https://www.medical.dla.mil/Portal/>) to finalize and submit all requirements for the MCF submission.

## 5.0 Sourcing

Sourcing refers to the actions taken by the MEDLOGCO in order to procure the required and appropriate quantities of medical materiel to fulfill the 0-90 DOS Class VIIIA requirements as needed. The Marine Corps follows a specific process for sourcing Class VIIIA materiel. Class VIIIA users and Stakeholders must understand that there are two separate components for sourcing Class VIIIA materiel. First component considers all the actions taken to ensure initial issue support for all units deploying from their base or station. Second component considers all the actions taken to ensure sustainment support for units once in theater. The following information discusses the sourcing actions taken at the Strategic level within the Marine Corps to support the deployment of forces from the home base or station.

### 5.1 Deployment Sourcing

The Sourcing function provides the guidance for the MEDLOGCOs ONLY, on how to support deploying units for the delivery of Health Care Capabilities up to 90 DOS:

- **Days 0-15:** Each MEDLOGCO will provide a capability to support 15 DOS in support of MAGTF units within each respective MEF/MARFORRES/MEDLOGCO. Line item deficiencies in the 15 DOS requirement will be filled through orders placed by MEDLOGCOs to DLA/MTS. Deficiencies in AMAL/ADAL assemblages will initially be sourced through global sourcing from within the enterprise.
- **Days 16-90:** During days 16-90 of an operation and only as required, the MEDLOGCOs will utilize various E-Commerce solutions as well as contracting vehicles via the MCF to procure the necessary materiel to be used to replenish depleted stocks and or assemble for shipment to the requesting units having difficulty establishing sustainment.

If the planned sourcing process is unable to fill requirements, the utilization of Global Sourcing from within the USMC inventory provides a potential solution.

### 5.2 Global Sourcing (Cross-Leveling)

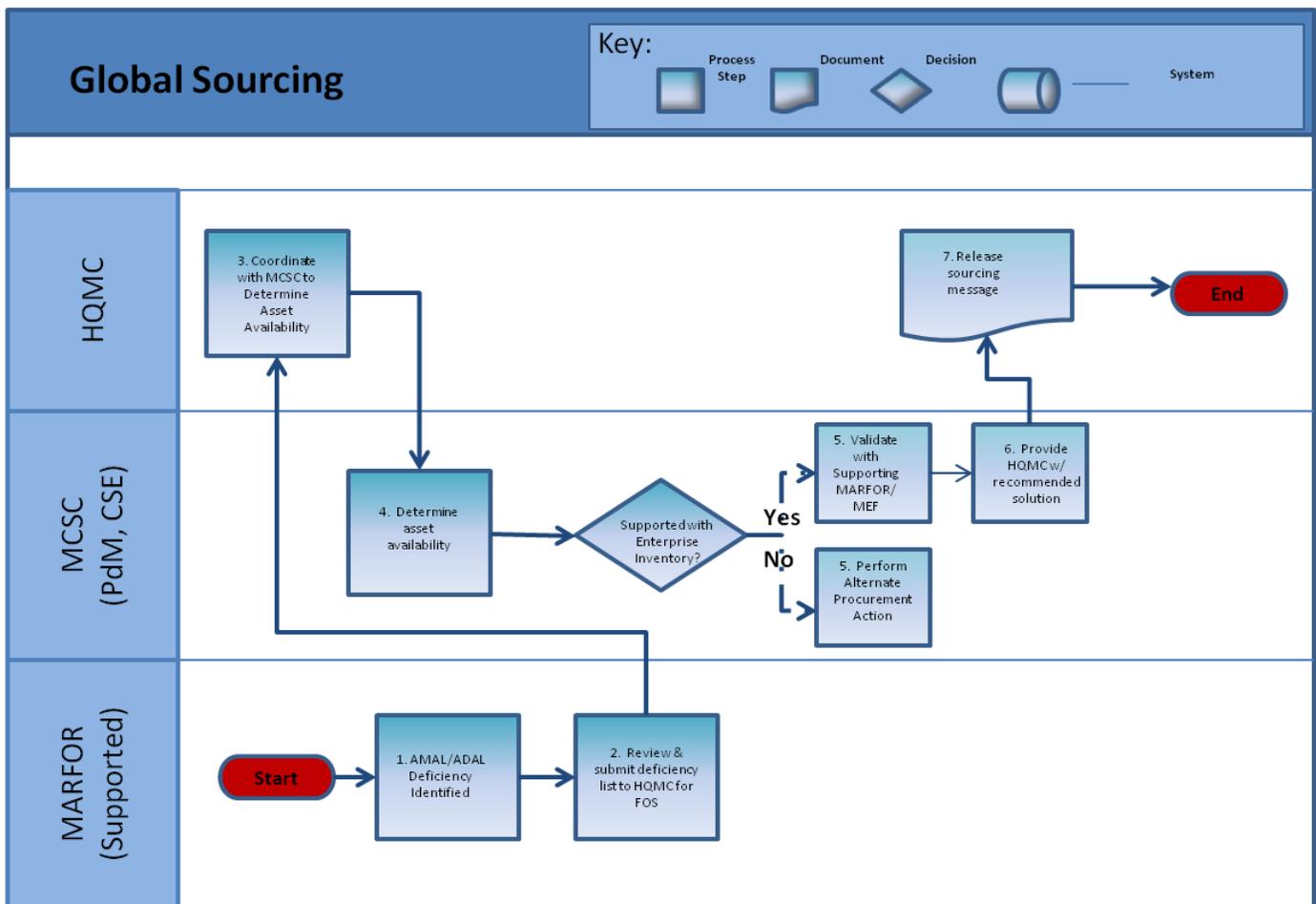
Participants in the Global Sourcing Concept are:

- Deputy Commandant Installations & Logistics (DC I&L) Logistics Policy and Capabilities Branch (LPC-2)
- Marine Forces (Pacific/Command/Reserve)
- Marine Corps Systems Command (MCSC)

Global Sourcing or Cross-Leveling (in accordance with MARADMIN 441/11) is the movement of Marine Corps equipment and consumables, to include Class VIIIA inventory, between MEDLOGCOs to support mission requirements. With centralized oversight and regional execution of Class VIIIA materiel, the Marine Corps is able to capitalize on its current inventory and re-position as necessary to meet emerging mission requirements. This strategy prevents the unnecessary continuous purchase of additional inventory to support MAGTFs.

Global Sourcing is used in support of contingency operations and exercises in order to prevent a single MEDLOGCO from becoming non-mission capable in the event of a deficiency or when a Marine Component Commander identifies a new requirement. Cross-Leveling Class VIIIA requirements are sent from the Marine Component Command (MCC) via Naval Message HQMC I&L, LPC-2 and MCSC-FFME to validate. MCSC-FFME will either identify a supporting MEF through information system asset analysis (via DMLSS and JMAR) or release a Feasibility of Support (FOS) Message. If a FOS Message is released, the MARFORs (as appropriate) will respond with quantities available to meet the FOS or reclama with justification as to why no assets are available. A sourcing solution will then be developed by HQMC I&L, LPC-2 and MCSC-FFME, using the information received in response from the FOS, afterward a tasking message will be released. If the war reserve assets being requested are in support of a new contingency order, then the MARFORs will send a message directly to DC LPO, per NAVMC 4000.1. The process map shown in Figure 5 depicts the process as explained above.

Figure 5 - Process Map Global Sourcing



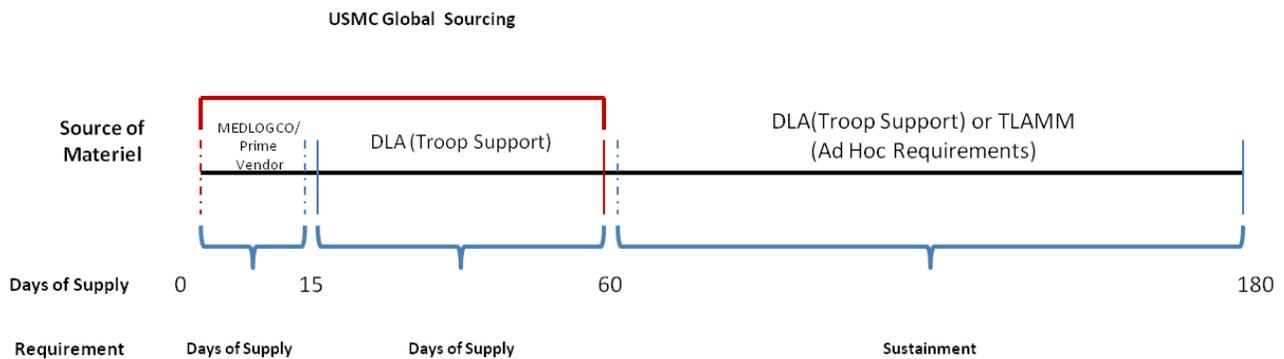
## 5.3 Sourcing Timeline

Since the MEDLOGCOs are PVM/PVP customers, it is assumed that the MEDLOGCOs will utilize the PVM/PVP prior to submitting any Class VIIIA 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 contingency contracts for a guaranteed fill rate that the PVM/PVP is responsible to meet. Non-Usage 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 fulfill a request; the Marine Corps will receive a canceled or rejected line in DMLSS if this occurs. At this point, the MEDLOGCO can submit a requisition to DLA/MTS. For more information on non-demand fill rates and the provisions for days to fill non-demand items, visit DMMOnline at: <http://dmmonline.dscpl.dla.mil>.

When the MCF requisition is submitted, DLA/MTS will pull the requested NSN and attempt to route the requirement to an appropriate contingency contract, if available. Since contingency contracts guarantee access to the materiel when needed, DLA/MTS only has to coordinate the shipping of materiel and has the availability to deliver the associated items within 72 hours of the request. 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/MTS 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.

Figure 6 provides a depiction of the Class VIIIA Sourcing Timeline. (See Section 6: Acquisition for information about the process for funding of requisitions, contingency contracts, and traditional support.)

Figure 6 - Class VIIIA Sourcing Timeline



During a contingency, when the Marine Expeditionary Brigade (MEB) is employed, the Class VIIIA assets held aboard the Maritime Prepositioning Ship Squadron (MPSRON) are available for employment consideration.

## 6.0 Positioning

Positioning of Class VIIIA Inventory is designed to synchronize medical capabilities with operational requirements. The positioning of Class VIIIA materiel at the individual MEDLOGCOs, aboard Maritime Prepositioning Ships, Marine Corps Prepositioning Program-Norway (MCPN), and the positioning actions taken by DLA/MTS all play an important role in ensuring the sustainment of units in theater while conducting operations, and in garrison for training and exercises. As previously mentioned in section four, each MEDLOGCO will not maintain the full AAO but rather stock to the set ISL as dictated by HQMC I&L, LPC-2 and MCSC-FFME. The reduced on-hand inventory levels do not equate to reduced operational capability. Rather, this method enables enhanced levels of Class VIIIA materiel readiness while conserving and improving the financial portfolio.

### 6.1 Inventory Stocking Level (ISL) Review

ISL reviews and workshops ensure that the Marine Corps Class VIIIA inventory is positioned at appropriate locations and in sufficient quantities to respond to OPLAN and TEEP requirements. However, the Marine Corps must also be able to ensure the sustainment of Class VIIIA materiel for MAGTF units once in a theater of operations. Figure 7 shows the Geo-location of Class VIIIA Materiel Positions.

Figure 7 - Class VIIIA Materiel Positioning Geo-locations



Now that MCSC-FFME is utilizing an enterprise management approach for Class VIIIA materiel requirements, each MEF/MFR will provide the appropriate OPLAN and TEEP requirements that they intend to execute. MCSC-FFME will facilitate an ISL workshop with each MEF/MFR HSS Medical Planner to organize a feasible plan with the respective MEDLOGCO for the total amount of AMALs/ADALs required to execute their OPLAN and TEEP requirements.

After each of the ISL workshops, MCSC-FFME will validate the appropriate data sets that will be utilized and integrated to ensure that accurate AMAL/ADAL-Unit Mapping is recorded. The output from this planning process will provide the minimum level of inventory necessary to support any one of the OPLAN/TEEP requirements provided. The inventory minimum is the number of AMAL/ADALs needed on-hand to support all the MARFORs requirements before DLA can begin providing AMAL/ADAL assemblages to theatre. The Inventory maximum is the number of AMALs needed on-hand to support any one of the entire force flows, assuming that DLA/MTS cannot provide AMAL/ADAL assemblages to theatre.

MCSC-FFME will provide guidance to the MEF/MFR Commanders stating the results of the ISL workshop and any recommended changes in inventory levels that were calculated. Upon review of the MCSC-FFME guidance, the MEF/MFR Commanders then have the option to provide justification as needed to increase the suggested ISL beyond what MCSC-FFME recommends. Once agreed upon, an official naval message will be released by HQMC I&L, LPC-2 annotating the new ISL for each MEF/MFR. If a MEF/MFR wishes to increase or decrease their particular ISL above or below the approved limits they must do so by request via naval message to MCSC-FFME and HQMC I&L, LPC-2. MCSC-FFME will then utilize cross-leveling strategies to bring each of the approved ISLs into alignment, and/or purchase any new AMAL/ADALs that are not currently on-hand.

## 6.2 Marine Corps Prepositioning Programs

The Marine Corps Prepositioning Program, Maritime Prepositioning Force (MPF), and Marine Corps Prepositioning Program-Norway (MCPN) provide a Class VIIIA capability that can be incorporated and planned for. A portion of the Class VIIIA equipment and consumables required to support a MEB for 30 days of contingency operations are prepositioned aboard MPF ships and MCPN. The following items will not be embarked on the MPF ships or stored in MCPN due to shelf life and other issues:

- Narcotics/controlled substances
- Precious metals
- Refrigerated Class VIIIA 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 (CAPSETs)
- 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 Reports (AARs) post-loading of an individual Maritime Prepositioning Ship (MPS) to the supporting MEF, MCSC-FFME, and HQMC I&L, LPC-2. 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. This information can also be found at the Marine Corps Prepositioning Information Center (MCPIC) website at: (<http://www.mcpic.bic.usmc.mil/>). MCPIC is a web-based resource that unites contrasting information sources at one site for the prepositioning community; this will include, but not be limited to, ship and squadron plans, prepositioning objectives (NAVMC 2097 information), T/E, data of equipment and supplies actually loaded on the MPS vessels, and other reference information. Figure 8 provides an example of the information contained within MCPIC.

Figure 8 - Marine Corps Prepositioning Information Center

The screenshot shows the MCPIC web interface. At the top, there is a navigation bar with the MCPIC logo and the text 'MARINE CORPS PREPOSITIONING INFORMATION CENTER'. Below this, there is a breadcrumb trail: 'UDL Deployment WorkBench V-7.0 Home Home Help Welcome Dana (dana.sanford.ctr@usmc.mil)'. The main content area displays a table with the following columns: 'Item Id', 'Description', 'SUPPLY CLASS', and 'LCE'. The table contains 15 rows of data, including items like 'AMAL 618, LABORATORY EQUIPMENT', 'AMAL 619, LABORATORY CONSUMABLES', and 'AMAL 627, X-RAY EQUIPMENT'. On the left side of the table, there are several filters and controls, including 'Resource(s) Selected', 'Level of Data', 'MSE Selected', 'LCE', 'Filtered By', and 'Tag Selected'. At the bottom of the table, there are pagination controls: '<< Back Rows 1 to 15 of 15 By 500 Rows Per Page'.

