



CHIEF OF THE NATIONAL GUARD BUREAU MANUAL

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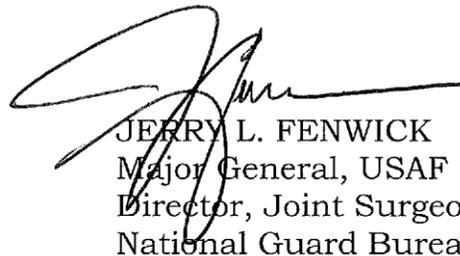
CBRN RESPONSE ENTERPRISE MEDICAL OPERATIONS

References: See Enclosure H.

1. Purpose. This manual provides procedures for the National Guard (NG) Chemical, Biological, Radiological, and Nuclear (CBRN) Response Enterprise (NG CRE), the Medical Detachment (MEDDET), Regional Medical Assets, and CRE-assigned Medical Groups in accordance with (IAW) references a and b.
2. Cancellation. None.
3. Applicability. This manual applies to all NG CBRN response activities related to the MEDDET, Regional Medical Assets, and CRE-assigned Medical Groups conducted in a Title 32 or State Active Duty status. This manual does not apply to NG activities conducted while on active duty or in Federal service IAW reference c or Sections 112, 509, and 901 of reference d.
4. Procedures. See Enclosures A through G. All enclosures will be reviewed and revised (if necessary) annually on the government fiscal year calendar.
5. Summary of Changes. This is the initial publication of CNGBM 3502.01.
6. Releasability. This manual is approved for public release; distribution is unlimited. It is available at <<https://www.ngpdc.ng.army.mil/>>.

UNCLASSIFIED

7. Effective Date. This manual is effective upon signature and must be reissued, cancelled, or certified as current within five years from the date signed.



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Enclosures:

- A—Regional Medical Plans Officer Program
- B—Medical Readiness
- C—Resourcing Management
- D—Medical Logistics Supply and Equipment Management
- E—Manpower
- F—Training
- G—Observer-Controller-Trainers
- H—References
- GL—Glossary

ENCLOSURE A

REGIONAL MEDICAL PLANS OFFICER PROGRAM

1. Overview. National Guard (NG) Regional Medical Plans Officers (RMPOs) are organized under the National Guard Bureau (NGB) Joint Surgeon General Office (NGB-JSG) and serve as the NGB's planning arm to support the States. RMPOs have specialized training and experience in domestic operations and health service support. RMPOs have significant knowledge of Air National Guard (ANG) and Army National Guard (ARNG) medical capabilities and are able to match operational capabilities with requirements. RMPOs focus their efforts in support of Emergency Support Function (ESF) 8 (Health and Medical Services) and the CBRN NGCRE. This includes regional engagement and relationship development, medical plans integration, capability gap analysis, and exercise and real-world support and subject matter expertise. RMPOs have in-depth training and knowledge of emergency preparedness concepts and the understanding of Federal, non-Federal, State, and local health authority response processes.

2. Mission. The RMPO Program mission is twofold:

a. In the pre-incident planning phase, RMPOs have the responsibility to understand their region's strategic pre-incident risks and vulnerabilities associated with emergency response capabilities and to identify shortfalls in medical response in their region's States. They accomplish this via outreach and regional engagement efforts and by serving as a liaison between the regional interagency (Federal, regional, State, and local) health and medical planners, including Medical Plans Officers (MPO) within their region's associated Homeland Response Force (HRF)/CBRN Enhanced Response Force Package (CERFP) and other strategic layers of response. They also serve as consultants, providing operational design forums within their Federal Emergency Management Agency (FEMA) regions and in the States throughout those regions. Through these forums they provide direct medical plans support, ensuring HRF/CERFP and other NG medical capabilities are socialized, understood, and incorporated within the civilian and military planning and response community.

b. During an incident RMPOs provide direct support and information awareness to the NGB and to their region's NG Joint Forces Headquarters-State (NG JFHQs-State) and State Emergency Operations Center (EOC) ESF 8 function. They provide medical planning support and subject matter expertise to NG forces conducting domestic operations. Pre-incident, during an incident, and post-incident, RMPOs provide a vital link to the NGB and State Surgeons with critical information regarding anticipated, ongoing, and potential medical support operations. They maintain regular and direct communication links with NGB-JSG and NG JFHQs-State within their region.

3. Administrative Management.

a. Program Management. The RMPO Program is managed by NGB-JSG and funded by the Combating Weapons of Mass Destruction Division (NGB-J39). The RMPO Program Manager (PM) provides day-to-day guidance, direction, and mentorship to RMPOs. The PM is an ANG Medical Service Corps officer with prior experience as an RMPO, or with experience working closely with RMPOs.

b. Eligibility. The RMPO PM will vet all RMPO candidates to ensure they meet basic qualifications. These include Air Force Specialty Code (AFSC) 41AX officers in the grade of O-4 or O-5. RMPOs have experience with medical planning or domestic operations. AFSC R prefix (Contingency/War Planner) is preferred but not required.

c. Selection, Orders, Termination, and Validation. RMPOs are vetted, validated, and hired by NGB-JSG IAW Enclosure E, paragraph 5, of this manual and approved for full-time duty by their commander. RMPO orders are year-to-year and may be renewed annually depending on the member's continued eligibility and performance. Unless placed in a Title 10 status by the NGB, RMPO orders are Title 32 502(f)(1)(b) Full-Time NG Duty. These orders may be unfunded at any time—with or without cause—by NGB-JSG. Continuity is crucial to a successful RMPO program, and it is NGB-JSG's intent to maintain RMPOs in their positions for multiple years, pending successful performance.

d. RMPO Reviews. The PM will review RMPOs at least annually. This process will include a self-assessment and a feedback session with NGB-JSG to assess compliance with established RMPO planning priorities. Feedback sessions will review these priorities as well as RMPO situation reports, temporary duty (TDY) trip reports, and other products (that is, All Hazards Coordination Workshop medical support summaries, et cetera.). This process will culminate in a summary report, which the PM will share with NGB-JSG leadership.

e. Command Relationships. The administrative control of RMPOs belongs to the RMPO's Medical Group commander. This includes officer performance reports, individual medical requirements (IMR), and other administrative control responsibilities.

f. Duty Locations. RMPOs are based at 10 locations across the country (one per FEMA region). RMPOs are assigned to 10 specific wings, which are aligned with 10 specific HRF States, unless the RMPO is granted an exception to policy approved by NGB-JSG. RMPOs may work at their home NG JFHQs-State or at another appropriate location. RMPOs should not work at their home unit, to avoid potential conflicts of interest. RMPOs are not authorized to

telework. When not in TDY, leave, or liberty status, RMPOs will be at their assigned duty location.

g. Regularly Scheduled Drill Obligations. RMPOs in Title 32 status can perform regularly scheduled drills as directed by their unit commander.

h. Funding. Funding for RMPO duty orders and official travel is managed by the JSG. Resources (that is, days and dollars) for duty orders are sent to the RMPO's home State or unit, which is responsible for generating orders using the ANG Reserve Order Writing System (AROWS).

i. RMPO Travel. RMPO travel is managed and approved by the JSG PM. TDY travel must be approved on the NGB-JSG Travel Request/Approval Form. Travel is first vetted through the Super Region (SR) Leads and then approved by the NGB-JSG PM. No travel will occur unless the proper authorizations have occurred and are uploaded in the Defense Travel System authorization.

4. Roles and Responsibilities.

a. RMPO Duty Responsibilities. The RMPOs will execute their duties IAW the current RMPO position description, RMPO planning priorities, and any additional written or oral guidance provided by NGB-JSG. RMPOs will focus their efforts in pre-event planning (Phase 0, Shaping) with a focus on the medical-response capabilities of the CRE.

(1) RMPOs may plan and support efforts related to the non-CRE capabilities of the ANG and ARNG. RMPOs plan at all levels but focus their efforts at the interstate or regional level.

(2) RMPOs may plan at the intrastate level but should do so in concert with State NG planners, including NG JFHQs-State planners and CRE MPO.