Item Id	Description	SUPPLY CLASS	LCE
C8600	AMAL 618, LABORATORY EQUIPMENT	8	1
C8604	AMAL 619, LABORATORY CONSUMABLES	8	2
C8614	AMAL 627, X-RAY EQUIPMENT	8	1
C8624	AMAL 631, SHOCK SURGICAL TEAM/TRIAGE EQUIPMENT	8	2
C8628	AMAL 632, SHOCK SURGICAL TEAM/TRIAGE CONSUMABLES	8	4
C8630	AMAL 633, ACUTE CARE WARD EQUIPMENT	8	1
C8634	AMAL 634, ACUTE CARE WARD CONSUMABLES	8	2
C8638	AMAL 635, AID STATION EQUIPMENT	8	4
C8640	AMAL 636, AID STATION CONSUMABLES	8	8
C8644	AMAL 637, PREVENTIVE MEDICINE EQUIPMENT	8	4
C8648	AMAL 638, PREVENTIVE MEDICINE CONSUMABLES	8	1
C8650	AMAL 639, OPERATING ROOM EQUIPMENT	8	1
C8654	AMAL 640, OPERATING ROOM CONSUMABLES	8	2
C8716	ADAL 662, FLD DENTAL OPERATORY EQUIPMENT	8	1
C8740	AMAL-699, SICK CALL CONSUMABLE	8	1

Various applications within MCPIC allow planners to gain visibility of Class VIIIA materiel. Two of the major features of MCPIC are the Prepositioning Planning System (PPS) and the Prepositioning Equipment and Supplies Viewer (PES-V). The PPS features all squadrons' and ships' respective plans, associated reference data, and prepositioning objectives. It also provides information on Using Unit Responsibilities Items (UURIs) TAMCNs, as well as parent and child associations; the accessed data can be exported to either an Excel or text file. The PES-V, and its associated Deployment workbench, provides all available data for deployed MPSs (i.e., reflections of what is actually loaded on the ships). Pending a data cleansing process, PES-V will also provide the user with prepositioning data for the MCPP-N; this data will be available by cave site.

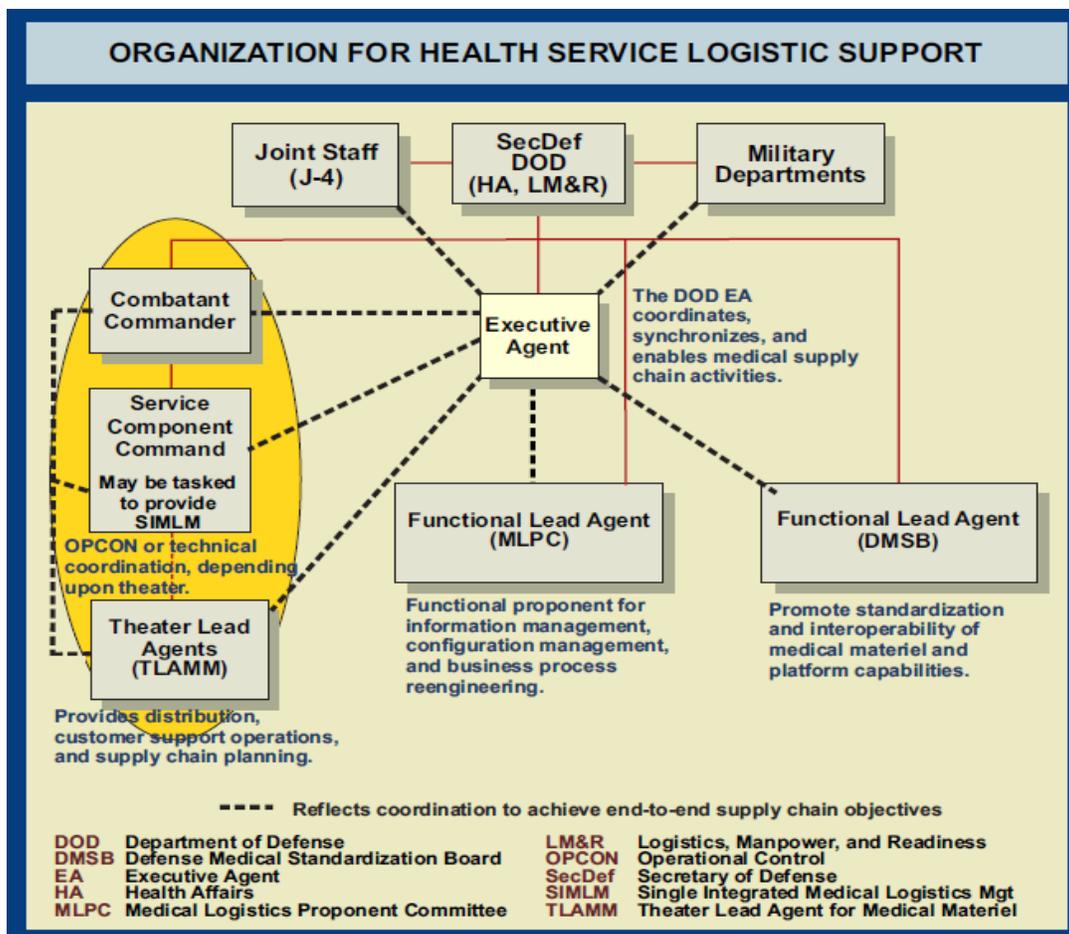
## 6.3 Executive Agent (EA) for Medical Materiel

DLA/MTS is designated as the EA for Class VIIIA Medical Materiel. Thus, it is charged with the execution of the end-to-end supply chain, to include coordinating, synchronizing, and enabling medical supply chain activities. DLA/MTS, as the DoD EA for Class VIIIA, is responsible for programming and

providing necessary resources to support sustainment and to secure contingency materiel via commercial resources and prepositioned materiel in strategic locations to support COCOM requirements.

Medical materiel managed by the Theater Lead Agent for Medical Materiel (TLAMM) will be financed and owned by the EA. The EA requirement to preposition medical materiel in theater is determined by the COCOM in coordination with the DLA/MTS and the supported service components. These requirements are made a part of the negotiated Performance Based Agreement (PBA) between the EA and the COCOM. PBAs will be established between DLA and each COCOM, formalizing performance standards, metrics, and operational roles and responsibilities for medical supply chain support for that COCOM and HSS operations. Figure 9 provides a depiction of the EA relationships of DLA within the DOD.

Figure 9 - DoD Organization for Health Service Logistics Support





The Class VIIIA materiel requirements between the organic AMAL/ADAL assemblages must then be coordinated to determine the support capabilities of the TLAMM. The TLAMMs will have varying degrees of readiness because of the range and depth of operations that they routinely support. Therefore, the inventory in stock, the personnel on hand, and the supply chain will need time to mature during a contingency operation. This presents a risk for deploying units since the TLAMM may not have the appropriate inventory on-hand as forces are introduced into theater. As a result, the TLAMM may have to reach back to DLA for procurement and shipment, creating the potential for delays in shipment, back ordered inventory, etc.

Understanding the readiness posture of the TLAMM also enables Medical Logisticians to appropriately phase and size the deployment of MEDLOG Platoons. Depending on the expected time for a TLAMM to reach full operational capability, medical planners can outfit a forward MEDLOG unit to deploy with sufficient sustainment materiel to cover the gap between organic capabilities of AMAL/ADAL assemblages and the stand-up of the TLAMM. Therefore, it is essential to work closely with the TLAMM to establish when they will be at Full Operational Capability (FOC) and ready to process supply orders. For planning purposes, the TLAMM is anticipated to be capable of MAGTF support by day 60 of operations. Also, medical planners should determine the need for additional support packages. Additional support packages would consist of pre-determined quantities and types of Class VIIIA materiel (mostly consumables) and would be pushed to units or MEDLOGCO forward in order to sustain the MAGTF Units in theater until the TLAMM is able to support line item requisitions.

## 7.2 Surge Requirements

Specific Class VIIIA requirements must be planned for in terms of how they will be distributed to their final destination. Considering that AMAL/ADAL assemblages provide for 15 DOS, OPLANs must plan for Class VIIIA line item replenishment requirements beyond the 15th day of an operation.

In order to operate based on this premise, modeling must be conducted to enable positioning of appropriate inventory to support MAGTF operations. HQMC will provide the materiel listing to cover MARFOR's specific Area of Responsibility (AOR) from DOS 16-180. The MARFORs must re-validate materiel requirements list prior to execution. If it is a new requirement from the initial strategic plan, the MARFORs must compute a new HSS requirement to support the effort. The casualty estimation (as previously mentioned) is determined by the number of casualties that are estimated by the given OPLAN.

## 7.3 Operational Materiel Sourcing

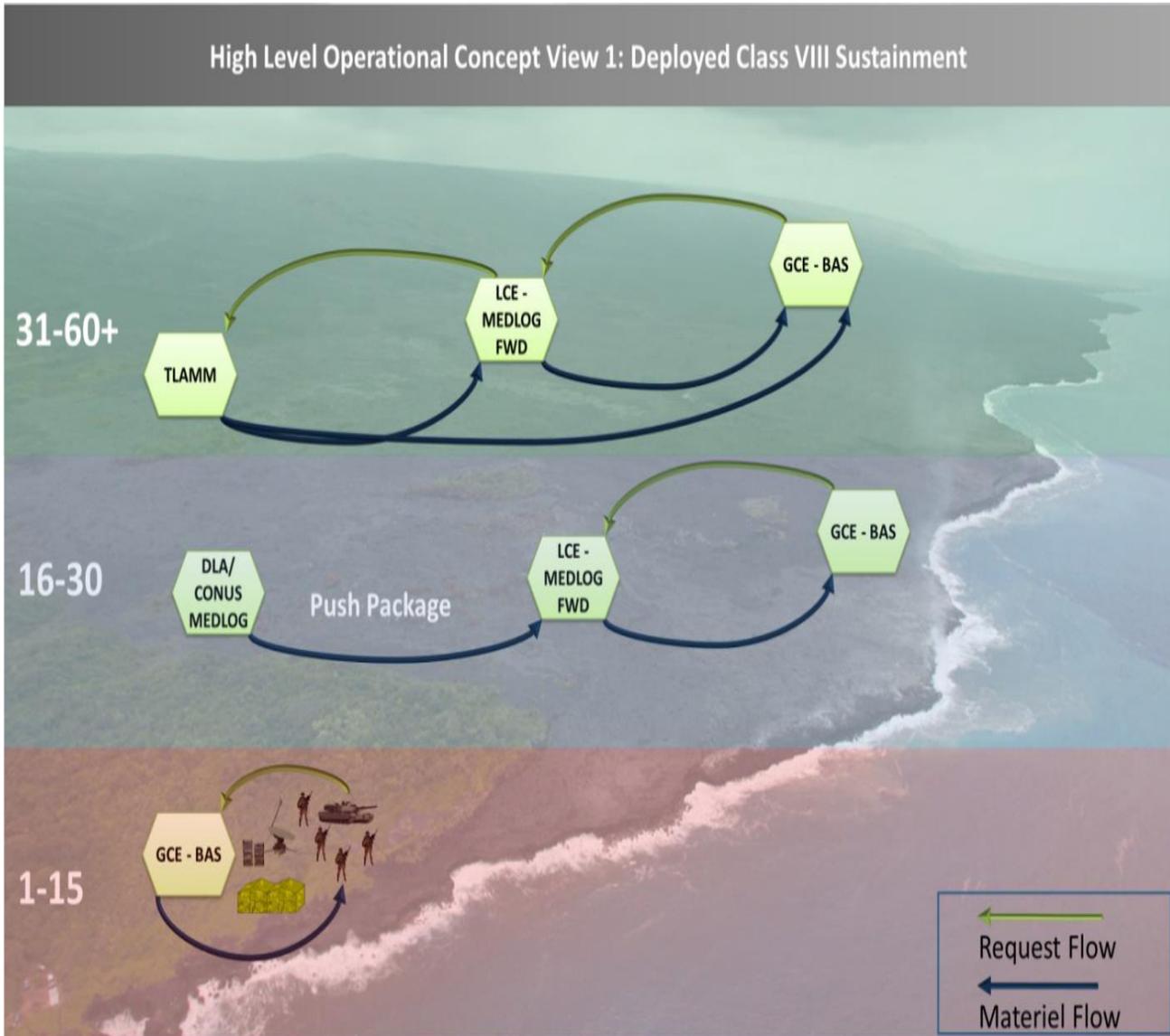
Sourcing at the Operational Level is focused on ensuring sustainment support for deployed/deploying units. That is why medical materiel sustainment is phased into theater in support of deploying MAGTFs. A different set of procedures are followed when the focus is on line item resupply during deployments. A MAGTF unit will deploy with its T/E AMAL/ADAL assemblage(s), but while in theater, the AMAL/ADAL assemblage(s) will be sustained through line item resupply. Figure 11 below provides an understanding of how sustainment capabilities are built as a theater of operation begins to mature.

- **Days 0-15:** Upon notification of deployment, a using unit will request their associated AMAL/ADAL assemblage(s). Items not on-hand to make the AMAL/ADAL complete will be ordered by the MEDLOGCO through DLA contract. Deploying units will rely upon their initial AMAL/ADAL (15 DOS) for the early stages of an operation. Each AMAL/ADAL is specifically tailored to each unit based on mission sets and forecasted patient streams from a high intensity conflict. If MEDLOGCO detachment is deployed in support of the operation, then the MEDLOGCO unit will be capable of taking on line item resupply functions for the supported unit.
- **Days 16-30:** While in theater, using units will source line item resupply of Class VIIIA materiel through forward deployed MEDLOGCOs if established. If there is no MEDLOGCO Forward, using units will source through a designated TLAMM within their AOR. If neither the MEDLOGCO Forward nor TLAMM are set up for support, the forward units will receive PUSH Packages shipped by their respective MEDLOGCO in sufficient time to support DOS 16-30 consumption requirements. PUSH Packages are intended to arrive in the AOR shortly after the arrival of operating forces to ensure units receive items on time for day 16. The PUSH packages will mitigate the impact of an immature support infrastructure in a theater of operations.
- **Days 31-60:** If the MEDLOGCO Forward or TLAMM is not yet ready to provide support, the using unit will contact the supporting MEDLOGCO to provide input to receive PUSH Package support and begin transition toward implementation of line item requisition. The PUSH Package will be planned by the MAGTF HSS planners and supporting MEDLOGCO.

\* The MEDLOGCO Forward should be established within the 31-60 day period of operations. Therefore, prior to deployment, the MEDLOGCO should review the MCF and determine the actual line items and quantities that will be required for the specific mission. The MCF should be loaded in DMLSS as a separate assemblage with all NSN pointing to SMS as the source of supply.