(3) RMPOs have no command or directing responsibilities and work only in support of State NG authorities and State and Federal civilian authorities.

b. RMPO SR Leads. SR leads are determined by the NGB-JSG PM and may change annually. SR leads are organized by geographic regions (East, West, and Central) and serve as a consolidated communications link between their SR and NGB-JSG. They conduct regular teleconferences with the other RMPOs in their SR, and they produce a monthly consolidated situation report, which is submitted to NGB-JSG. SR leads should routinely coordinate with SR medical logistics noncommissioned officers (NCOs) to share their subject matter expertise when updating plans and developing relationships.

c. RMPO Reporting Requirements. In addition to the SR lead reporting requirements noted above, each RMPO will produce a monthly situation report, which will be uploaded to the RMPO SharePoint site by the end of each month.

d. RMPO Training Requirements. RMPOs will make their best efforts to complete required training courses within their first year of duty with the understanding that they must balance training requirements with duty requirements.

e. Equipment and Support Requirements. The hosting unit will supply office space, a laptop computer, and a mobile phone to the RMPO.

5. RMPO Support to NG Exercises. RMPOs will support NG exercises, including Vigilant Guard exercises, as noted in the RMPO position description and planning priorities. They may also support other exercises as requested by NGB-JSG, the ANG Surgeon General, or the ARNG Chief Surgeon, once the exercises are approved by NGB-JSG.

6. RMPO Support to Real-World Domestic Events. When a specific threat is identified, RMPOs will coordinate and communicate with NGB-JSG and the supported State(s).

a. Contact rosters will be updated, and State and NG response plans will be reviewed.

b. RMPOs will prepare for potential travel to the supported State(s), the NGB, or other key locations.

c. NGB-JSG will coordinate and approve the timely movement of RMPOs in TDY status using existing Defense Travel System (DTS) lines of accounting (LOAs) or other appropriate LOAs as designated by the NGB.

d. RMPO movement will require a Joint Information Exchange Environment request as determined by the supported State or the NGB. No Emergency Management Assistance Compact request is required. RMPOs provide subject matter expertise to States during a real-world event the same as they do during steady-state operations.

e. While employed during an event, RMPOs provide direct support and subject matter expertise to State ESF 8 (Health and Medical Services) Federal and State partner agencies (both military and civilian). RMPOs, ideally, will be positioned at the State's EOC ESF 8 section, although the specific duties of the employed RMPO will depend on the specific event, the level of State EOC activation, whether the RMPO is working in the RMPO's home State or another State, or other factors.

f. RMPOs will provide information awareness to the NGB and to their region's NG JFHQs-State, including information regarding medical forces laydown. The value of the RMPO in a contingency environment is their flexibility to support numerous stakeholders, including State EOC ESF 8

representatives, NG JFHQs-State Surgeons, and Joint Task Force-State Surgeons.

g. RMPOs may augment the NGB-JSG staff or the NG Operations Center during an NG domestic response. They may also be added as members, if needed, to an NGB Joint Liaison Team.

7. RMPO Support to the NG State Partnership Program (SPP). RMPOs are encouraged to maintain awareness of the medical security cooperation events that occur in their State's SPP as well as SPP programs in other States in their respective regions. RMPOs may lend planning support to SPP events but must balance this with their primary RMPO duties. RMPO support to SPP efforts must be approved by NGB-JSG and will have a CBRN or domestic operations nexus.

8. Additional Duty Support. Additional duties not described or outlined in this enclosure, or otherwise approved by NGB-JSG, will not be performed unless done so in conjunction with, or related to, regularly scheduled drill responsibilities.

ENCLOSURE B

MEDICAL READINESS

1. Medical Requirements for Assignment to a HRF/CERFP Element for ARNG and ANG Service Members.

a. Due to the nature of the CBRN mission and the short response time, response plans do not include mobilization platforms or shot lines. All ARNG and ANG Service members are required to be medically ready for activation at all times.

b. Individual Medical Requirement (IMR) status should be monitored frequently and reported to the HRF/CERFP commander every month using the Aeromedical Services Information Management Systems (ASIMS) or the Medical Protection System (MEDPROS), as applicable for the ANG or ARNG. The IMR standard for individuals is 100 percent compliance on all requirements.

(1) Vaccinations. Service members will receive all vaccinations required as per Service-specific guidance.

(2) Periodic Health Assessment. Must be annual and current.

(3) Dental. Annual and current. Must be Dental Class 1 or 2; Dental Class 3 will not be assigned or activated. The exception: Dental Class 4 due to unknown status for new personnel may be assigned or activated.

(4) Labs. Service members will submit to all lab panels required as per Service-specific guidance.

(5) Individual Medical Equipment.

(6) Profiles.

(a) ARNG Medical Readiness Categories (MRCs) 1 or 2 can be assigned or attached. MRCs 3 or 4 will not be assigned unless an approved waiver is granted by NGB-JSG.

(b) ANG Physical, Upper Extremities, Lower Extremities, Hearing, Eyes, Psych Medical Serial Profiles 1 or 2 can be assigned or attached. Profiles 3 or 4, in any category, will not be assigned unless an approved waiver is granted by the NGB-JSG.

(c) Members with temporary Duty Limiting Conditions (DLCs) or limited duty profiles (LDPs) that include mobility restrictions may be assigned but not activated until the DLC or LDP is resolved IAW reference f.

(d) Pregnant members may not be activated throughout the entire course of pregnancy, during maternity leave, and during any administrative mobility restrictions following delivery, IAW reference f.

(e) Air Force Assignment Limitation Codes (ALCs) or Army MRC 3 are non-deployable assets but may be assigned to an HRF/CERFP with NGB waiver approval. Commanders may request a waiver for permanent conditions adjudicated through an appropriate board process.

c. Fitness for Duty. Conditions that may cause concern for Service member safety or mission completion in an undetermined or austere environment must be considered and approved by NGB-JSG before assignment or activation.

(1) Physical Fitness Testing. Physical fitness testing (PT) for members of the NG CRE will meet the member's Service-specific requirement. Members assigned to the Search and Extraction (S&E) element, including S&E Medics, must have a passing PT score without any PT exemptions due to the increased physical demand. Members who do not have a passing fitness assessment will not perform S&E duties.

(2) Occupational Respiratory Screening. The medical element will confirm all HRF/CERFP personnel are screened annually IAW references e and f. Use Appendix A of this enclosure (Figure 1) to annotate compliance.

(3) Any condition that requires durable medical equipment for treatment of a chronic condition or refrigerated medication will not be assigned unless a vetted and approved waiver is issued by NGB-JSG.

d. Activation/Exercise Medical Screening. All assigned members must complete a medical screening using the form in Appendix B of Enclosure B (Standard Form 600 "Pre-Entry and Post-Entry Medical Assessment") and baseline vital signs on the day of activation, within 6 hours of their "employment." Any member not cleared by a medical provider may not be activated or participate in an exercise.

e. Medical Waiver Process. Members retained for duty through an adjudicated medical board resulting in an ARNG MRC 3/DLC 7 and ANG members with an ALC must have a NORTHCOM "deployment" waiver to occupy these positions. NORTHCOM has delegated this authority to NGB-JSG.

2. Pre- and Post-Employment Health Assessment in Support of Domestic Operations.

a. All members, regardless of duty status (State Active Duty, Title 32, and Title 10), must complete the following actions prior to activation:

(1) Complete NGB Pre-Activation Medical Review, NGB-JSG Form 19-01 (Appendix C to Enclosure B, Figure 2).

(2) ARNG units will ensure Soldiers are MCR 1 or 2. If a member has an MCR 3, the member will need an approved waiver from NGB-JSG.

(3) ANG units will ensure Airmen do not have a DLC (AAC/ALC) or have an approved waiver from NGB-JSG.

(4) During operations, onsite medical screening for ARNG and ANG members will be documented on Appendix B to Enclosure B (Figure 3) and placed in the member medical record upon completion of the event.

b. All members will complete a Post-Activation Health Assessment (NGB-JSG Form 19-01) within 30 days of returning to their home station. Assessment will be included into the member's electronic health records.

3. Smallpox and Anthrax Immunization Program Management.

a. Basic Policy. A smallpox and anthrax vaccination immunization program will be implemented for all personnel assigned to the CBRN NG-CRE IAW reference g, Service-specific guidance ANG members IAW references h and f or Service-specific guidance for ARNG members IAW reference j. Clinical and administrative policies for the smallpox and anthrax vaccination immunization programs, including exceptions to policy, apply, as well as all other laws, regulations, and policies related to the two immunization programs.

b. NG Medical Units in Support of the NG CRE Will Implement:

(1) The Department of the Air Force Anthrax Vaccination Immunization Program, including applicable policies and reference h.

(2) The Department of the Air Force Smallpox Vaccination Program, including applicable policies and reference i.

(3) Reference j, Section 9E, Military Specific Vaccines, Anthrax Immunization and Smallpox Vaccine Programs.

c. ARNG Supporting MEDDET Units Will Assign and Update Member Records. NGB-JSG will assign ANG members and the supporting Guard Medical Unit will update Service member records. Immunization clinics will

input exemption statuses as determined by the supporting medical unit, Guard Medical Unit Chief of Aerospace Medicine, or equivalent.

d. Medical Exemption. Personnel identified with a medical exemption, either temporary or permanent, for the Smallpox Vaccination Program or the Anthrax Vaccination Immunization Program, may be retained in the NG CRE as determined by their commander. Members not otherwise exempt, yet refusing to comply with the terms set forth by reference g, Section 4, may be removed from the NG CRE as determined by their commander.

e. Granting Medical Exceptions. Grant medical exemptions IAW reference k for ANG or i for ARNG.

(1) Medical Group Commander (MDG). The MDG/Chief of Aerospace Medicine or equivalent is the approving authority for all medical exemptions within the ANG CRE.

(2) Managing Temporary Medical Exemptions.

(a) Personnel meeting qualifications for temporary medical exemptions will provide supporting medical or civilian employment documents for approval or disapproval determination by the supporting medical unit (or equivalent).

(b) Medical exemptions will not exceed 12 months.

(c) Smallpox and anthrax vaccinations are mandatory for all HRF/CERFP members. Exemptions must follow Service guidance, and temporary exemptions may not be continually renewed.

(d) An established process to inoculate within 12 months of an approved temporary medical exemption period will be developed and implemented by the commander. The Force Health Protection NCO will track all exemptions and complete quarterly reports.

(3) Managing Permanent Medical Exemptions.

(a) Personnel meeting qualifications for permanent medical exemptions will provide supporting medical or civilian employment documents for approval or disapproval determination.

(b) Process permanent medical exemptions IAW reference m.

f. Force Health Protection (FHP). The FHP member assigned within the ANG CRE will submit a quarterly roster of approved administrative exemptions to NGB-JSG for the purpose of tracking and assessing for quality assurance

with administrative exemption processes. Use of administrative exemption codes in ASIMS must be IAW reference m.

(1) The FHP member assigned within the ANG CRE will submit a quarterly roster of approved medical exemptions to the ANG Surgeon General (ANG SG) and NGB-JSG for the purpose of tracking and assessing for quality assurance with medical exemption processes.

(2) Granting of medical exemptions may require a duty status change or deployment limitation for an individual and a review in the Deployment Availability Working Group IAW reference n. Any change in duty status or deployment eligibility due to a medical immunization exemption, such as a permanent exemption or a significant adverse reaction, must be processed IAW reference m.

APPENDIX A TO ENCLOSURE B

RESPIRATORY PROTECTION PROGRAM COMPLIANCE FORM

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE					
OSHA Respiratory Protection Program Medical Evaluation Questionnaire						
<i>The Collection of information for this document is governed by the Authority, Purpose, and Routine Uses identified in DD Form 2005, Privacy Act Statement-Health Care Record; 29 CFR 1910, B4 Appendix C; Privacy Act System Notice F044-SG D, Automated Medical/Dental Record System, and F044 SG E, Medical Record System, apply.</i>						
To the Employee: Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and you employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.						
Questions 1-26 must be completed by personnel selected to use any type of respirator fit testing and/or use. PLEASE EXPLAIN ANY "Yes" ANSWERS TO QUESTIONS 11-25 IN SECTION 26. PLEASE PRINT.						
1. Date	2. Height	3. Weight	4. Age	5. Daytime Phone (include Area Code)	6. Best Time to Phone You	
7. Job Title:						
8. Can you Read? <input type="checkbox"/> Yes <input type="checkbox"/> No			8a. Has your employer told you how to contact the health care professional who will review this questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Check the type of respirator you will use (You may check more than one category).						
<input type="checkbox"/> N, R, or P disposable respirator (filter-mask, non-cartridge type only).						
<input type="checkbox"/> Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).						
10. Have you worn a respirator? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what type(s):						
11. Have you ever had any of the following pulmonary or lung problems? Explain "Yes" answers in section 26.			13. Do you currently have any of the following symptoms of pulmonary or lung illness? Explain "Yes" answers in section 26.			
Asbestosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath when walking fast on level ground or walking up a slight hill or incline		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Chronic Bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath when walking with other people at an ordinary pace on level ground		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emphysema	<input type="checkbox"/> Yes <input type="checkbox"/> No	Have to stop for breath when walking at your own pace on level ground		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pneumonia	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath when washing or dressing yourself		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tuberculosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of breath that interferes with your job		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Silicosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coughing that produces phlegm (thick Sputum)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Pneumothorax	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coughing that wakes you early in the morning		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lung Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coughing that occurs mostly when you are lying down		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Broken Ribs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Coughing up blood in the last month		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any Chest Injuries or Surgeries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wheezing		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Any other lung problem that you've been told about	<input type="checkbox"/> Yes <input type="checkbox"/> No	Wheezing that interferes with your job		<input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Have you ever had any of the following conditions? Explain "Yes" Answers			Chest pain when you breathe deeply			<input type="checkbox"/> Yes <input type="checkbox"/> No
Seizures (fits)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any other symptoms that you think may be related to lung problems		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetes (sugar Disease)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Allergic reactions that interfere with your breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Claustrophobia (fear of closed-in places)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Trouble Smelling odors	<input type="checkbox"/> Yes <input type="checkbox"/> No					
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)	PATIENT'S NAME (Last, First, Middle Initial)			RANK/GRADE		
	SSN/IDENTIFICATION NO.		SEX m	DATE OF BIRTH		
	SUPERVISOR'S GRADE & NAME (Last Name, First Name)					
	DEPARTMENT/SERVICE		ORGANIZATION NAME			

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600-RPP
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

Figure 1. Respiratory Protection Program Compliance Form

<p>14. Have you ever had any of the following cardiovascular or heart problem? Explain "Yes" answers in section 26.</p>	<p>18. Do you currently smoke tobacco or have you smoked tobacco in the last month? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Heart attack <input type="checkbox"/> Yes <input type="checkbox"/> No Stroke <input type="checkbox"/> Yes <input type="checkbox"/> No Angina <input type="checkbox"/> Yes <input type="checkbox"/> No Heart failure <input type="checkbox"/> Yes <input type="checkbox"/> No Swelling in your legs or feet (not caused by walking) <input type="checkbox"/> Yes <input type="checkbox"/> No Heart arrhythmia (heart beating irregularly) <input type="checkbox"/> Yes <input type="checkbox"/> No High blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Any other heart problem that you've been told about <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>19. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Questions 20-25 are mandatory for personnel selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). The questions voluntary for other personnel. Explain "Yes" answers in section 26.</p>	
<p>15. Have you ever had any of the following cardiovascular or heart symptoms? Explain "Yes" answers in section 26.</p> <p>Frequent pain or tightness in you chest <input type="checkbox"/> Yes <input type="checkbox"/> No Pain or tightness in your chest during physical activity <input type="checkbox"/> Yes <input type="checkbox"/> No Pain or tightness in your chest that interferes with your job <input type="checkbox"/> Yes <input type="checkbox"/> No In the past two years, have you noticed your heart skipping or missing a beat <input type="checkbox"/> Yes <input type="checkbox"/> No Heartburn or indigestion that is not related to eating <input type="checkbox"/> Yes <input type="checkbox"/> No Any other symptoms that you think may be related to heart or circulation problems <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>20. Have you ever lost vision in either eye (temporarily or permanently)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. Do you currently take medication for any of the following problems? List medication for "Yes" answers in section 26.</p>	<p>21. Do you currently have any of the following vision problems?</p>
<p>Breathing or lung problems <input type="checkbox"/> Yes <input type="checkbox"/> No Heart Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No Blood pressure <input type="checkbox"/> Yes <input type="checkbox"/> No Seizures (fits) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Wear contact lenses <input type="checkbox"/> Yes <input type="checkbox"/> No Wear glasses <input type="checkbox"/> Yes <input type="checkbox"/> No Color blind <input type="checkbox"/> Yes <input type="checkbox"/> No Any other eye or vision problem <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. If you've used a respirator, have you ever had any of the following problems while wearing a respirator? (If you've never used a respirator, skip the following space and go to question 18) Explain "Yes" answers in section 26.</p> <p>Eye irritation <input type="checkbox"/> Yes <input type="checkbox"/> No Skin allergies or rashes <input type="checkbox"/> Yes <input type="checkbox"/> No Anxiety <input type="checkbox"/> Yes <input type="checkbox"/> No General weakness or fatigue <input type="checkbox"/> Yes <input type="checkbox"/> No Any other problem that interferes with your use of a respirator <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>22. Have you ever had an injury to your ears, including a broken eardrum? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. COMMENTS: Please clarify all "Yes" answers for questions 11-25 here (When? Is it resolved/under control? Does it limit your ability to work/wear mask?)</p>	<p>23. Do you currently have any of the following hearing problems?</p>
	<p>Difficulty hearing <input type="checkbox"/> Yes <input type="checkbox"/> No Wear a hearing aid <input type="checkbox"/> Yes <input type="checkbox"/> No Any other hearing or ear problem <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>24. Have you ever had a back injury? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>25. Do you currently have any of the following musculoskeletal problems? Explain "Yes" answers in section 26.</p>
	<p>Weakness in any of your arms, hands, legs, or feet <input type="checkbox"/> Yes <input type="checkbox"/> No Back pain <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty fully moving your arms and legs <input type="checkbox"/> Yes <input type="checkbox"/> No Pain or stiffness when you lean forward or backward at the waist <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty fully moving your head up or down <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty fully moving your head side to side <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty bending at your knees <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty squatting to the ground <input type="checkbox"/> Yes <input type="checkbox"/> No Difficulty climbing a flight of stairs or a ladder carrying more than 25 lbs <input type="checkbox"/> Yes <input type="checkbox"/> No Any other muscle or skeletal problem that interferes with using a respirator <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Figure 1. Respiratory Protection Program Compliance Form (continued)