\* The forward deployed MEDLOGCO organization of the MAGTF will serve as the coordinator for Class VIIIA materiel resupply operations. Utilization of line item level requisition via the TLAMM is required. It is assumed that the TLAMM will be capable of supporting line item replenishment in theater. As the EA for medical materiel, DLA/MTS has responsibility for ensuring that appropriate and sufficient materiel is positioned with the TLAMM.

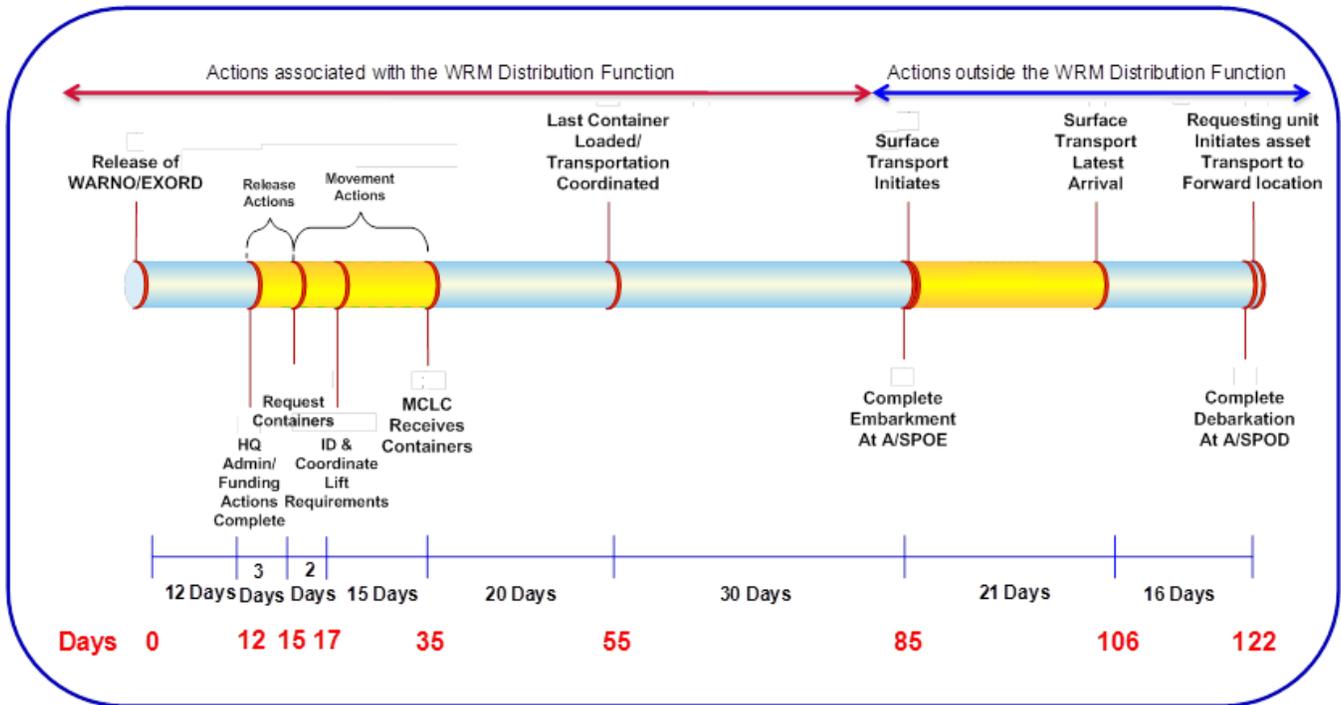
Figure 11 - High Level Operational Concept View 1



## 8.0 Execution/Withdraw

The execution phase is the guidance for the development of the Class VIIIA Concept of Operation, and is the authorization, release, and movement of WRM assets to a desired Sea/Aerial Point of a specific OPLAN/CONPLAN. WRM distribution activities are initiated upon receipt of an Execute Order from the JCS. Figure 12 provides a notional timeline for WRM withdrawal actions.

Figure 12 - Withdrawal Timeline (Notional Example)



The Execution phase for Class VIIIA WRM is divided into two main phases. The first phase is the MARFOR request, subsequent HQMC I&L, LPC-2 and MCSC MCSC-FFME supportability review, and HQMC authorization for release of WRM assets in support of a specific OPLAN/CONPLAN. The second phase is the MARFOR/MCSC MCSC-FFME and DLA/MTS actions supporting coordination, sourcing, and movement of the WRM assets to the associated MARFOR/MEF, MEDLOGCO, or deployed MAGTF organization.

### 8.1 Operational Phases of MAGTF Class VIIIA Sustainment

Operational planning for Class VIIIA items ensures that MAGTFs employed in accordance with a Combatant Commander (CCDR) OPLAN has a flow of sufficient Class VIIIA items to replenish or replace expended, expired, or lost unit stocks as necessary, and to accommodate anticipated demand based on medical procedures over the course of the operation.

### 8.1.1 Pre-Embarkation

The medical planners and MEDLOGCO of the assigned MEF/MFR are responsible for coordinating the development of tailored AMAL/ADAL assets assigned to a specific MAGTF. This occurs in coordination with the MEF/MFR logistics and medical professional leadership within the MAGTF. AMAL/ADAL assets vary according to the specific assigned medical capabilities associated within the MAGTF. MEF and MEB level forces will inherently contain greater medical capabilities than that resident within a rotational deployment of MEU organizations.

AMAL/ADAL assets to support MEU level forces are likely to require minimal tailoring and are retained at the MEDLOGCO with minimal additional augmentation via DLA or other industrial base contract vehicles to fulfill the requirements. The focus of pre-embarkation activities is to ensure that expiry items are coordinated for inclusion with the AMAL/ADAL assets or available for issue from the medical capable ships (LHD/LSD/LPD Class, etc.) to support MAGTF operations for the anticipated mission. Level I care ashore at the first responder and potentially Battalion Aid Station is the anticipated requirement. If a MAGTF is anticipated to conduct extended operations ashore or geographically distributed operations at extended distances from the seabase, medical capabilities Level II care via the Forward Recitative Surgery System (FRSS) should be incorporated within the MAGTF force list to provide the desired medical capabilities from the land base.

Medical Planners and the MAGTF Logistics Planners should liaison with the amphibious force medical and supply personnel to coordinate Class VIIIA requirements associated with MAGTF operations to include requisition and replenishment planning while at sea.

MEF and MEB level organizations will likely contain anticipated extended land based operations and significantly higher requirements for medical care and sustained support.

### 8.1.2 Transit and Pre-landing Activities

During transit of embarked MAGTF forces, continual actions to refine the medical mission requirements are conducted. Changes in the anticipated geographic location, mission, threat, and medical care environment may evolve. Therefore, further refinement of the pre-deployment planning of overall medical capabilities and Class VIIIA sustainment support is required.

Upon arrival to the AOR, the MAGTF may conduct immediate landing operations or delay landing ashore across a wide variety of time durations based on operational, threat, environment, political, or force development reasons. Delays in landing benefit the logistics chain due to the opportunity to allow closure of logistics supplies to close the time gap between expeditionary advance and main forces, and the follow-on echelon resources.

Example – A rotationally deployed MEU may be assigned the mission to respond to a large scale Humanitarian Assistance/Disaster Relief (HA/DR) operation that is beyond the scope of inherent medical care resident within the MAGTF and associated naval forces of the amphibious force. Additional medical facilities and personnel requirements must be evaluated and requested if necessary and arrangements made to resource and transport these assets to the AOR.

Embarked AMAL/ADAL assets are designed to support the MAGTF exclusively. Increased scale of operations or levels of medical support are likely to require additional resources or the delivery of PUSH

packages earlier than anticipated. To augment pre-planned PUSH packages, the MAGTF can initiate a PUSH package from available parent command or available theater level assets to support mission changes. While afloat there are various TLAMMs who can provide CLASS VIIIA support. Figure 13 provides some examples of the different TLAMMs and their area of coverage.

Figure 13 - Example of TLAMM

<b>Current TLAMM Designations</b>	
<b>COCOM</b>	<b>TLAMM</b>
<b>EUCOM</b>	<b>USAMMCE</b>
<b>CENTCOM</b>	<b>USAMMC-SWA</b>
<b>USFK</b>	<b>USAMMC-K</b>
<b>PACOM</b> (less USFK)	<b>18<sup>th</sup> MDSS</b>
<b>NORTHCOM</b>	<b>USA MEDCOM</b>
<b>SOUTHCOM</b>	<b>AFMOA/KellyUSA</b>
<b>AFRICOM</b>	<b>USAMMCE</b>

PUSH Packages

PUSH Packages are inherently the responsibility of the MAGTF for development. The circumstances for generation of a PUSH package can be caused by several variables:

- Change in anticipated mission or operational environment that requires additional resources
- Consumption of initial issue AMAL/ADAL assets that require resupply
- Sustainment of NSN specific AMAL/ADAL assets at higher rates than anticipated

PUSH Packages of AMAL/ADAL or line item materiel list requests can be developed during the pre-planning mission analysis as a coordinated effort between the medical professionals, supply/logistics facilitators, operations planners, and MAGTF/Naval force leadership to anticipate demands for medical sustainment while en-route to the MAGTF AOR. The request of a PUSH pack is initiated by the MAGTF Medical Planners and Logistics Planners based on demand signals associated with consumption or changing requirements to reinforce initial issue AMAL/ADAL. The efforts to tailor contents and quantities of a PUSH package have the advantage of greater clarity of mission requirements based on additional information or from actual consumption rates of Class VIIIA materials. Sizing of the PUSH package by anticipated DOS requirements must be based on the below factors common to the expeditionary nature of MAGTF operations:

- Scope of mission and sustained medical capabilities (Level of Care and Supplies) required
- Transit time delays from Point of Entry (POE) to Point of Departure (POD) and additional time required, if any, for transit to MAGTF
- Level of supply in reserve required by MAGTF and Class VIIIA materiel logistical personnel for support to the medical care facilities

### 8.1.3 Seabased Sustainment Support

The expeditionary force support from the seabase is anticipated to remain a significant medical logistics support resource at the MEU, MEB, and MEF levels. Unless the operation conducts a “Passage of Control Ashore” to the MAGTF Commander for operations independent of the naval expeditionary forces afloat, the predominant method for Class VIIIA sustainment will occur via the seabased assets until a robust landward sector component of the MAGTF is established.

Utilization of the inherent capabilities of the seabased forces to assist with coordination of Class VIIIA sustainment activities is likely during the initial stages of MAGTF operations. As the landward sector of the AOR evolves, land based transportation methodologies from available port facilities and/or airfields accessible to theater level airlift may lessen the necessity for seabased logistics support. Coordination of the transition between sea and land based Class VIIIA sustainment support involves detailed planning between the MAGTF medical professionals, logisticians, and the Class VIIIA materiel logistical personnel to assure a continual flow of required medical supply assets supporting operations ashore.

MAGTFs may use Priority Materiel Office (PMO) for the requisitioning and tracking of Issue Priority Group-1 (IPG-1) requirements for consumable and expendable supplies and stores account code 1 (SAC-1) materiel. The PMO is a command solely dedicated to cradle-to-grave expediting and tracking, around the globe, of all IPG-1 requisitions. IPG-1 requisitions include those requirements which meet the criteria for assignment of priority designators 01/02/03. Success of this enabler is predicated on proper pre/post deployment actions taken by the supported unit. By using PMO, deployed MAGTF units are leveraging Navy resources to locate, procure, and expedite critical materiel; resulting in increased readiness levels. Also, the enhanced in-transit visibility provided by PMO’s Integrated Supply Information System (ISIS) allows MAGTFs to better plan for required maintenance actions. ISIS is the requisition tracking system used by the PMO to provide vital information to operating units. ISIS is accessible worldwide and provides capabilities for requisition entry, status checks, expediting/tracking, and tailored reports. A map of the PMO process is provided as APPENDIX 2 of the 12 APR 2012 Uniform Materiel Movement and Issue Priority System (UMMIPS) policy.

### 8.1.4 Phasing MEDLOGCO Ashore

MAGTF landing operations potentially signify a modification to the capabilities and responsibilities to provide and sustain medical care and treatment facilities ashore. The organization of the MAGTF at the MEF/MEB/MEU levels will provide a wide variety of patient care capabilities and the inherent requirement to provide Class VIIIA materiel logistics support for sustainment for the duration of operations. Class VIIIA materiel logistical personnel will be limited in number at the MEU level and increase as the MAGTF increases to MEB and MEF capability organizations.

The process to shift from an exclusively seabased expeditionary force for medical support to a sea and land based capability is associated with the overall scheme of maneuver of the MAGTF. The establishment of forces ashore will provide Level I care as a core capability of each element of the MAGTF consisting of the Aviation Combat Element (ACE), Ground Combat Element (GCE), and Logistics Support Element (LSE). Logistics support to the first responders and Corpsmen assigned to these organizations are initially Class II materiel provided by the parent organization. If MAGTF medical facilities at the Battalion Aid Station (or larger entity) are stationed ashore, the Class VIIIA materiel logistical personnel of the MAGTF can be utilized to establish a shore-based resupply location

to minimize the time/distance required to provide sustainment from the seabased MAGTF AMAL/ADAL resources.

When a MEDLOGCO is forward deployed in the MAGTF AOR, it is an inherent responsibility of the forward MEDLOGCO to maintain contact with the seabased support facilities via the Tactical Logistics (TACLOG) chain. The communications capacity between the land based forward MEDLOGCO unit and the TACLOG is situation-dependent. During early stages on the landing and establishment of a lodgment ashore, voice and data communications may be limited. The utilization of traditional MEDLOGCO unit inventory management and resupply request communication systems (e.g., DMLSS Customer Assistance Module (DCAM) and DMLSS) may be delayed for significant periods after initial movement ashore.

During the early stages of phasing control ashore, the forward deployed Class VIIIA materiel logistical personnel unit will maintain coordination with the primary logistics coordination agency afloat for support to sustainment requirements. The naval force and MAGTF will retain responsibility for coordination of requirements, receipt, and redistribution of initial issue AMAL/ADAL packages, and PUSH/PULL package materiel delivered to the expeditionary force. Coordination with supporting organizations outside the MAGTF will be a coordinated effort using primarily seabased communications systems with the forward deployed Class VIIIA materiel logistical personnel unit and will focus on providing the following:

- Establishment of land based sustainment at the required stockage levels to support MAGTF medical care facilities
- Inventory management, distribution, and tracking of consumption
- Development of timely resupply requirements at the NSN level for withdrawal from initial and PUSH Package AMAL/ADAL supplies within the MAGTF
- Development of PULL packages at the NSN level of detail when required to support operations during DOS 16 – TLAMM support within the MAGTF AOR
- Establishment of communications pathways that are redundant, secure, and dependable with operational land force and seabased logistics support via voice and data methodologies
- Coordinate with specific medical logistics management systems of DCAM and DMLSS to provide support for DLA, TLAMM, and other AOR or Theater level resources

## 8.2 Transition to Theater MEDLOG Unit Sustainment

The TLAMM functions under the auspices of the geographic COCOM. Short duration, non-combat operations of MEU level MAGTFs are unlikely to require TLAMM support for Class VIIIA Sustainment. MEB and MEF level operations, especially combat or extended security operations with anticipated MAGTF force casualties, are more likely to involve establishment of the TLAMM. The TLAMM can augment seabased logistics and potentially shorten the response time and transit distances required to sustain medical capabilities. Anticipated activation of the TLAMM is less than 30 days after initial establishment of the MAGTF/Expeditionary Force within the AOR. The actual initiation of landward operations of the MAGTF may be subsequent to the establishment of the TLAMM.

Requirements to transition to a TLAMM augmented capability are dependent on a variety of factors:

- Sufficient time to staff and stock AMAL/ADAL related medical assets at the TLAMM
- Establishment of reliable communications to the TLAMM via DCAM/DMLSS or other methodology
- Establishment of transportation resources from the TLAMM to the MAGTF AOR
- Capacity of the MAGTF MEDLOGCO to generate NSN level sustainment requests and warehousing

- capacity sufficient for security, storage, distribution, and management of Class VIIIA materiel
- Establishment of DCAM/DMLSS connectivity between the forward deployed MEDLOGCO and TLAMM



### 8.2.1 MEDLOGCO Theater Actions

There are multiple levels of preparation and actions that will need to be taken in order to facilitate and sustain initial and ongoing operations in theater.

#### Initial Operating Environment

For the purposes of this instruction, an initial operating environment (IOE) is characterized by the absence of reliable network connectivity. This generally implies the arrival into a new AOR. If operations are to take place in IOE, the system of choice for medical materiel supply chain management activities is DCAM. There are two levels of DCAM operations; DCAM Level 1 (DCAM L1) and DCAM Level 2 (DCAM L2). Because of its limited network infrastructure, IOE will require DCAM L1. During IOE line item accountability and resupply will be facilitated through DCAM L1 using on hand supplies and equipment brought forth with the unit.

The following actions should be taken to ensure the availability and accessibility of DCAM L1 in IOE.

#### Deployment Order

Upon receipt of the deployment order the following actions must be taken:

Action	Responsible Party	Recommendations
Determine the appropriate staff advocates for medical logistics	MEF/MFR Planner	Staff advocate should be the MEF Planner (G3), Medical Officer, Medical Planner, Unit IMO, or MEDLOGCO. This person should be included in any and all Pre-

automated information systems.		deployment briefings and use that time to continuously reinforce technology requirements and timeline.
Notify unit IMO and G6 of the intent to deploy appropriate APRS	Staff advocate	Make sure that the appropriate deployable APSR is identified for use during deployment, (DCAM)
Notify G6 of the requirement for static, routable IPs or a reserved range of IPs	Staff advocate	<p>Make sure there is enough IPs to cover the number of clients deploying.</p> <p>Be prepared to supply the following artifacts, obtained through the DCAM Program Office, to the G6:</p> <ul style="list-style-type: none"> <li>• Authority to Operate (ATO)</li> <li>• Ports, Protocols, and Services (PPS).</li> </ul>

### Pre-Deployment

Prior to deployment the following actions must be taken:

Action	Responsible Party	Recommendations
Request DCAM assets from the Medical Training Team (MTT) by contacting the MCSC Operations Cell.	G3 Ops Cell	Ensure that the most recent version of DCAM is loaded onto the system being utilized.
Determine the TLAMM to be used at destination	G3 Ops Cell	Coordinate with the staff advocate and MEDLOGCO to set up communication with the designated TLAMM
Request training from the MTT as part of the Pre-deployment Training Plan.	G3 Ops Cell	<p>MTT will download the necessary DCAM catalog, update and configure the clients as necessary, and place all initial requests for connections for the unit.</p> <p>Prior to training by MTT, the following information will be required from the unit:</p> <ul style="list-style-type: none"> <li>• DoDAAC to be used at destination</li> <li>• TLAMM IP and Server Name</li> <li>• Serial number prefix</li> <li>• Fund codes</li> <li>• RIC for SOS</li> </ul>
Build the local catalog in DCAM	DCAM System Administrator	It is recommended that this action is performed prior to deployment; however, it can be accomplished upon reaching destination.

### Deployment

Upon arrival to AOR/IOE the following actions must be taken:

Immediately upon arrival within the operating theater, the forward MEDLOGCO platoon needs to establish themselves as a TLAMM customer. This is necessary because, during intermediate level

operations, line item resupply will be facilitated through a DCAM to TLAMM connection. In order to establish themselves as a TLAMM customer, the forward MEDLOGCO will perform the following actions:

Step 1. The forward MEDLOGCO representative will send a completed DA Form 1687 to the supporting TLAMM. This form will include instructions to facilitate properly filling out the form.

Step 2. In addition to sending the completed form to the TLAMM, the forward MEDLOGCO Customer Support section also needs to receive a copy. Any guidance sent back to the forward MEDLOGCO from the TLAMM will need to be sent to Customer Support as well.

Step 3. Confirm the use of a Deployment DODAAC that was issued by the installation DODAAC coordinator prior to deployment. The home station DODAAC should NOT be used. The only time a home station DODAAC is utilized for Class VIIIA materiel is if the entire unit deploys and the installation DODAAC coordinator changes the shipping address (TAC1/TAC2) and billing address (TAC3).

In addition to the TLAMM customer requirement, the most recent version of DCAM L1 must be set up as a standalone system until an intermediate operating environment mature enough to provide reliable network connectivity can be established. This system will facilitate the proper accountability and visibility of line items and their usage. For the initial DCAM L1 setup, please refer to the DCAM L1 Configuration and System Administrator Guides. If MTT teams have not been deployed with the unit, a representative from the S6 or G6 shop must work with the identified DCAM System Administrator to complete the system setup.

#### Intermediate Operating Environment

An intermediate operating environment is a natural progression of initial operating environment. This environment is characterized by the presence of reliable network connectivity and a S6/G6 support staff. Network operations are stable and it is possible to obtain the support necessary for the creation and maintenance of additional client/server connections. In addition to stable network operations, the presence of a MEDLOGCO is established, and the forward MEDLOGCO has been identified as a TLAMM customer.

If operations are to take place in an intermediate operating environment all initial operating environment actions must have already been successfully completed. The systems of choice for medical materiel supply chain management activities during intermediate operating environment are DCAM L1(s) and DCAM L2. During intermediate operations these systems will be networked together to provide a reorder point for forward operations. DCAM L1(s) will be used in forward operations while DCAM L2 will be used as the reorder point, and located at the forward MEDLOGCO. DCAM L2 will host a connection to the TLAMM for line item replenishment.

In order to facilitate authentication between DCAM L1 and DCAM L2, as well as between DCAM L2 to the TLAMM, it is necessary to obtain the proper system certificates. The process for obtaining these certificates is further defined in the Guide for Obtaining Server Certificates. If MTT teams have not been deployed with the unit, a representative from the S6 or G6 shop must complete the certificate request and installation.

For the DCAM L1 to DCAM L2 setup and the DCAM L2 to TLAMM system setup and configuration, please refer to the DCAM Configuration and System Administrator Guides. If MTT teams have not been

deployed with the unit, a representative from the S6 or G6 shop must work with the identified DCAM System Administrator to complete the system setup.

Periodic assessment of IT infrastructure should be performed in support of continuous operations in theater. If a more mature theater of operations is established it is recommended that a DCAM to Defense Medical Logistics Standard Support (DMLSS) be instituted.

### Mature Operating Environment

A mature operating environment is a natural progression of an intermediate operating environment and is indicative of an extended presence. For IT purposes, this environment is characterized by the presence of S6/G6 support staff; dedicated building space for network operations and servers; and reliable power, air conditioning, network connectivity, and resource uptime.

If operations are to take place in a mature operating environment all IOE and intermediate operating environment actions must have already been successfully completed. The systems of choice for medical materiel supply chain management activities during mature operating environment are DCAM L1(s), DCAM L2, and DMLSS. During mature operations these systems will be networked together to provide a reorder point for forward operations, as well as a full complement of IT resources to support of all medical materiel supply chain, and materiel and equipment maintenance activities. DCAM L1(s) will be used in forward operations while DCAM L2 will be used as a pass through to the DMLSS Server located at the forward MEDLOGCO. DMLSS will host a connection to the TLAMM for line item replenishment.

### Medical Warehouse Operation in Theater

The forward MEDLOGCO is responsible for supporting their customers through line item resupply. Federal Stock Code "65" items not on an authorized AMAL line item listing, need unit justification and written approval from the forward MEDLOGCO Platoon Commander prior to procurement. A listing of supplemental AMAL items approved by the Platoon Commander will be forwarded to MCSC-FFME in order to be considered during the next AMAL/ADAL Modernization review. All supplies and materiel held in the MEDLOGCOs facility under the cognizance of the forward MEDLOGCO Platoon Commander will be considered "end use" items (the terms "end use" and "on-hand" will be interpreted as meaning the same). Additional terminology that will be utilized is as follows:

- **High Limit** - The maximum quantity of materiel to be maintained on-hand and on-order to sustain current operations.
- **Inventory** - The term "inventory" is used to refer to the quantity of stocks on-hand for which stock records (cards, listings, and computer data) are maintained.
- **Low Limit** - The stock position which signals the need to initiate replenishment action. Medical material will never be below the allowance quantity. The AMAL number is the low limit.
- **Shelf-Life** - The interval in time between the manufactured date and when deterioration of the product may commence. The shelf-life date will be the "expiration date" imprinted on the product or as listed in FEDLOG. The shelf-life may be extended on Federal Stock Code 6505, 6508, or 6550; coordination must be established with the pharmacy section of the TLAMM. However, stocks of items carried under Federal Stock Code 6510 should not be used if the item is in excess of 20 years old from the date of manufacture.

## 8.2.2 MEDLOG Employment

Although the MEDLOGCO is structured to support a MEB, it is organized to deploy one or two supply platoons as elements of deployed MAGTFs. The MEDLOGCO element that remains at the home station

provides support to units that have not deployed, and provides reach back support for deployed MEDLOGCO supply platoons.

There are differences in the role of the MEDLOGCO in support of units deploying from the home base/station compared to the role of the forward MEDLOGCO while deployed.

#### Functions in Garrison for Support of Deploying Units

The function of the MEDLOGCO in Garrison for Deploying Units is as follows:

- Store, issue, recover, replenish, and maintain AMAL/ADAL assemblages readiness.
- Issue AMAL/ADAL assemblages to deploying or training units.
- Provide support to deployed MEDLOGCO elements until theater medical logistics infrastructure is established.
- Provide education regarding AMALs/ADALs to the MAGTF Medical and Dental professionals assigned to the Unit Deployment Programs in the AOR.

#### Functions While Deployed

The function of the forward MEDLOGCO while deployed is as follows:

- Coordinate medical logistics support through interface with theater medical logistics support agencies, seabasing or through supporting MEDLOGCO at home base/station.

Additional Class VIIIA support for the MARFORs is also provided by the MPSRONS and MCPP-N. These programs are managed via the BIC in coordination with the MCSC-FFME Team. The MPS and MCPP-N programs are designed to support FIE forces of a MEB or MEF level MAGTF and are not viewed as a source of supply for expeditionary seabased forces conducting amphibious landing operations.



#### Forward Deployed MEDLOGCO

The forward deployed MEDLOGCO provides the primary Class VIIIA management, storage, and distribution facility of the MAGTF once deployed ashore within the Area of Operation (AO) for amphibious or land-based operations. Additionally the forward deployed MEDLOGCO becomes an intermediate supply unit that is responsible for providing Class VIIIA materiel to the established medical treatment facilities of the MAGTF which provide Role 1 and Role 2 treatment via the BAS/STP/FRSS.

Mission: The mission of the forward deployed MEDLOGCO is as follows:

- Provide general supply support, to include establishment/ operation of Class VIIIA supply points and acquisition, receipt, and issue of the MAGTF Class VIIIA materiel.
- Provide for the receipt, storage, and issue of Class VIIIA materiel in support of MAGTF medical and dental units.
- Provide organizational (1st and 2d echelon) and intermediate (3d and 4th echelon) maintenance support for the MAGTF Class VIIIA medical/dental equipment.
- Provide support for the packing, preserving, storage, and maintenance of Class VIIIA materiel resupply.
- Provide technical assistance to MAGTF medical/dental units for the maintenance, inventory, and quality control of Class VIIIA materiel.



## 9.0 Desktop Procedures

This section briefly describes each Desktop Procedure currently located on the MEF Knowledge Base (MEFKB) SharePoint at <https://eis.usmc.mil/sites/mefkb/default.aspx>. The intent of the individual desktop procedures is to provide step-by-step instructions to assist in executing the day-by-day operations in support of Class VIIIA Enterprise Management, while also ensuring continuity across each of the four MEDLOGCOs. Additionally each Desktop Procedure is living document and subject to change as needed. Each section below provides a brief description of the desktop procedure and a link to MEFKB where all of the desktops are currently located.

### 9.1 Disposition Procedures

#### Overview

Disposition includes the destruction, commercial return, return to DLA Disposition Services (formerly known as Defense Reutilization and Marketing Office (DRMO)), or outside transfer of an inventory item that has been found unsuitable for service or consumption, and requires removal as per Department of Defense (DoD) guidelines.

#### Procedure Summary

There are multiple reasons why it would be necessary to dispose of inventory within a warehouse. The Operations (Ops) Admin Team determines the reason for disposition which are divided into four buckets:

- Damaged/Destroyed Items – Items that are damaged or destroyed and identified during a physical inventory count, Limited Technical Inspection (LTI), or day-to-day warehouse operations.
- Expired Items – Items that have exceeded the product shelf life and are not required to be returned to the vendor.
- Recalled Items Requiring Disposition– Items identified through a recall/disposition alert from a Medical Materiel Quality Control (MMQC) message by US Army Medical Materiel Agency (USAMMA).
- Inventory Excess – Items that are considered overage due to inventory level adjustments or a change in modernization guidelines from the Product Manager – Combat Support Equipment MCSC - FFME.