Workplace Details			
Workplace ID	Workplace Name		Bldg #
Workplace Respiratory Protection Program Manager (RPPM)		Telephone Number of RPPM	
Type of Respirator(s) to be Used (if known):			
Civilian Physician's Follow-Up <i>(to be completed ONLY if employee is referred to private physician)</i>			
Any Additional Information/Clarification:			
<input type="checkbox"/> Medically cleared for respirator usage without limitations <input type="checkbox"/> Medically cleared for respirator usage with the following limitations or additional periodic medical evaluations: <input type="checkbox"/> Not medically cleared for respirator usage.			
Military Health Care Provider Evaluation of Ability to Use Respirator			
Provider reference: 29 CFR 1910.134 (e)(5)(i)(A-E)			
RECOMMENDATIONS:			
<input type="checkbox"/> Medically cleared for respirator usage without limitations <input type="checkbox"/> Medically cleared for respirator usage with the following limitations or additional periodic medical evaluations: <input type="checkbox"/> Not medically cleared for respirator usage.			
Health Care Provider Signature/Stamp:			
PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>	PATIENT'S NAME (Last, First, Middle Initial)		RANK/GRADE
	SSN/IDENTIFICATION NO.	SEX	DATE OF BIRTH
	SUPERVISOR'S GRADE & NAME (Last Name, First Name)		
	DEPARTMENT/SERVICE	ORGANIZATION NAME	

Figure 1. Respiratory Protection Program Compliance Form (continued)



NGB PRE/POST ACTIVATION MEDICAL REVIEW

POST-ACTIVATION MEDICAL REVIEW

Status at the end of the mission is SAD/T32/T10/OTHER _____

POST-HEALTH ASSESSMENT BY THE SOLDIER

1. Would you say your health in general is: EXCELLENT VERY GOOD GOOD FAIR POOR
2. Do you have any unresolved medical or dental problems that developed during activation? YES NO
3. Are you currently on a profile? YES NO
4. During activation did you seek medical care? YES NO
5. Do you have concerns about possible exposures to events during this activation That you feel may affect your mental or physical health? YES NO
Please list your concerns: _____
6. Do you have any mental health or physical injuries as a result of your activation YES NO
Please list your concerns: _____
7. I certify that all responses on this form are true. _____

SERVICE MEMBER SIGNATURE

POST-SAD MEDICAL REVIEW (HEALTHCARE PERSONNEL USE ONLY)

After interview/exam of patient, the following problems were noted and categorized. More than one may be noted for patients with multiple problems. Further documentation of problem to be placed in SM's medical records.

- NO NOTED CONCERNS CONCERNS EXPLAINED BELOW

Comments: (If concerns explain)

I certify that this review process has been completed.

TODAY'S DATE (DD/MM/YYYY)

--	--	--	--	--	--	--	--

HEALTHCARE PERSONNEL SIGNATURE

PRIVACY ACT STATEMENT

- AUTHORITY** Title 32 USC Section 904; Privacy Act, 5 USC 552(a); Health Insurance Portability and Accountability Act (PL 104-191)
- PRINCIPAL PURPOSE** To obtain appropriate information needed for activation. Healthcare information is personal and sensitive and must be treated accordingly.
- ROUTINE USES** Any information provided on this form is available for disclosure to members of the Department of Defense and the Texas Military Department who have a need for the information in performance of their duties.
- DISCLOSURE** Failure to provide the required information could result in a delay in processing through medical for duty. The information provided will be considered "Confidential" and will only be used for official business.

Figure 2. NGB Pre/Post Activation Medical Review (continued)

SYMPTOMS, DIAGNOSIS, TREATMENT ORGANIZATION (Sign each entry)																																																								
<p>Post-Entry Conditions Requiring Potential Follow-Up and/or Medical Treatment:</p> <ol style="list-style-type: none"> 1. Weight Loss of >3% 2. Temp <97°F or >101°F; 3. Pulse > 85% of age predicted MHR after 10 min of rest 4. Resp Rate >24 5. Signs and symptoms including nausea, vomiting, dizziness, altered mental status and respiratory, cardiac, or dermatologic complaints. 	<p>85% MHR TABLE:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>AGE</th> <th>85%MHR</th> </tr> </thead> <tbody> <tr><td>20 – 25</td><td>170</td></tr> <tr><td>26 – 30</td><td>165</td></tr> <tr><td>31 – 35</td><td>160</td></tr> <tr><td>36 – 40</td><td>155</td></tr> <tr><td>41 – 45</td><td>152</td></tr> <tr><td>46 – 50</td><td>148</td></tr> </tbody> </table>	AGE	85%MHR	20 – 25	170	26 – 30	165	31 – 35	160	36 – 40	155	41 – 45	152	46 – 50	148	<p>3% BODY WEIGHT TABLE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INITIAL WEIGHT</th> <th>3% WEIGHT</th> <th>INITIAL WEIGHT</th> <th>3% WEIGHT</th> </tr> </thead> <tbody> <tr><td>100</td><td>3</td><td>190</td><td>5.7</td></tr> <tr><td>110</td><td>3.3</td><td>200</td><td>6.0</td></tr> <tr><td>120</td><td>3.6</td><td>210</td><td>6.3</td></tr> <tr><td>130</td><td>3.9</td><td>220</td><td>6.6</td></tr> <tr><td>140</td><td>4.2</td><td>230</td><td>6.9</td></tr> <tr><td>150</td><td>4.5</td><td>240</td><td>7.2</td></tr> <tr><td>160</td><td>4.8</td><td>250</td><td>7.5</td></tr> <tr><td>170</td><td>5.1</td><td>260</td><td>7.8</td></tr> <tr><td>180</td><td>5.4</td><td>270</td><td>8.1</td></tr> </tbody> </table>	INITIAL WEIGHT	3% WEIGHT	INITIAL WEIGHT	3% WEIGHT	100	3	190	5.7	110	3.3	200	6.0	120	3.6	210	6.3	130	3.9	220	6.6	140	4.2	230	6.9	150	4.5	240	7.2	160	4.8	250	7.5	170	5.1	260	7.8	180	5.4	270	8.1
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STANDARD FORM 600 (REV. 6-97) BACK

Figure 3. Pre-Entry and Post-Entry Medical Assessment Form (continued)

ENCLOSURE C

RESOURCING MANAGEMENT

1. Budget Builder. All States will adhere to the NGB-J39 budget builder process IAW yearly planning guidance published by NGB-J39.

a. NGB-JSG annually participates in building and revising the MEDDET budget builder template. Recommendations for template or process changes must be directed to NGB/JSG. The Budget builder template will be distributed through Guard Knowledge Online (GKO) or via email correspondence. The budget builder will include appropriations for 3840 and 3850.

b. NGB-JSG will review all budget builders (including revisions) for completeness. The final budget builder is approved by the NGB-JSG Resource Advisor and placed in a folder on GKO and made available to HRF/CERFP/MEDDET commanders. The budget builder is considered validated requirements but does not guarantee full funding.

(1) Military Personnel (MILPERS) Requirements (3850).

(a) Collective Training Event resource requirements.

(b) Individual Training Event resource requirements.

(2) Operations and Maintenance (O&M) Requirements (3840).

(a) Supplies.

(b) Formulary.

(c) Equipment.

(d) Full-Time NG Travel.

(e) Contract Meals.

(f) Course Fees.

(3) MEDDETs will submit a budget builder for approval by NGB-JSG in the prior to the FY of execution; it will be used in that unit's spend plan during the FY of execution.

(4) The following outlines the process for the funds request:

(a) The draft budget builder template is initially filled out by the MEDDET and placed on GKO.

(b) NGB-J39 schedules all States to participate in a teleconference including all elements of the HRF or CERFP. ANG MEDDET requirements are reviewed by NGB-JSG.

(c) NGB-JSG and the MEDDET personnel will conduct a line-by-line audit of the unit's budget builder to validate requirements.

(d) Items that are not a valid requirement are not approved, and the State is advised of the decision. The States are also advised of any required corrections.

(e) Once the audit is complete, the State is given 1 to 2 weeks to revise the budget builder and place the revised budget builder on GKO.

(f) The compiled spend plan is submitted to NGB-J8 for action.

(g) NGB-JSG will advise States of anticipated funding levels.

2. Request for Funding. To request funding for validated requirements, States will complete a distribution template, Appendix A to this enclosure (Figure 4) of this manual. This template will also be available on GKO. Incomplete and unsigned forms will be returned or a request made to the State for correction. The following are the required fields: Military Personnel Flight (MPF)/ Accounting Station Number (ASN), appropriation request, reason, dates, and signature of requestor Medical Plans Officer (MPO) or MEDDET commander.

a. If requirements change during the year of execution (different quarter or amount required) or if new requirements emerge that were not previously identified, States will complete a Memorandum for Record (MFR) to justify the change. The State will submit the MFR as well as the distribution template.

(1) The State will upload the distribution template and any associated documentation to the appropriate folder in GKO for action by NGB-JSG. Annually, NGB-JSG will send a link to the appropriate folder on GKO for the field to submit distribution templates.

(2) NGB-JSG will review the resource request and compare it to the validated budget builder. All requests in compliance with the budget builder will be approved pending funding. New requirements on the MFR will be reviewed and approved by NGB-JSG.

(3) Requests not captured on the validated budget builder (unfunded request [UFR]) but accompanied with a completed MFR, Appendix B to this enclosure (Figure 5) of this manual, will be adjudicated by NGB-JSG.

b. Resources used to support requirements not requested in the budget builder may be sent for legal review and referred to the State for corrective

action. Resources requested are for training only. They are not to be used to fund real-world events.

3. Manpower. Active Guard Reserve (AGR), temporary AGR, and active duty for operational support (ADOS) resources will be sent to the field after appropriate validation requirements are met.

a. Temporary AGR authorizations may be provided to the unit. Members falling out of compliance may not be awarded or renewed IAW Enclosure E, paragraph 5, of this manual. NGB-JSG reserves the right to review a Service member's eligibility at any time.

b. ADOS authorizations may be sent to the wing for a period as approved by Human Resources, not to exceed 360 days or extend beyond the end of the current FY. Members falling out of compliance may not be awarded or renewed IAW enclosure E, paragraph 5, of this manual. NGB-JSG reserves the right to review a Service member's eligibility at any time.

4. Training Resources. For all group training events, the MEDDET must exercise efficient use of resources. Billeting and meal planning should be proactive, cost-effective, and prudent. If billeting or hotel rooms are being used, the only personnel authorized single rooms are the MEDDET commander, Medical Plans Officer, and Superintendent. Exercise planners will look at meal options including contract meals and a Disaster Relief Mobile Kitchen Trailer. The medical CRE will not place members on full per diem for exercises. Training requests must support Individual Training Requirements Matrix requirements in order to be approved for funding through NGB-JSG. Training Support Requests approved by the National Guard Bureau Training and Exercise Division (NGB-J37) that were not identified on the approved budget will be resourced only if funds are available and a complete MFR/UFR is submitted and approved.

5. Congressional Adds. Congressional "adds" are approved by Congress and requirements are identified in the National Defense Authorization Act every FY. Congressional dollars may be used only to support training opportunities that meet the requirements identified in the Congressional language. The process for requesting Congressional add funding is as follows:

a. Each year a Letter of Instruction is sent to all States describing the specific process for obtaining funding in that FY under the Congressional add program. States with a NG CRE mission will receive additional instructions and requirements to access funding.

b. States awarded funding under the Congressional add program must execute that funding based on Congressional add language.

6. Frontload Authority. When MILPERS funding is not received by the JSG at the beginning of the FY, frontload authority allows the wings to generate orders for ADOS CRE members, Drill Status Guardsmen (DSG) who are scheduled for exercises, Individual Training Requirements Matrix requirements in October and November, or any other validated MILPERS requirement necessary to complete the mission in the first months of any FY.

7. Emergency Load Authority (ELA). When O&M funding is required prior to the JSG full funding authorization, an ELA can be generated to cover a MEDDET requirement. However, the ELA must be authorized by the ANG Comptroller. In the event an ELA is not authorized, the MEDDET can request O&M funding from their Wing Comptroller. Funds provided by the Wing Comptroller may be reimbursed by NGB-JSG, but reimbursement is not guaranteed.

APPENDIX A TO ENCLOSURE C
 DISTRIBUTION TEMPLATE

J7 FUNDS REQUEST

AIR GUARD													AIR GUARD												
MILPERS													O & M (3840)												
Unit	F SRC	ADOS-O	ADOS-E	STO	STE	MilPer\$	MPF	ASN	Purpose (include dates)	NAMES (ITRM TRAINING ONLY)	#Officers attending (CTE/EXEV AL only)	#Enlisted attending (CTE/EXEV AL only)	J-38 Trans Code	F SRC	MPF	ASN	S AMT	Purpose (include dates)	Names (ADOS travel only)	Names (Course Fees only)	J-38 Trans Code				
Submit																									
182AW							C9	C6																	
159FW							D9	D6																	
Withdraw													Withdraw												
MilPers \$ are not required for sending days. Milpers used for TDY expenses.													Fund Source (F SRC): TU = Congressional Add QM= HRF RH=CERFP												
DAY TYPE: STO/STE/ADOS-O/ADOS-E													HQ= HQ Contract Acc												
Fund Source (F SRC): TU = Congressional Add QM= HRF RH=CERFP													Purpose (Purp): EXEVAL, SFE, CTE, Other												
Purpose (Purp): EXEVAL, SFE, CTE, Other																									

version 6 version 6

I certify the funding requested above will be used for the specific purpose designated above.
 Unused resources will not be applied to other purposes without written approval by NGB Program Manager

X
 Medical Plans Officer or MEDDET CC
 PREPARED BY:
 Approved: Disapproved:

X
 Lt Col Anita Wiley
 Medical Resources Officer

NG-JSG DEPUTY DIVISION CHIEF SIGNATURE:
 Approved: Disapproved:

X
 COL Larry Fletcher
 NG JSG Deputy Division Chief

Figure 4. Distribution Template

APPENDIX B TO ENCLOSURE C

BUDGET BUILDER MEMORANDUM FOR RECORD

The form is titled "NATIONAL GUARD BUREAU OFFICE OF THE JOINT SURGEON BUDGET BUILDER MEMORANDUM FOR RECORD". It features two circular seals on either side of the title. The form contains several input fields and dropdown menus: "Name", "Grade", "Date of Request", "Email", "Phone Number", "Unit", "State", "Funding Type", "Reason for MFR", and "If more than 1 Request, Reason 2". There are two large text areas for "Justification" and "What is the impact if this is not funded?". At the bottom, there are signature lines for "CoMSupCen", "NGB BMET", and "NGB JSG", each with an "Approved/Disapproved" dropdown. A "Resource Advisor Initials" field is also present. Instructions at the bottom state: "Instructions: Complete form, obtain appropriate signatures, and return to Lt Col Julia Wiley at: julia.a.wiley2.mil@mail.mil. For questions please contact Lt Col Julia Wiley at 703-604-8094." A version number "Version 1 7 Mar 2019" is located in the bottom right corner.