The appropriate MEDLOGCO Team identifies the appropriate disposition channel with support from the Ops Admin Team. There are three identified channels for disposition:

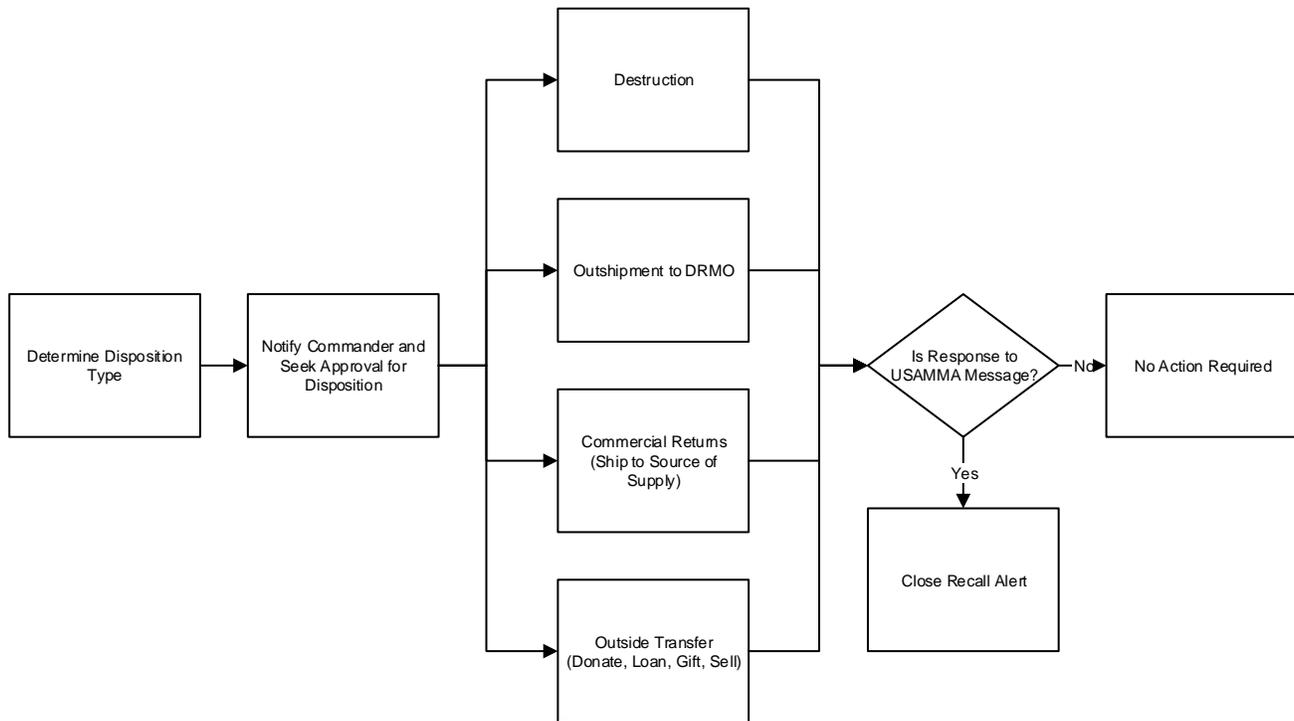
- Destruction – Destruction is required for any expired item which has reached its shelf life expectancy. This does not include materiel authorized for turn-in to commercial returns, DLA Disposition Services, or excess.
- Commercial Returns – Commercial return is required if the items can be returned to the vendor or source of supply (SOS), which will result in a gain/credit from the return.
- Outside Transfer – Outside transfer is performed for items that, after assessment, have been found fit to be sold, gifted, donated, or leased by the MEDLOGCO without transferring to DLA Disposition Services.

Once the appropriate method of disposition has been found, the Ops Admin Team will then seek MEDLOGCO Commander's approval, as it is required for the disposition of any inventory item. Upon

communication of the approval, the appropriate MEDLOGCO Team executes the disposition of the items in question. The disposition process varies depending of the disposition channel.

The process is illustrated at a high level in Figure 14 below:

Figure 14 - Disposition Process Overview



## 9.2 Narcotics Procedures

### Overview

Narcotics are considered controlled substances that require secure storage and must be inventoried by a Controlled Substance Inventory Board (CSIB) on a monthly basis. Properly planned and executed activities pertaining to narcotics serve to mitigate the risks of narcotics abuse and facilitate the appropriate use of narcotics for medical purposes. There are specific procedures for handling narcotics because they have a high potential for abuse for non-medical purposes.

### Procedure Summary

There are a number of pertinent activities associated with narcotics to include but not limited to ordering narcotics, conducting a Joint-LTI for both issuing out to using units and upon the return of materiel from using units. When narcotics must be ordered, the Ops Admin Team works closely with the primary narcotics custodian (who is designated in writing by the SUPBN Commander) for all narcotics orders in DMLSS. The Narcotics Team receives and inspects narcotics shipments, as well as receipts narcotics orders in DMLSS. When the Ops Admin Team receives an approved materiel request of narcotics, they schedule a Joint-LTI, which the Narcotics Team facilitates with the Using Unit. When the narcotics are returned from the Using Unit, the Ops Admin Team schedules a Joint-LTI, which the Narcotics Team facilitates with the Using Unit. A monthly physical inventory of all narcotics is scheduled by the Primary Hand Receipt Holder (PHRH), performed by the Count Personnel and, compared to the

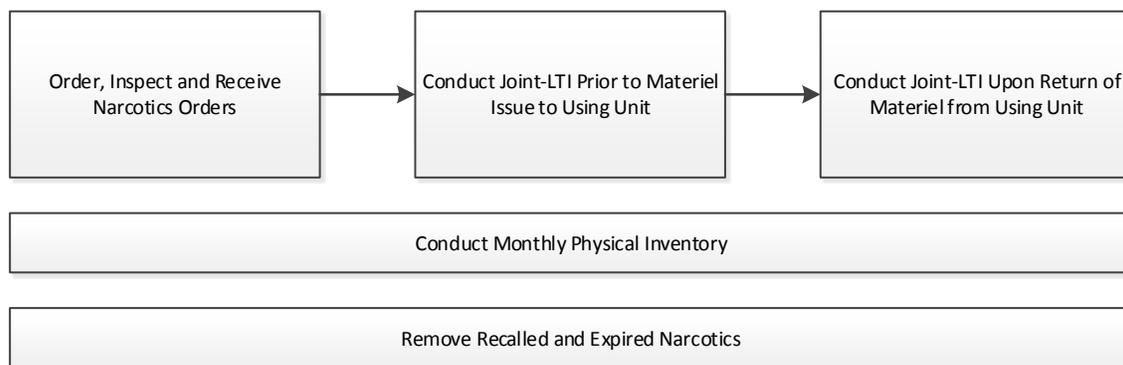
DMLSS on-hand quantity by the Ops Admin Team.

Recalled narcotics are removed by the Narcotics Team, referring to recall guidance provided by the Safety Non-Commissioned Officer (NCO). The Ops Admin Team runs the Detailed Dated Items report monthly to identify expired narcotics. The Narcotics Team utilizes the Guaranteed Returns program to receive Prime Vendor credit for expired narcotics if possible. If not possible to utilize the program, the Narcotics Team performs the appropriate disposition based on instructions provided by the Safety NCO or under the supervision of the CSIB.

\*For details on the return of Narcotics from Using Units refer the Narcotics Desktop Procedure located on the MEF Knowledge Base (MEFKB) SharePoint.

The process is illustrated at a high level in Figure 15 below:

Figure 15 - Narcotics Process Overview



## 9.3 Physical Inventory Procedures

### Overview

Properly planned and executed physical inventories serve to validate the accuracy of the accountable records. Physical inventories are important to gain visibility into on-hand inventory and include the verification of property existence, accountable property record completion, location, and quantity. The process may also involve verifying additional information, performing reconciliations, and modifying the accountable property records.

Three different types of physical inventories are detailed in this procedure, including a 100% physical inventory of all on-hand items, a cyclic inventory, and a 100% physical inventory of all narcotics:

- *What is a 100% Annual Physical Inventory?* In a 100% annual physical inventory, all inventory in the warehouse is assessed at one time, as opposed to only a percentage. 100% annual physical inventories should be conducted during a Change of Command or annually.
- *What is Cyclic Inventory?* In a cyclic inventory, resources shall be directed toward a monthly count in which a scheduled percentage of the inventory is counted. Approximately 10% of inventory is counted during the monthly cyclic inventory, resulting in 100% of inventory being counted within

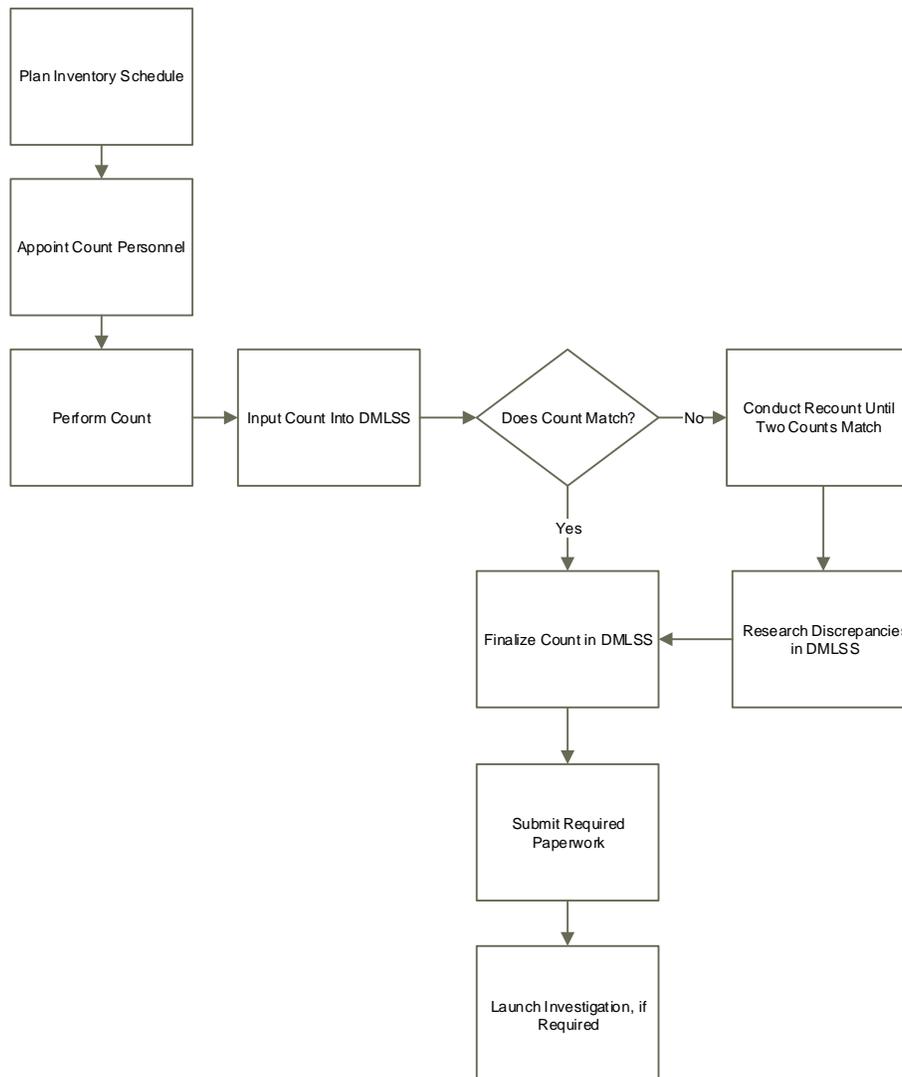
one year. This should be the preferred method for MEDLOGCOs to conduct their annual inventory requirements.

- *What is a 100% Physical Inventory of Narcotics?* In a 100% physical inventory of narcotics, 100% of all narcotics are assessed on a monthly basis through a CSIB. Additionally, an unannounced inventory conducted by the CSIB must be done at least once a quarter, per NAVMED P-117, Chapter 21.

### Procedure Summary

In order to conduct an inventory, the PHRH or MEDLOGCO Commander plans the physical inventory schedule; assigns the Count Personnel responsible for getting the Count List and supplemental Medical Logistics Online (MLO) Packing Lists from the Ops Admin Team. Please be advised that there are many instances of transfer of responsibilities between the key parties within a section of the procedures. The Physical Inventory Process is illustrated at a high level in Figure 16 below:

Figure 16 - Physical Inventory Overview



## 9.4 Process Orders from Using Unit Procedures

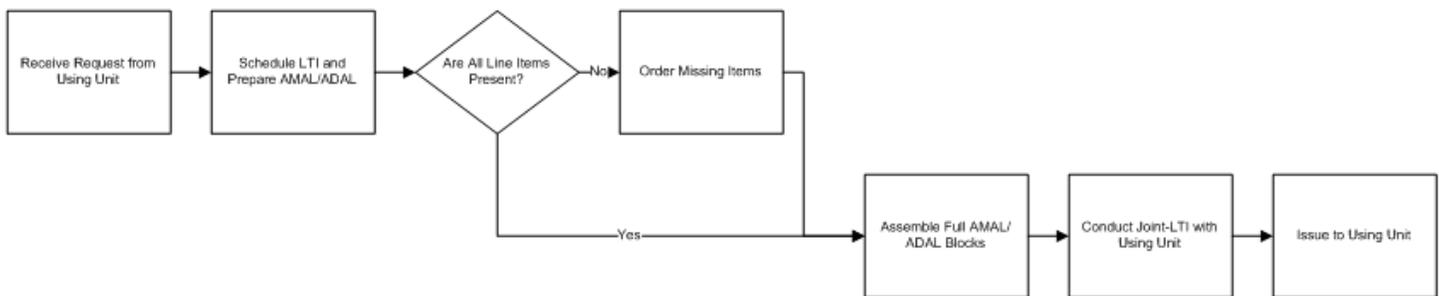
### Overview

Processing orders from Using Units involves the fulfillment of orders from the Using Unit to support an assigned training exercise or operation. These procedures allow the MEDLOGCO to effectively plan warehousing operations, oversee the execution of order fulfillment, and perform required processes efficiently.

### Procedure Summary

This procedure outlines steps from the time a materiel request is made by a Using Unit, to when the AMAL/ADAL block is picked up by the Using Unit. The procedures to fulfill a Using Unit's request include scheduling the Joint-LTI and checking inventory systems and the physical warehouse locations for inventory availability. Additionally, this desktop procedure provides the processes for making transfers and adjustments to the AMAL/ADAL blocks, as well as the standardized processes of picking and packing inventory to prepare a ready-to-issue AMAL/ADAL block. The Process Orders from Using Units procedure is illustrated at a high level in Figure 17 below:

Figure 17 - Process Orders from Using Unit Overview



## 9.5 Procurement – Line Item Replenishment Procedures

### Overview

Line-item replenishment is the process of ordering line-items to rebuild AMAL and ADAL blocks to the specified level of readiness. The process includes ordering line-items, tracking the order status and authorizing payments.

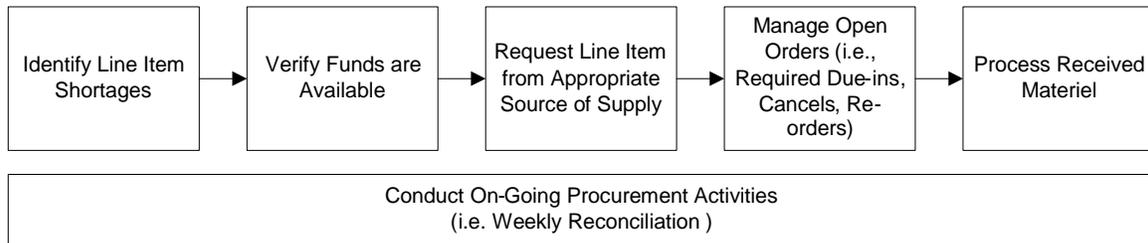
### Procedure Summary

This procedure details the steps within the line-item replenishment process, starting from identifying shortages through execution of the orders. The starting step is the Procurement Team receiving a replenishment list from the Ops Admin Team or the Maintenance Team with the list of items needed to be ordered. Next the Procurement Team sends the request to the Fiscal Team for review and approval. The Fiscal Team then coordinates with the appropriate Comptrollers to approve, transfer, and allocate the funds for the replenishment of the items consumed. Once the funds are allocated, the Fiscal Team approves the purchase and provides notification to the Procurement Team.