Figure 5. Budget Builder Memorandum for Record

ENCLOSURE D

MEDICAL LOGISTICS SUPPLY AND EQUIPMENT MANAGEMENT

1. Overview.

a. MEDDET Commander. Functions as the squadron commander for all asset management oversight purposes. This commander ensures all records created as result of the processes prescribed in this publication are maintained IAW reference o, and disposed of IAW the Air Force Records Disposition Schedule located in the Air Force Records Information System accessible through the Air Force portal.

b. Accountable Base Medical Service Corps Officer. This officer is appointed by the MEDDET commander as a duly appointed assistant United States Property and Fiscal Officer, IAW reference p, Chapter 1, paragraph 1.2.3.1, whose primary responsibility is oversight of post-inventory actions and the management of controlled substances. NGB-JSG recognizes the MPO as the Accountable Base Medical Service Corps Officer.

c. Medical Logistics Noncommissioned Officer (NCO). This officer's primary responsibility is supporting all logistical activities of the MEDDET Unit. Areas of responsibility include equipment, supplies, budget management, formulary, mobilization oversight, and fleet management.

d. Super Region Medical Logistics NCO. Serves as the liaison to the Consequence Management Support Center (CoMSupCen) for all deployed MEDDETs and temporarily assigned medical units in support of a regional medical response operation, supply chain management, observer-controller-trainer (OC/T) augmentation, military-civilian affairs, site assistant visits, and training programs. This NCO provides direct support to the Medical Logistics NCO and serves as a medical logistics regional planning subject matter expert (SME) to RMPOs and HRF Command and Controls within their region.

e. Regional Medical Logistics NCO (Drill Status Guardsman Position). This person serves as the point of contact for the Homeland Response Force (HRF) staff with contingency plans, acquisitions, and supply chain management, evacuation coordination, and re-supply push packages. This NCO assists RMPOs, Super Region Medical Logistics NCOs, and the HRF Command and Control Element.

f. Biomedical Equipment Technician (BMET). Primarily responsible for equipment support activities for the MEDDET. Areas of responsibility include equipment maintenance, life-cycle management, equipment capability assessments, facility management, and SME recommendations.

g. Regional Response BMET. Primarily responsible for equipment support activities for the 27 MEDDETs. Areas of responsibility include equipment maintenance, life-cycle management, equipment capability assessments, training, and SME recommendations. In addition, BMET provides OC/T augmentation as required by NGB-JSG. The regional response BMET will be dispatched, as available, when requested by the CERFP units through the NGB-JSG Medical Equipment Maintenance Manager. Units without a BMET or full-time BMET will receive priority. Units preparing for the Standardization Evaluation and Assistance Team (SEAT) or External Evaluation (EXEVAL) will receive higher priority than those not in cycle.

h. CoMSupCen Personnel. Support chemical, biological, radiological, and nuclear defense and recovery in support of teams deployed and in-garrison. The scope of the contractor's logistics support services includes warehouse operations, equipment maintenance, procurement, and information technology support. CoMSupCen supports training, help desk operations, and the full range of equipment life-cycle sustainment management.

i. Assemblages. Accountable assemblages for the HRF/CERFP mission include all items on the Joint Mission Essential Equipment List (JMEEL), including 972 A, B, C, F, H; Ready Value List; and Calibration Kit. All units will account for these assemblages in the Defense Medical Logistics Support System (DMLSS).

2. DMLSS. The DMLSS is the system of record for property book documentation of service performed on medical equipment IAW reference q, Chapter 2, paragraph 2.2.3.

a. NCOs. Medical Logistics NCOs and BMETs will maintain an active DMLSS account. DMLSS accounts are disabled after 30 days without a logon. A completed Defense Department Form 2875, "System Authorization Access Request," must be submitted to the Air National Guard Readiness Center (ANGRC) DMLSS administrator in the NGB Surgeon General's Readiness Division, Organize-Train-Equip Branch, to establish a DMLSS account.

b. User Accounts. If a user account has been disabled or removed, the user must contact the ANGRD DMLSS administrator to restore access.

3. Assemblage and Inventory Management.

a. Controlled Inventory. Inventory of controlled medical items will be conducted quarterly IAW reference p, Chapter 5, paragraph 5.8.

b. Accountable Supplies. Medical Logistics will conduct a complete inventory of accountable supplies and equipment no less than 12 months from the previous inventory. An inventory is not considered closed until all actions are complete and documented IAW reference p, Chapter 8, paragraph 8.16.3.

c. Waivers. The MEDDET commander may waive the annual inventory requirement for up to 90 days when unavoidable conditions prevent the completion of an inventory, IAW reference p, Chapter 8, paragraph 8.16.3.3. Formal approval of the extension will be expressed on a signed MFR.

(1) The MEDDET commander will act as the approval authority for the inventory once it is certified by the Accountable Base Medical Service Corps Officer.

(2) The inventory is complete when the MEDDET commander signs the summary report.

d. Accountable Base Medical Service Corps Officer. The Accountable Base Medical Service Corps Officer will ensure that all management controls are in place to minimize occurrences of fraud, negligence, or theft, IAW reference p, Chapters 1 and 3, paragraphs 1.2.4.5.1 and 3.18.6. This includes certifying inventories within the required timeframe, ensuring proper management of controlled items, and processing Inventory Adjustment Vouchers at the completion of the inventory in DMLSS when necessary.

e. Ready List Value. Assemblages, including the Ready Value List, must be re-inventoried no later than 30 duty days following the completion of an exercise or activation. If a section is not used during the exercise or activation, it does not require inventory.

f. Managing Excess Material. The Medical Logistics NCO will make every effort to prevent excess medical supplies and equipment; this includes coordinating the transfer of excess items to NG CRE units in need. If any excess items exist, the following procedures must be accomplished:

(1) All quantity of items in 972A, 972B, 972C, and 972F that are in excess of the allowable quantities listed on the Allowance Standard will be placed in the SG99 assemblage IAW reference p, Chapter 8, paragraphs 8.5.3.9 and 3.29.8.

(2) Medical Logistics will change the location of excess material to the "Excess List" by close of business on the last duty day of the month. The sub-location of the item in Assemblage Management to the State is changed by using the drop-down menu.

(3) On the first duty day of each month, CoMSupCen personnel will generate reports from 972A, 972B, 972C, and 972F that have a location of "Excess List." This will be pulled for all States and consolidated into a single report. If an item remains on the list for more than 60 days with no one requesting the item, it will be turned in IAW reference p, Chapter 3, paragraph 28.8.2.

(4) This report will be emailed to each Medical Logistics NCO throughout the HRF/CERFP. It will also be made available on the JSG GKO page under the Medical Logistics section: reference t.

(5) The Medical Logistics NCO will review the report. If items are needed by the NCO's State, the Medical Logistics NCO will contact the State in possession of the excess item(s) to coordinate the shipping of the item(s) to the NCO's State.

(6) Upon receipt of the item(s), the receiving unit Medical Logistics NCO will notify CoMSupCen personnel of the units involved, item, and quantity that was received. NGB-JSG Liaison Officers at CoMSupCen will:

(a) Transfer the item(s) within DMLSS into the correct assemblage of the receiving State and into a location called "Holding."

(b) Email a copy of the Delivery List to each unit involved.

4. Equipment and Supply Readiness Reporting.

a. Assemblage readiness is assessed by NGB-JSG using the Assemblage Status Summary Report in DMLSS. The Gross Percentages-Critical Item Stockage and the Total Item Stockage are evaluated for readiness compliance or the Total Item Stockage percentage if the assemblage does not have Critical Items.

b. Assemblages with a Critical Item Stockage percentage and Total Item Stockage percentages below 90 percent will follow limiting factor Reporting Procedures IAW reference p, Chapter 8, 8.24.1.

(1) This will be accomplished through an MFR that is signed by the MEDDET commander. Documentation must also include the date of notification and assemblage ID.

(2) The signature serves as verification that the assessment has been validated. If the item is not on hand, Medical Logistics will show that it has been requisitioned.

5. Shelf Life Extension Program (SLEP). The purpose of the SLEP is to reduce the replacement costs for military-unique pharmaceuticals by testing and extending their expiration dates.

a. SLEP Program Structure.

(1) The Defense Health Agency is responsible for the entire DoD SLEP program.

(2) The ANG SLEP Manager at the ANGRC manages the SLEP for the ANG component. The ANG SLEP Manager addresses discrepancies with the Super Region Medical Logistics, CoMSupCen, and NGB-JSG.

(3) The ANG Liaison Officers at CoMSupCen manage the SLEP extension labels. CoMSupCen receives and ships the extension labels to the unit.

(4) The SLEP Monitors will take all actions noted on the SLEP emails from the Defense Health Agency, ANGRC, Super Region Medical Logistics, NGB-JSG, and CoMSupCen. In addition, they will update their SLEP inventory in DMLSS no less than once per month, validate that their SLEP item meets the “expired/turn-in” criteria prior to processing destruction losses in DMLSS, turn expired lots in to the Commercial Returns, relabel the pharmaceuticals that have been extended, place Defense Department Form 1575s on items that are expired or in “FDA [Food and Drug Administration] Testing” that is commingled with serviceable stock, and ship FDA samples when notified to do so.

b. Standard Goals. The standard goal of the ANG SLEP is to maintain a 100 percent accurate SLEP inventory in the Joint Medical Asset Repository (JMAR) and in DMLSS.

c. The JMAR provides alerts, reports, inventory information, and lot management.

(1) All medical logistics personnel will maintain an active JMAR account.

(2) The following information must be validated between JMAR and DMLSS: lot number, National Stock Number, manufacturer, DMLSS Stratification State, DMLSS original expiration date, DMLSS Revised Expiration Date, and DMLSS External Authority.

d. Lots in FDA Testing Status. Lots in testing status retain the item and do not turn the item in to Commercial Returns until the testing results have been published on the JMAR/SLEP website.

e. Lots in Eligible for Testing Status (if the Lot Is Less Than 12 Months From the Serviceable Expiration Date). Retain the item and do not turn the item in to Commercial Returns until it is determined whether the lot will be tested or if the lot status changes.

f. Lots That Are Expired. Process the loss for destruction and turn it in to Commercial Returns during your next appointment. Do not process the loss earlier than ten days prior to your scheduled appointment.

6. CoMSupCen Non-Medical/Training Supply Ordering. CoMSupCen online medical ordering accounts will have the Medical Logistics NCO as the ordering clerk and the MEDDET commander or MPO as the approving official. For

processes and procedures on ordering new and training items, units will visit the CoMSupCen website at reference u. Download the Medical Logistic Procedure.pdf for general orders. Details about more complex ordering processes can be found on the CoMSupCen website or by contacting the medical personnel assigned to CoMSupCen at 859-721-2641 or 859-721-2608.

7. Class VIII Resupply. The 972J resupply package provides replenishment of the 972A, 972B, 972C, and 972F assemblages in support of real-world CRE activations.

a. Upon arrival at the area of operations, the Medical Logistics NCO will request the 972J resupply package through the Medical Liaison Officer and the CoMSupCen website as part of the Forward Area Support Team. The Medical Liaison Officer will submit the request to the Tactical Operations Center NGB-J3/4/7 at the State level.

b. If the HRF has not been activated, a State J4 representative will send the request directly to the NG JFHQs-State Joint Operations Center (NG JFHQs-State-JOC). Otherwise, the State J4 representative will send the request to the HRF Command and Control. All information will then be entered into the JIEE. See Appendix A (Figure 6) in this enclosure for the 972J Resupply Request Sheet.

c. The NG JFHQs-State JOC enters the request using Appendix A, assigning the request for assistance to NGB-JSG and NGB J3/4/7. Alternatively, the NG JFHQs-State JOC may also submit the request to the NGCC message center via ng.ncr.arng.mbx.ngbjocmsgctr@mail.mil.

d. NGB-JSG in coordination with NGB-J3/4/7:

(1) NGB-J39 validates the mission request as CRE appropriate from use of the JIEE processes.

(2) Activates and coordinates deployment of the 972J from the CoMSupCen.

(3) Tracks the resupply process, ensuring the supplies arrive on site within 12 hours.

(4) Coordinates with the carrier to mitigate potential delays in transportation.

(5) Submits documents to NGB-J39 for cost reimbursement for airlift, ground transport, or heavy equipment used in resupply operations.

e. A Memorandum of Agreement between the State and NGB-J39 for the use and reimbursement of CRE material for non-CRE missions will be in place.

8. Vehicle and Trailer Operations. IAW reference r, units will maintain the minimum number of fuel-efficient motor vehicles to accomplish the mission and limit their use to official purposes. All management echelons must put emphasis on controlling and conserving vehicle assets. The vehicle user is responsible for operation, conservation, and condition of vehicles used. Requests for trailer repairs will be sent through CoMSupCen.

9. Load Planning. Each HRF/CERFP is required to have a load plan configuration that accommodates airlift and ground operations. NGB-JSG has authorized two standardized load plans. Understanding that there are authorized JMEEL substitutions and unit-specific needs that may warrant alterations to the load plan, the following is required:

a. All load plans will be validated by 30 September annually through NGB-JSG.

b. The load plans will be uploaded to the NGB-JSG CRE GKO portal for recommendations to the field. Members can access the GKO website at reference t.

10. Budget Builder. The Medical Logistics NCO and BMET will submit an annual budget through their MPO.

a. The Medical Logistics NCO will calculate annual cost of assemblage replenishment for 972A, 972B, 972C, 972F, and 972H, based on the Dated Item Detailed Report within the Assemblage Management report module in DMLSS. Consumables will be inventoried and calculated based on the consumable list.

(1) Locally purchased consumables for facility purposes are authorized so long as the items meet CRE-specific requirements.

(2) Justification for consumables will be annotated on maintained receipts.

(3) Consumables will be budgeted for annually on the budget builder. Refer to Appendix B of this enclosure (Figure 7) for a list of common consumables. This list is not inclusive.

b. The BMET will include test equipment calibration costs, replacements for parts and consumables, consumables for testing (for example, calibration gas, tubing), and unscheduled repairs. The BMET will estimate costs for unscheduled repairs based on historical maintenance and life-cycle replacement information.

11. Medical Equipment Compliance.

a. Only equipment included on the Allowance Standard is authorized for patient use and central procurement.

b. Available equipment is defined as serviceable and available for use.

c. Medical equipment compliance requirement is 100 percent completion IAW reference s, Chapter EC.02.04.03.

d. Unavailable equipment refers to items awaiting repair, awaiting parts, or documented as unable to be located. These items must be placed out of service in DMLSS. This equipment will not be brought to the field.

e. Unserviceable equipment is required to be dispositioned in DMLSS. It is mandatory to provide the work order to the inspectors during EXEVAL. Unserviceable equipment will not be brought to the field.

f. Equipment must be listed on the current allowance standard, including 972A, 972B, 972C, and the Ready Value List.

g. The Joint Integrated Evaluation Team will conduct an equipment inventory on the first day of each EXEVAL. Equipment not on the current JMEEL will not be used for the EXEVAL.

h. Requests to modify the approved equipment listing will be processed through the Medical Logistics Working Group.

12. Equipment Maintenance.

a. The BMET will perform routine and unscheduled maintenance and inspections IAW minimum intervals established by Air Force Medical Readiness Agency manufacturer requirements, and technical manuals on medical and non-medical equipment. The BMET will coordinate repair and replacement with CoMSupCen staff or third-party contractors for maintenance that cannot be performed at the unit.

b. Ensure all medical, non-medical and test measurement diagnostic equipment is inspected annually for serviceability and has current calibration and inspection forms IAW reference p, Chapter 6, paragraph 6.23.

c. Whenever possible, calibrations will be performed onsite to minimize shipping costs and downtime.

d. Only the BMET is authorized to perform and document scheduled and unscheduled maintenance and complete work orders, annotating the status of the equipment, using DMLSS. Each item will be tagged with an Air Force

Technical Order Form 350 Repairable Item Processing Tag or a locally developed procedure form IAW reference q, Chapter 2, paragraph 2.13.1.

13. Requesting Biomedical Equipment Technician Support. All requests for onsite biomedical support will be directed to the office of the Medical Equipment Maintenance Manager at NGB-JSG. The regional response BMET will be dispatched as available. Units without a full-time BMET will receive priority. Units preparing for the SEAT or EXEVAL will receive higher priority than those not in cycle.

14. Replacement Equipment Requests. Centrally procured medical equipment will be replaced according to the Life Cycle Management Plan and recommendations from NGB-JSG. Refer to the Life Cycle Management Plan on GKO at reference.

15. New Equipment Validation. The Clinical Working Group will identify their requirements for equipment on the allowance standard due for replacement. NGB-JSG will evaluate and manage the new equipment approval and disapproval process, including funding and other procurement requirements.

a. Testing. The test and evaluation process begins with a written proposal and submission by the Medical Working Group Logistics Chairs to NGB-JSG. NGB-JSG creates a plan for the evaluating unit(s) to test the items for a specified time. Once the items are tested, the unit(s) will provide an after-action report to the Clinical Working Group and NGB-JSG with their recommendation and send the tested item back to CoMSupCen until the item is approved.

b. Requirements. New requirements must be identified and validated through the doctrine, organization, training, material, leadership and education, personnel, facilities, and policy process, then added to the allowance standard prior to consideration for purchase IAW reference r, Enclosure A. New requirements must be identified and validated through the approval process, then added to the allowance standard prior to consideration for purchase.