The Procurement Team now has the authority to execute approved orders within the DMLSS. Once the order has been placed, the Procurement Team manages the open orders, such as tracking the orders, and performing cancellations. The materiel is processed upon receipt based on the Receive to Storage Desktop Procedure. If there are any discrepancies with orders received, the Procurement Team will coordinate with the SOS to determine next steps. Throughout the entire process, the Procurement and Fiscal Teams conduct on-going procurement activities, such as weekly reconciliation.

The procurement – line item replenishment process is illustrated at a high level in Figure 18 below:

Figure 18 - Procurement – Line Item Replenishment Overview



## 9.6 Recall Procedures

### Overview

A recall is the process by which the MEDLOGCO removes or corrects a product that DLA and the United States Army Medical Materiel Agency (USAMMA) considers to be defective and can cause damage to life or property, or the malfunction of an item or equipment. In general, a recall can either be supplier-initiated or required by a Regulatory Agency. In DMLSS all recalls are filtered through USAMMA.

USAMMA releases Medical Materiel Quality Control (MMQC) messages that assigns numerical classification to a particular product recall to indicate the relative degree of health hazard presented by the product involved. The designations are as follows:

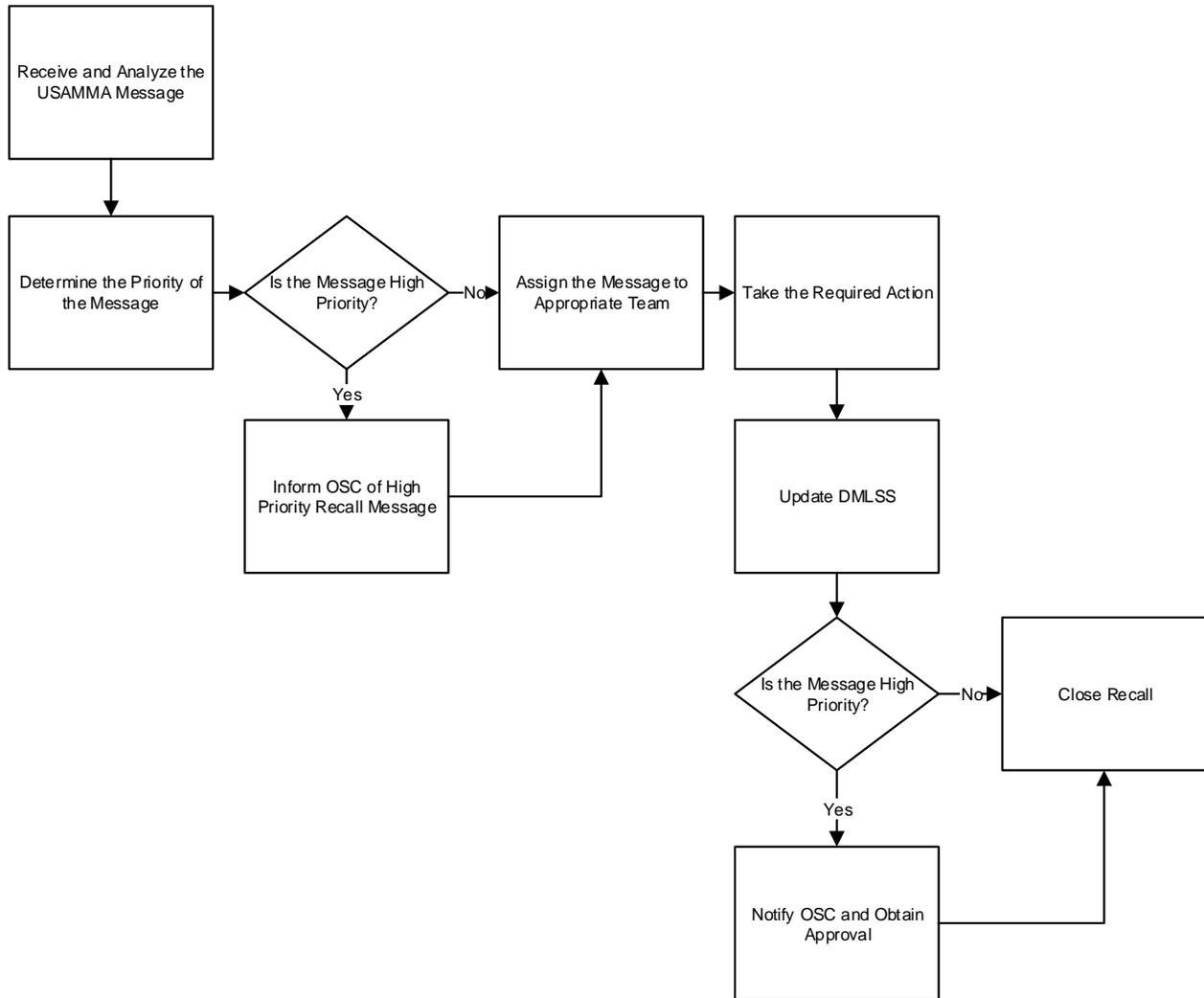
- **Class I:** Materiel that has been determined by use or tests to be harmful or defective to the extent that its use has or may cause death, injury, or illness.
- **Class II:** Materiel other than equipment that is suspected of being harmful, defective, deteriorated, or otherwise unsuitable for use.
- **Class III:** Equipment that has been determined to be unsatisfactory because of malfunction, design, defects (attributable to faulty materiel, workmanship and/or quality inspection), or performance.

### Procedure Summary

The recall message is delivered to the Utilities In-Box in DMLSS, where the Safety NCO reviews the MMQC designation to determine the priority of the request. If the recall is designated a Class I recall, it is a high priority and the Operations Section Chief (OSC) must be informed immediately. The Safety NCO forwards the recall request to the appropriate team – Medical Distribution Team, Pharmacy, Narcotics, or the Maintenance Team. The appropriate team executes the process defined in the recall message. For high priority recalls, the OSC is kept informed of progress throughout the process. A recall process is considered complete when Safety NCO has executed the final action pertaining to a recall in DMLSS and has updated the tracking sheet. Recalls are tracked by the Safety NCO using

DMLSS and the tracking spreadsheet. The recall process is illustrated at a high level in Figure 19:

Figure 19 - Recall Overview



## 9.7 Receive Returns from using Unit Procedures

### Overview

The receive returns from using unit procedures are executed when materiel is returned to the MEDLOGCO from a Using Unit following the completion of an assigned exercise, operation, deployment, or contingency.

### Procedure Summary

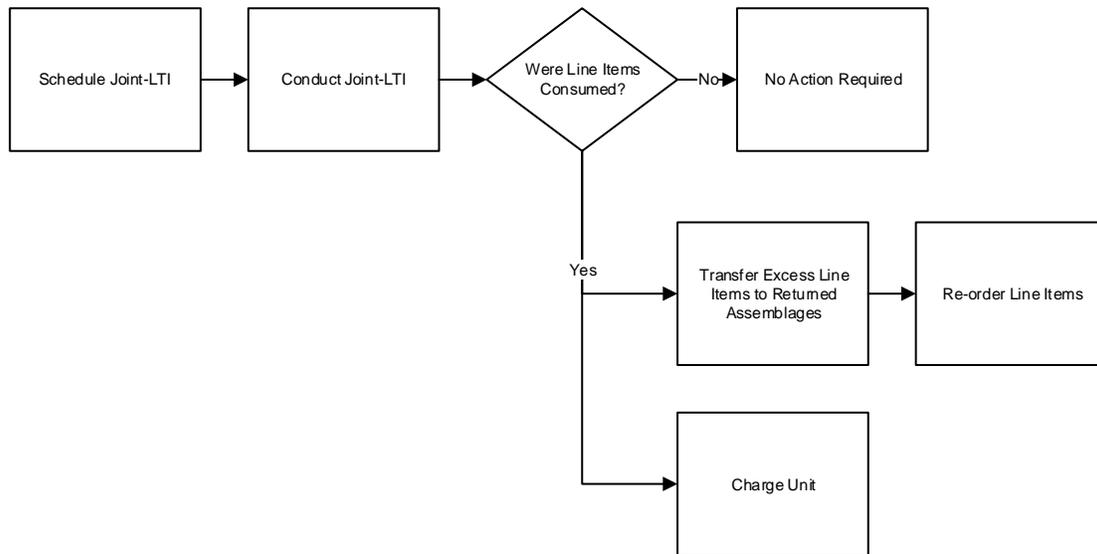
This procedure is initiated when the Using Unit and the Ops Admin Team coordinate and schedule the Joint-LTI. During the Joint-LTI, the Medical Distribution Team, and the Pharmacy Team inspect all returning line-items and record the difference between Joint-LTI levels and on-hand levels. The Maintenance Team examines returned equipment and determines if repairs, testing, and/or calibration is required.

The major output of the Joint-LTI is the record of deficiencies of all line-items. The record of

deficiencies is then sent to the Ops Admin Team which will then perform the following tasks: update DMLSS; transfers excess inventory to AMAL/ADAL blocks that have deficiencies; generates a bill for the Using Unit; and sends the bill to the Fiscal Team. The Fiscal Team will process the list of charges against the Using Unit. Finally, the Ops Admin Team sends a report to the Procurement Team that identifies what line-items need to be replenished.

The Receive Returns from Using Unit process is illustrated at a high level in Figure 20 below:

Figure 20 - Receive Returns from Using Unit Overview



## 9.8 Receive to Storage Procedures

### Overview

Receive to Storage is the process of receiving, inspecting, and entering an item into the appropriate system of record from a SOS. Storage is the process of placing the item in the correct location within the MEDLOGCO facility and tracking the change in the appropriate system of record.

### Procedure Summary

Receiving to Storage starts with the Receiving/Shipping Team receiving the shipment at the MEDLOGCO. This procedure includes day-to-day warehousing procedures, such as checking inventory for expiry and conducting physical inventory. Figure 21 provides the high-level overview of the Receive to Storage Desktop Procedure. (Note: all handling of narcotics is covered in the Narcotics Desktop Procedure).

Figure 21 - Receive to Storage Overview



## 9.9 Maintenance Management Procedures

### Overview

Maintenance Management comprises procedures developed to ensure that medical equipment is maintained according to an established standard, in order to sustain the life of the equipment and operational status. Maintenance management maintains equipment functionality, returns equipment to a serviceable condition, or upgrades its functional utility through modification.

### Procedure Summary

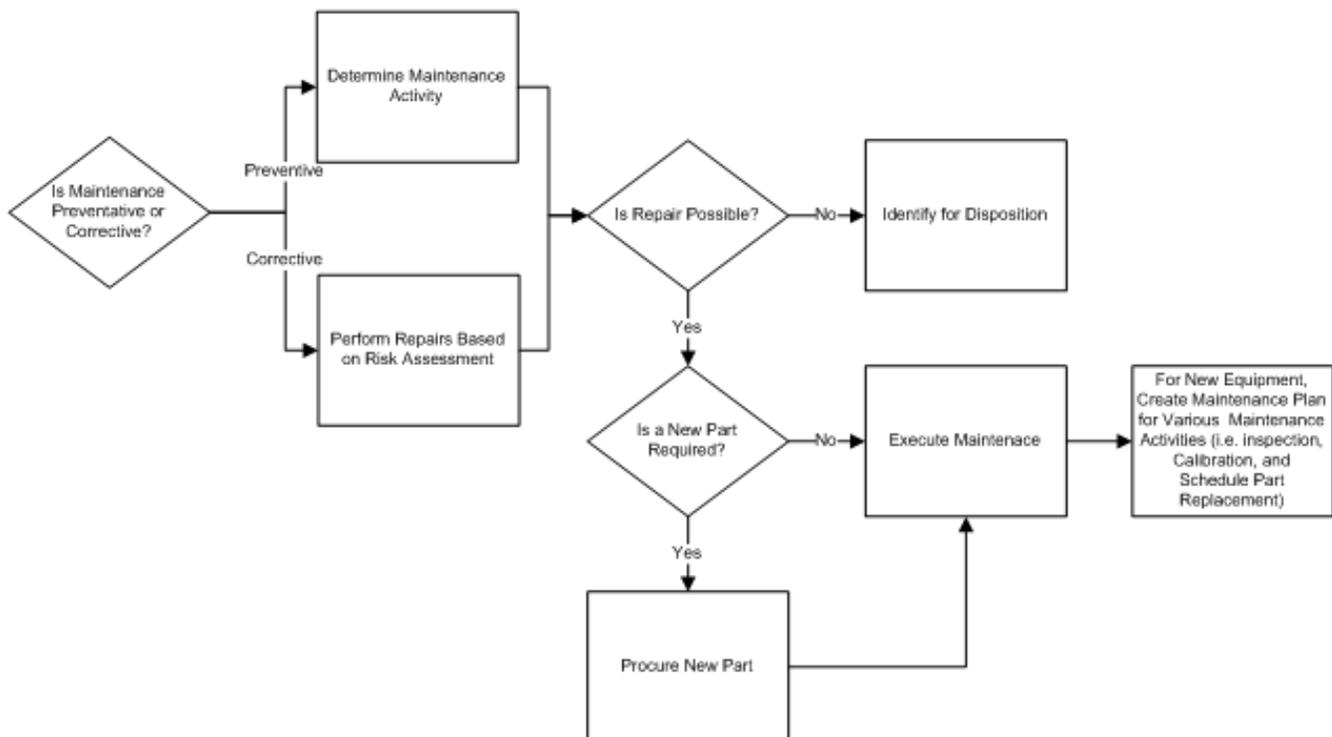
There are three distinct activities the Maintenance Team executes: processing new equipment, executing preventive maintenance, and executing corrective maintenance.

When new equipment is received at MEDLOGCO, the Maintenance Team must perform an acceptance test to ensure the equipment works. Once the equipment has been found acceptable the creation of a maintenance plan associated with the new equipment must be established. The Maintenance Team verifies the frequency of scheduled maintenance for all medical equipment included in the Medical Equipment Management Plan (MEMM), which should be in accordance with the manufacturers requirements or the frequency established by Navel Medical Logistics Command.

In the event that corrective maintenance is required, the Maintenance Team must perform a risk assessment to determine when the corrective maintenance should be executed. For corrective maintenance, the Maintenance Team also determines feasibility of maintenance. If the equipment is beyond economical repair, the Maintenance Team identifies equipment for disposition. If the equipment needs a repair part, the Maintenance Team will notify the Procurement Team that repair parts need to be ordered. The Maintenance Team then creates a work order, and performs the appropriate maintenance.

Figure 22 provides the high-level overview of the Maintenance Management Procedure.

Figure 22 - Maintenance Management Overview



## 9.10 Manage Suppliers Procedures

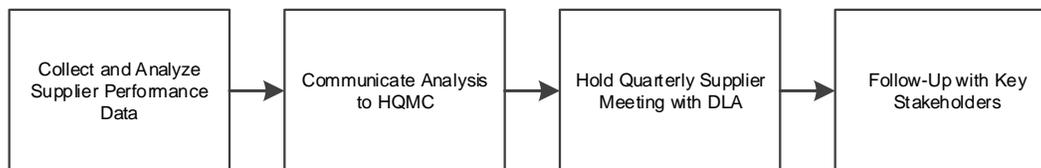
### Overview

The purpose of managing supplier relationships is to proactively monitor and evaluate suppliers with a standardized approach. After the supplier data is collected, the organization performs analysis to better understand key performance trends. This analysis is reviewed with the suppliers through quarterly meetings to discuss issues and provide supplier feedback, which enhances the supplier relationships over time.

### Procedure Summary

MCSC-FFME collects and analyzes the supplier performance data to determine trends and issues, and then communicates the analysis to HQMC I&L, LPC-2. MCSC-FFME is responsible for holding a Quarterly Supplier Meeting with DLA/MTS. After MCSC-FFME meets with DLA/MTS, they are responsible for conducting a debriefing with key stakeholders to provide an update on meeting action items and unresolved issues. Figure 23 provides the high-level overview of the Manage Suppliers Procedure.

Figure 23 - Manage Suppliers Overview



## 9.11 MLO Line List Update Procedures

### Overview

Medical Logistics Online (MLO) Line List Update procedures include necessary actions by both MCSC-FFME and MEDLOGCO personnel to successfully update the AMAL and ADAL line lists within the DMLSS system and the MEDLOGCO warehouses based upon the MLO Line List changes.

### Procedure Summary

Line and packing lists are created, maintained, and distributed to the MEDLOGCOs. The site provides up-to-date necessary changes that allow users to reconcile the current AMAL and ADAL equipment, supplies, and medication lists. It also provides the information that end users need to maintain items and make purchases when preparing for deployment. The MLO database allows for data transformations between the MLO and DMLSS for consistency and standardization. Changes to the list will also be updated monthly from the Fed Log application downloaded from the DOD EMail, as data files that are extracted and imported into the database. The changes to the lists include newly added items, replacements for items that are no longer available, as well as changes to quantities which are then updated with the new information to the SharePoint site.

## 9.12 Cross Leveling Procedures

### Overview

Cross-leveling involves the transferring of materiel from one MEDLOGCO to another MEDLOGCO. This Desktop Procedure provides the necessary information for the MEDLOGCOs to perform activities in support of cross-leveling effectively. It also provides instructions for HQMC on providing oversight and approval of the execution of cross-leveling. The following is instrumental for the accurate and timely preparation of orders.

### Note:

- The Marine Expeditionary Forces/Marine Forces Reserve/Blount Island Command (MEF/MFR)/MEDLOGCO/BIC requesting the materiel is referred to as the Receiving MEF/MFR/MEDLOGCO throughout this procedure. The MEF/MFR/MEDLOGCO/BIC shipping the materiel is referred to as the Shipping MEF/MFR/MEDLOGCO.
- The process of receiving the items in the Receiving MEDLOGCO is outlined in the Receive to Storage Desktop Procedure.

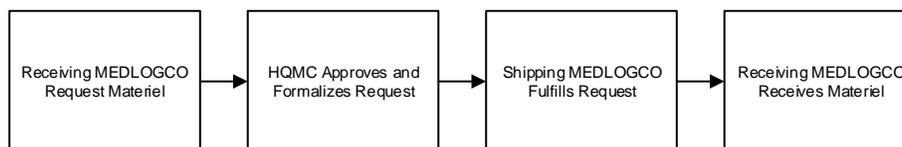
### Procedure Summary

Cross-leveling is initiated first by the release of a Naval Message through HQMC I&L, LPC-2. The cross-leveling message will provide the necessary instructions for each Receiving and Shipping MEDLOGCO to execute. Once the message is released the Receiving and Shipping MEDLOGCO can then execute the required cross-leveling procedures.

The Shipping MEF/MFR G4 sends the message to the Shipping MEDLOGCO. The Shipping MEDLOGCO fulfills the request. The local Traffic Management Office (TMO) is responsible for transportation of the materiel to the Receiving MEDLOGCO. The final step is the Receiving MEDLOGCO receives the materiel and executes the process defined the Receive to Storage Desktop Procedure.

Figure 24 provides the high-level overview of the Cross Level Procedure.

Figure 24 - Cross Level Overview



## 9.13 Customer Inquiries Procedures

### Overview

Any issues with Class VIIIA materiel should be addressed quickly and efficiently in order to maintain operational readiness. Using Units may need to inquire about several different issues requiring interaction with MEDLOGCO. Examples of inquiries include:

- Checking the status of existing material request
- Inquiring about missing components
- Inquiring about source of supply (SOS) for replacement equipment due to loss, damage, or theft

- Requesting training
- Requesting maintenance services

This document includes the process for handling Escalated Inquiries, and the steps to monitor and track this type of inquiry through resolution. The MEDLOGCO solicits periodic (quarterly) feedback from a portion of the Using Units who had inquiries. This feedback will allow the MEDLOGCO to assess the effectiveness of and make adjustments to the Customer Inquiries Process.

Procedure Summary

Customer Inquiries can be divided into two types - Normal Inquiries (Inquiries) and Escalated Inquiries (Escalations). Inquiries are received by the Executive Officer (XO), while Escalations are received by the Company Commander, and then forwarded to the XO to address.

The XO determines the severity of the inquiry and logs it on the Customer Inquiry Log Book. The XO notifies the OSC and coordinates with the appropriate MEDLOGCO team to resolve the issue. The identified team resolves the issue, and then the OSC informs the XO how the issue was resolved. The XO notifies the customer of the resolution for a Normal Inquiry, while the Company Commander notifies the customer of the resolution for an Escalated Inquiry.

Figure 25 and 26 show the process flows for Customer Inquiry and Customer Feedback.

Figure 25 - Customer Inquiry Overview

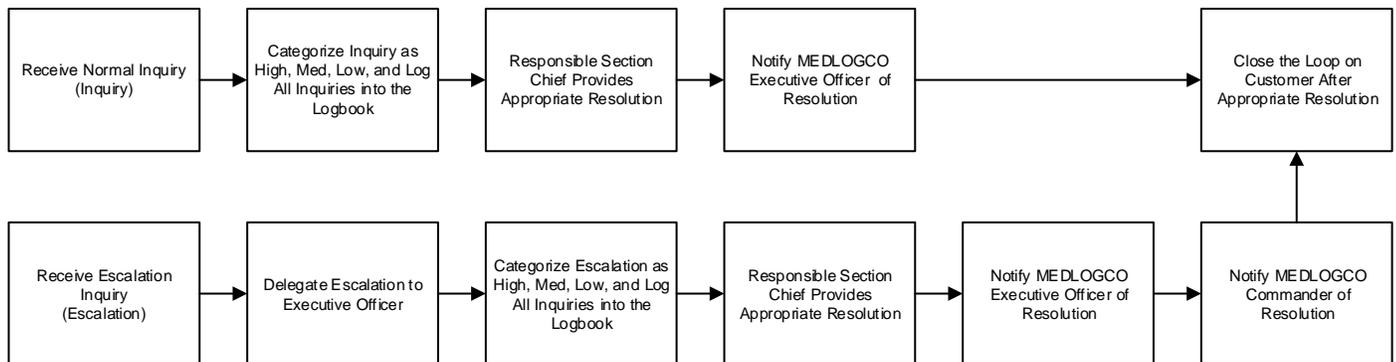
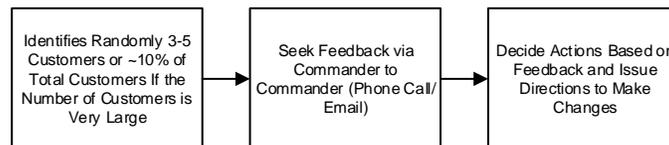


Figure 26 - Customer Feedback Overview



## 9.14 Deferred Items Procedures

### Overview

Deferred Items Planning analyzes supply chain lead times, deployment timelines, resource constraints, desired readiness, and acceptable level of operational risk. By deferring items, it is possible to reduce the number of items that expire before use, reduce the logistical burden of rotating inventory, and postpone preventive maintenance for equipment within an acceptable level of risk.

Maintaining 100% readiness for all AMAL/ADAL assemblages on the shelf at all times is not cost effective for both materiel and personnel. Before the Class VIIIA Enterprise Initiative, MEDLOGCOs deferred items largely through ad hoc processes. Establishing a MARFOR-directed Class VIIIA deferred items ISL planning process supports Operational Force planners as they define acceptable levels of risk. Furthermore, the deferred items planning process provides a deliberate review of line item stocking levels, documents the funding requirements to bring blocks to 100% readiness, and calculates the associated cost-avoidance of deferring some shelf-life limited items. Deferred items planning balances on-hand inventory with force deployment schedules.

MEDLOGCOs have a period of time between N-Day (when units are notified of impending deployments) and C-Day (when units commence movement) to prepare partially deferred assemblages for deployment. Procurement of deferred items can be accomplished between N-Day and C-Day through prime vendors or DLA. The Deferred Items Plans set by MEF/MFR designated representatives, and approved by the MEF/MFR Commanding Generals will be implemented at the MEDLOGCOs.

Items that are deferred, which are expiry and pharmaceuticals, will be marked “deferred” within DMLSS. Those items marked “deferred” will clearly identify what items require replenishment before deployment and will not adversely affect the readiness measurement of the deferred block in DMLSS or the Joint Medical Asset Repository (JMAR). DMLSS also informs the JMAR, which allows HQMC to monitor the readiness of all medical assets according to the deferral plans.

### Procedure Summary

The MEDLOGCO Ops Admin Team identifies deferred items in DMLSS per the results of the Deferred Items Plan. When procuring deferred items, the Ops Admin Team will create the replenishment lists and forward to the Procurement Team for execution. This will require that DMLSS be updated to reflect the new changes to the items identified in the Deferred Items Plan.

## 9.15 Procurement – Initial Issue and Modernization Procedures

### Overview

MCSC-FFME plans and executes the Procurement of Initial Issue and Modernization purchases for all AMAL/ADAL line items.

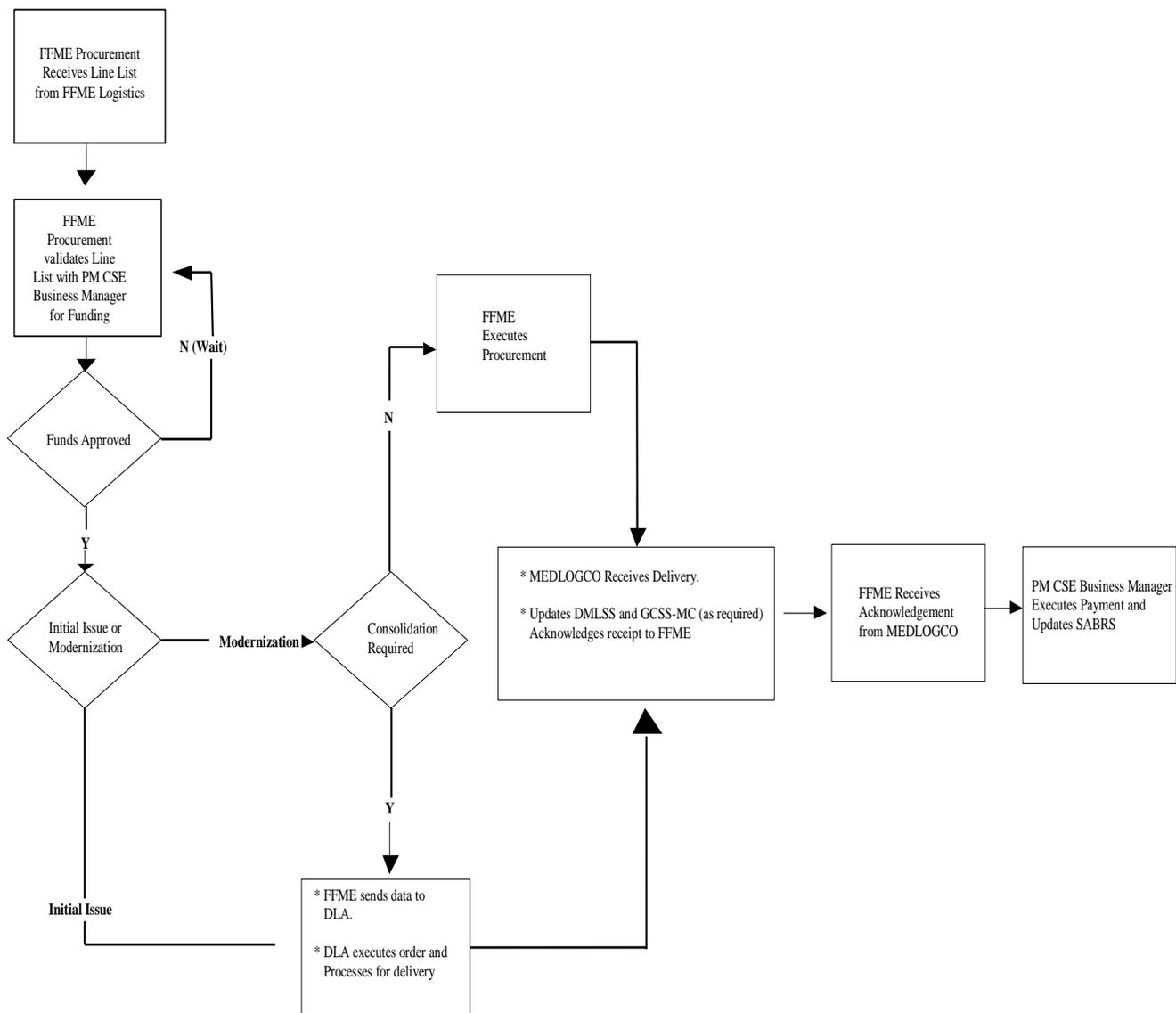
### Procedure Summary

Initial Issue: MCSC-FFME Procurement Section, after receiving request from MCSC-FFME Logistics Section, submits a manual request for initial issue of AMAL/ADAL blocks to the DLA Medical Kitting team. In addition, MCSC-FFME Procurement Section notifies the MEDLOGCO of the pending receipt of Initial Issue AMAL/ADAL blocks. Upon receipt of initial issue items, the MEDLOGCO will inform MCSC-FFME Procurement of delivery.

Modernization Buy: MCSC-FFME Procurement Section, after receiving requirements from the AMAL review, NHRC will provide the MCSC-FFME AMAL Manager the Memorandum for the Record of Changes, and unsigned technical report. The AMAL Manager will then provide the MCSC-FFME Project Officer the draft buy list for review. The listings will then be compared and submitted to the MCSC-FFME Team Lead for approval before being forwarded for procurement. Once the final buy list has been approved, procurement of the items will occur. The procurement analyst will notify the MEDLOGs via email of inbound items once shipped from the Product Support Integrator (PSI).

Figure 27 below provides the high-level overview of the Procurement – Initial Issue and Modernization Procedure.

Figure 27 - Procurement – Initial Issue and Modernization Overview



## Appendix 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 4000.3A / eLearning access: <a href="https://jml149.dmlss.detrick.army.mil/DMLSSU/">https://jml149.dmlss.detrick.army.mil/DMLSSU/</a>
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.	<a href="http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx">http://www.marcorsyscom.usmc.mil/sites/gcss-mc/index.aspx</a>
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.	<a href="https://jmar.detrick.army.mil">https://jmar.detrick.army.mil</a>
MLO	Medical Logistics Online	Medical Logistics Online is a database that helps in keeping a repository of Marine Corps medical logistics statistics and information.	<a href="https://ips.usmc.mil/sites/mefkb/default.aspx">https://ips.usmc.mil/sites/mefkb/default.aspx</a>
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.	<a href="https://hqipom1.hqmc.usmc.mil/portal/serlet/GlobalLogin">https://hqipom1.hqmc.usmc.mil/portal/serlet/GlobalLogin</a>
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

Acronym	Name	Description	Reference
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.	<a href="https://tfsms.mccdc.usmc.mil">https://tfsms.mccdc.usmc.mil</a>
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 Medial Logistics Planning Tool User's Manual Version 4.1

## Appendix B - AMALs/ADAL Set List

USMC AMAL/ADAL						
AMAL	TAMCN	DESCRIPTION	NSN	IDNO	CONCEPT OF EMPLOYMENT	EQUIPMENT / CONSUMABLE
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	
631	C86248	SHOCK SURGICAL TRIAGE EQUIPMENT	6515090006496	11740A	1 STP Sites	
632	C86288	SHOCK SURGICAL TRIAGE CONSUMABLES	6515090006494	11736A	50 Trauma Cases	(1) 631: (2) 632
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) 633: (2) 634
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) 635: (2) 636
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	
645	C87458	FORWARD RESUSCITATIVE SURGERY SYSTEM	6515090002014	10882A	18 Pts for 48 hours per every 646 re-supply	1) 645: (5) 646
646	C86568	FRSS RESUPPLY	6515090006501		18 Pts for 48 hours	
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	(
650	C80068	PREVENTIVE MEDICINE OCCUPATIONAL SURVEILLANCE	6515090006478	11728A	Conduct industrial hygiene functionality and any health assays	
651	C80078	PREVENTIVE MEDICINE ENTOMOLOGY (PMENTO)	6515090006486	11730A	conduct entomology functionality	
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 with major injuries	
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	
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	
688	C86888	GEO MISSION/NBC UNIT	6515090006485	11734A	1000 PAR / 30 days; Augment BAS/Sick call in tx of CBRN casualties	
691	C86948	MEDLOG TEST/REPAIR EQUIPMENT	6515090006480	11733A	Perform testing, calibrating and level three repair support for Class VIIIA equipment	
692	C86988	MEDLOG TEST/REPAIR CONSUMABLES	6515090006477	11727A	Perform testing, calibrating and level three repair support for Class VIIIA equipment	
699	C87408	SICK CALL BLOCK	6515090006484	11732A	300 DNBIPT / 30 days	
JBAIDS	C80008	JOINT BIOLOGICAL AGENT IDENTIFICATION AND DIAGNOSIS SYSTEM (JBAIDS)	6545015292063	11288A	Biological agent identification and diagnostic system	(1) 691: (1) 692

USMC Medical Kits					
AMAL	TAMCN	DESCRIPTION	NSN	IDNO	CONCEPT OF EMPLOYMENT
N/A	C31502F	INDIVIDUAL FIRST AID KIT (IFAK)	6545015392732	04351D	Self-aid for life threatening external bleeding and common non-life threatening injuries
N/A	C60088	COMBAT LIFESAVER (CLS) KIT	6545015714470	11705A	Tx extremity hemorrhage, tension pneumothorax and airway management; 1st responder care at point of injury by CLS trained Marines
N/A	C00262B	STANDARDIZED VEHICLE	6545015722054	11717A	1st responder care at point of injury

\*Important Note: The above listed Medical Kits do not have to be procured from the MEDLOGCO.

## Appendix C - References

Reference	Title
MCO 3502.6A	Marine Corps Force Generation Process
MCO 4400.201, VOL 3	Retail Supply Manual
MCO 4400.201, VOL 4	Physical Inventory Control
MCO 4400.201, VOL 8	Stock Positioning & Metrics
MCO 4400.201, VOL 12	Medical & Dental Materiel Support
DODD 5101.09E	Class VIIIAA Medical Materiel Supply Management
DoD 7000.14-R	Department of Defense Financial Management Regulations (FMRs), Volumes 1-15
NTTP 4-02.1, 3.3.3.4	Joint Tactics, Techniques, and Procedures for Health Service Logistics Support in Joint Operations
Navy Medicine P-117	Manual of the Medical Department (MANMED), NAVMED P-117
DoD 4100.39-M	Federal Logistics Information System (FLIS) Procedures Manual (Glossary and 16 volumes)
MFR Force Order 6000	Standing Operating Procedures for Medical Matters for MARFORRES
Navy Marine Corps 4000.3	Marine Corps Medical Information Systems Handbook
Joint Publication 4-02	Doctrine for Health Service Support in the Joint Operations
Marine Corps Order 3502.6A	Marine Corps Force Generation Process
Marine Corps Order 5311.1D	Total Force Structure Process (TFSP)
MARADMIN 441/11	Comprehensive Plan for USMC Support to the Joint Staff Post USJFCOM
NavCompt Manual	Department of the Navy, Financial Management Policy Manual, NAVSO P-1000 Rev through change 67
DA Form 1687, May 2009	Notice of Delegation of Authority – Receipt for Supplies

## Appendix D - Acronyms & Definitions

List of Acronyms	
AAO	Approved Acquisition Objective
AAR	After Action Report
ADAL	Authorized Dental Allowance List
ALCM	Assemblage Life-Cycle Management
AMAL	Authorized Medical Allowance List
AO	Area of Operation
AOR	Area of Responsibility
APOD	Aerial Point of Debarkation
APOE	Aerial Point of Embarkation
ATO	Authority to Operate
BIC	Blount Island Command
BIOMED	Biomedical Engineering Division
BMETS	Biomedical Equipment Technicians
BMT	Bio-Medical Technicians
BUMED	Bureau of Medicine and Surgery (United States Navy)
CAP	Corpsman Assault Pack
CAPSET	Capability Set
CBRN	Chemical, Biological, Radiological, Nuclear
CCP	Consolidation and Container Point
CDD	Combat Development Directorate
CG	Commanding General
CLB	Combat Logistics Battalion
CLS	Combat Life Saver
COA	Course of Action
COCOM	Combatant Commander
CONPLAN	Contingency Plan
CONUS	Continental United States
COTS	Commercial-Off-the-Shelf
CREst	Casualty Rate Estimation Tool
DADMS	DON Application and Database Management System
DC CD&I	Deputy Commandant, Combat Development and Integration

## List of Acronyms

DC I&L	Deputy Commandant, Installations and Logistics
DC PP&O	Deputy Commandant for Plans, Policies, and Operations
DFAS	Defense Finance and Accounting Services
DHA	Defense Health Agency
DLA	Defense Logistics Agency
DMLPC	Defense Medical Logistics Proponent Committee
DMLSS	Defense Medical Logistics Standard Support
DMLSS-AM	Defense Medical Logistics Standard Support-Assemblage Management Module
DMLSS-AIS	Defense Medical Logistics Standard Support-Automated 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
DOIM	Directorate of Information Management
DON	Department of the Navy
DOS	Days of Supply
DPG	Defense Planning Guidance
DVD	Direct Vendor Delivery
DWRIA	Died of Wounds Received in Action
EA	Executive Agent
EBS	Enterprise Business System
ECATS	Electronic Catalog Contracts
EDL	Equipment Density List
EFDS	Expeditionary Force Development System
EMF	Expeditionary Medical Facility
EMRE	Expeditionary Medical Requirements Estimator
ESP	Estimating Supplies Program
FDA	Food and Drug Administration
FFME	Family of Field Medical Equipment
FGP	Force Generation Process

## List of Acronyms

FIE	Fly-In-Echelon
FOC	Full operational Capability
FOS	Feasibility of Support
FY	Fiscal Year
GCSS-MC	Global Combat Support System-Marine Corps
GFC	Gaining Force Commander
GOTS	Government Off-the-Shelf
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
I&L	Installations and Logistics
ID	Integration Division
IFAK	Individual First Aid Kit
ISL	Inventory Stocking Level
ISIS	Integrated Supply Information System
JCIDS	Joint Capabilities Integration Development System
JCS	Joint Chiefs of Staff
JLTI	Joint Limited Technical Inspection
JMAR	Joint Medical Asset Repository
JMPT	Joint Medical Planning Tool
KIA	Killed in Action
LAN	Local Area Network
LCE	Logistics Combat Element
LIC	Low Intensity Conflict
LID	Logistics Integration Division
LOA	Line of Accounting
LOI	Letter of Instruction
LPC	Logistics Policy and Capabilities Branch
LPO	Logistics Plans and Operations Branch
LTI	Limited Technical Inspection

List of Acronyms	
MAB	Medical Air Bridge
MAGTF	Marine Air-Ground Task Force
MANMED	Manual of the Medical Department
MARADMIN	Marine Administrative Message
MCSC	Marine Corps Systems Command
MARFOR	Marine Force
MARFORCOM	Marine Forces Command
MARFORRES	Marine Forces Reserve
MCATS	Marine Corps Action System
MCC	Marine Component Command
MCF	Medical Contingency File
MCLC	Marine Corps Logistics Command
MCPIC	Marine Corps Prepositioning Information Center
MCPP-N	Marine Corps Prepositioning Program-Norway
MCRW	Medical Contingency Requirement Workflow
MCWL	Marine Corps Warfighting Lab
MEDLOGCO	Medical Logistics Company
MEF	Marine Expeditionary Force
MEU	Marine Expeditionary Unit
MIC	Medium Intensity Conflict
MIE	Material Item Estimate
MIL	Material Item List
MILSTRIP	Military Standard Requisitioning and Issue Procedures
MLG	Marine Logistics Group
MLO	Medical Logistics Online
MMQC	Medical Materiel Quality Control
MPF	Maritime Prepositioning Force
MPS	Maritime Prepositioning Ships
MPSRON	Maritime Prepositioning Squadron
MPTK	Medical Planners' Tool Kit
MSC	Major Subordinate Command
MTF	Medical Treatment Facility
NAVCOMPT	Navy Comptroller

List of Acronyms	
NAVMEDLOGCOM	Naval Medical Logistics Command
NBC	Nuclear Biological Chemical
NCA	National Command Authority
NCOIC	Non-Commissioned Officer In Charge
NHRC	Naval Health Research Center
NSN	National Stock Number
NTTP	Navy Tactics, Techniques, and Procedures
OCONUS	Outside the Continental United States
OMMC	Operations and Maintenance, Marine Corps
OPFOR	Operational Force
OPLAN	Operations Plan
OPORD	Operations Order
PAR	Population at Risk
PBA	Performance Based Agreement
PBDD	Program Budgeting Documentation Database
PCOF	Patient Condition Occurrence Frequency
PdM, CSE	Product Manager-Combat Support Equipment
PES-V	Prepositioning Equipment and Supplies Viewer
PLN	PP&O National Plans Branch
PMO	Priority Materiel Office
POD	Point of Departure
POE	Point of Entry
POM	Program Objective Memorandum
PP&O	Policy Plans and Operations
PPS	Prepositioning Planning System
PVM	Prime Vendor Medical Surge
PVP	Prime Vendor Pharmacy
QA/QC	Quality Assurance/ Quality Control
RFID	Radio Frequency Identification
RMA	Readiness Management Application
RO	Responsible Officer
ROMO	Range of Military Operations
SABRS	Standard Accounting Budgeting and Reporting System

List of Acronyms	
SASSY	Supported Activities Supply System
SECDEF	Secretary of Defense
SL-3	Stock List-Level 3
SLEP	Shelf-Life Extension Program
SNCO	Staff Non-Commissioned Officer
SON	Statement of Need
SOP	Standard Operating Procedure
STE	Secure Terminal Equipment
STU	Secure Telephone Unit
SVOIP	Secure Voice Over Internet Protocol
T/E	Table of Equipment
T/H	Temperature and Humidity
T/O	Table of Organization
TAMCN	Table of Allowance Materiel Control Number
TECOM	Training and Education Command
TEEP	Training and Exercise Employment Plan
TFSD	Total Force Structure Division
TFSMS	Total Force Structure Management System
TLAMM	Theater Lead Agent for Medical Materiel
TML+	Tactical Medical Logistics Planning Tool
TMO	Traffic Management Officer
TOECR	Table of Organization/Equipment Change Request
TWELS	Theatre Enterprise-Wide Logistics System
UIC	Unit Identification Code
UMMIPS	Uniform Materiel Movement and Issue Priority System
UNP	Urgent Needs Process
UNS	Universal Needs Statement
USMC	United States Marine Corps
UUNS	Urgent Universal Needs Statement
UURI	Using Unit Responsibilities Item
USTRANSCOM	United States Transportation Command
USAMMA	US Army Medical Materiel Agency
VK	Vehicle Kit

List of Acronyms	
WIPEB	Warfighting Program Evaluation Board
WMLRP	Wholesale Medical Logistics Readiness Plan
WRM	War Reserve Material
WRMR	War Reserve Materiel Requirements

## 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.

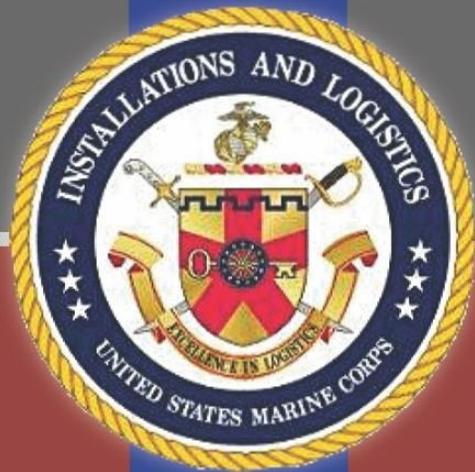
Authorized Dental Allowance List (ADAL). A list of the minimum types and quantities of equipment required to establish a specific dental care function (e.g., dental operatory/dental clinic) combined with the list of consumable supplies that are required to support a predetermined patient care load associated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

Source of Supply. Sources of supply are identified by NSN in the Medical Master Catalog (an application within DLA's DMMonline suite of applications). NSNs with a source of supply of "ECR" are available under a contingency contract and submission of a DMLSS requisition with "SMS" as the source of supply should be considered. Future changes with DMLSS retail will add "ECR" as a default source of supply.

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



For more information, visit:  
<https://eis.usmc.mil/sites/mefkb/default.aspx>.