16. Standardization, Evaluation, and Assistance Team (SEAT) Inspected Equipment. The SEAT evaluates the medical assemblages and equipment as end items on the JMEEL for accountability in DMLSS.

a. Refer to the JMEEL and Appendix C of this enclosure (Figure 8) for equipment that is inspected by the SEAT, along with the required maintenance schedules.

b. Refer to the Medical Logistics section of the NGB-JSG GKO web page for approved suitable substitutions.

17. Equipment Disposition and Disposal. If the equipment is no longer on an assemblage, replaced, or unserviceable beyond repair, the Medical Logistics NCO will:

- a. Process the equipment loss in DMLSS.
- b. Dispose of all old or unserviceable equipment through the Defense Reutilization and Marketing Office as part of the Defense Logistics Agency Disposition Services process.

APPENDIX A TO ENCLOSURE D
972J RESUPPLY REQUEST SHEET

Subject: RFA CLASS VIII RESUPPLY

Status: URGENT

Summary: Medical Operations is requesting resupply of the 972J package for operation continuation.

Date/Time of Initial Request: _____

Date/Time of Required Delivery: _____

Supporting Operation/State: _____

Special Instructions: 27 triwalls, and 1 bulk pallet.

Heavy Equipment Needs: Requires 10k Forklift at debarkation airport.
Requires 10k Forklift at area of operations

Delivery address: _____

Airport _____

Staging area _____

Area of operations _____

Transportation requirements: Requires ground transport from airport or staging area to area of operations|

Figure 6. 972J Resupply Request Sheet

APPENDIX B TO ENCLOSURE D

COMMON CRE MEDICAL ELEMENT CONSUMABLE LIST

NSN	ITEM DESCRIPTION	AUTH QTY	UI	ANNUAL CYCLE ITEM COST EST	5YR CYCLE ITEM COST EST	ANNUAL COST EST	5 YR COST EST	QTY O/H	Need	FUNDS REQUEST	ITEM TYPE
4240-01-295-4305	CARABINER	50	EA		\$14.87		\$743.50	0	50	\$743.50	EXPENDABLE
6645-01-342-8199	CLOCK WALL BATTERY OPERATED 24 HOUR DIAL FACE	6	EA		\$22.64		\$135.84	0	6	\$135.84	EXPENDABLE
4020-00-240-2146	POLY CORD (550) 75FT	2	SL	\$40.00		\$80.00		0	2	\$80.00	EXPENDABLE
7350-00-641-4591	PAPER CUP	1	BX	\$128.24		\$128.24		0	1	\$128.24	EXPENDABLE
Part #009284271	ELECTROLYTE REPLACEMENT BULK POWDER 51oz	4	EA	\$16.14		\$64.56		0	4	\$64.56	EXPENDABLE
6515-00-137-6345	EAR PLUGS, FOAM	1	BX	\$34.10		\$34.10		0	1	\$34.10	EXPENDABLE
6150-01-477-7793	OUTLET	10	EA		\$33.30		\$333.00	0	10	\$333.00	EXPENDABLE
3940-NC-M10-5456	RING, E-TRACK, STAINLESS	15	PG	\$64.00		\$960.00		0	15	\$960.00	EXPENDABLE
8340-01-517-1895	TARP 6X10	5	EA	\$42.35		\$211.75		0	5	\$211.75	EXPENDABLE
8540-00-291-0389	TOWEL,PAPER	1	BX	\$20.49		\$20.49		0	1	\$20.49	EXPENDABLE
8105-01-183-9764	BAG, TRASH 40 GALLON	5	BX	\$25.86		\$129.30		0	5	\$129.30	EXPENDABLE
7920-00-205-1170	MOP HANDLE	4	EA		\$7.45		\$29.80	4	0	\$0.00	EXPENDABLE
7920-01-512-9344	MOPHEAD,WET, 12/PK	4	BX	\$118.63		\$474.52		0	4	\$474.52	EXPENDABLE
7920-00-291-8305	BROOM	4	EA		\$8.10		\$32.40	0	4	\$32.40	EXPENDABLE
7920-01-506-4689	PUSH BROOM	1	PG		\$25.97		\$25.97	0	1	\$25.97	EXPENDABLE
6840-01-389-5996UM	SPRAY DISINFECTANT 24 OZ BOTTLE	24	PG	\$1.69		\$40.56		0	24	\$40.56	EXPENDABLE
8520-01-501-5142	HAND SANITIZER ANTIMICROBIAL 16 OZ BOTTLE	1	BX	\$8.61		\$8.61		0	1	\$8.61	EXPENDABLE
7210-01-286-0983	TOWEL	50	EA		\$3.28		\$164.00	0	50	\$164.00	EXPENDABLE
8520-01-454-1156UM	CLEANSE TOWELLETES	12	CN	\$4.63		\$55.56		0	12	\$55.56	EXPENDABLE
6230-01-517-9944UM	PUPIL PEN FLASHLIGHT	50	PG		\$5.79		\$289.50	0	50	\$289.50	EXPENDABLE
7530-00-223-7939	NOTEBOOK STENOGRAPHER'S 6X9 IN 12S	4	PG	\$21.78		\$87.12		0	4	\$87.12	EXPENDABLE
MXN-Glove	GLOVES WORK	47	PR		\$9.61		\$451.67	0	47	\$451.67	EXPENDABLE
4240000523776	EYE PROTECTION/GOGGLES	47	PR		\$3.63		\$170.61	0	47	\$170.61	EXPENDABLE
7520-01-352-7321	PACK	5	SE	\$8.30		\$41.50		0	5	\$41.50	EXPENDABLE
7520-00-312-6124	SHARPIE BLACK MARKERS	1	DZ	\$11.79		\$11.79		0	1	\$11.79	EXPENDABLE
7520-00-935-7135	PEN BALL-POINT BLACK	8	DZ	\$6.05		\$48.40		0	8	\$48.40	EXPENDABLE
Part # JSA-360-M	BACKBOARD STRAPS	5	SE		\$165.00		\$825.00	0	5	\$825.00	EXPENDABLE
5640-00-103-2254	DUCT TAPE, SILVER 2"X60YD	24	RO	\$6.99		\$167.76		0	24	\$167.76	EXPENDABLE
CAPW2BODE	HEADLAMP	47	EA		\$9.95		\$467.65	0	47	\$467.65	EXPENDABLE
7520-00-281-5895	STAPLER .5"W .25"LG GRAY	3	EA		\$7.51		\$22.53	0	3	\$22.53	EXPENDABLE
7510-00-272-9662	STAPLES .5"W .25"LG 5000S	2	BX	\$1.29		\$2.58		0	2	\$2.58	EXPENDABLE
7520-01-424-4867	WHITE BOARD EASLE 27-36IN	3	EA		\$177.86		\$533.58	0	3	\$533.58	EXPENDABLE
6135-00-900-2139	9.0 V BATTERY (12 COUNT)	4	PG	\$10.75		\$43.00		0	4	\$43.00	EXPENDABLE
6135-00-826-4798	AAA BATTERY (12 COUNT)	12	PG	\$6.75		\$81.00		0	12	\$81.00	EXPENDABLE
6135-00-985-7846	C BATTERY (12 COUNT)	8	PG	\$7.85		\$62.80		0	8	\$62.80	EXPENDABLE
6135-00-835-7210	1.5 VOLT CYLINDRICAL BATTERY (12 COUNT)	5	PG	\$13.12		\$65.60		0	5	\$65.60	EXPENDABLE
6135-00-985-7845	AA BATTERY (24 COUNT)	6	PG	\$6.65		\$39.90		0	6	\$39.90	EXPENDABLE

Figure 7. Common CRE Medical Element Consumable List

APPENDIX C TO ENCLOSURE D

INSPECTABLE EQUIPMENT AND MAINTENANCE SCHEDULES

Allowance	NSN	Item Description	Maintenance Schedule (Months)	Level	UI	Medical/ Non Medical	Notes
972A/C	6515016091208	DEFIBRILLATOR EXTERNAL AUTOMATED AED PRO	12	2	EA	Medical	Annual inspection/verify batteries and pads
972A	6515016724118	SUCTION ASPIRATOR, MULTIFUNCTION, PED/ADULT	12	5	EA	Medical	
972A	6525015726001	PROBE ULTRASONIC UNIT DIAGNOSTIC HUMAN END ITEM 6525015726620 SO	12	1	EA	Medical	Tested w/Sonosite M Turbo
972A	6525015726620	ULTRASOUND PORTALBE 11.9X10.8X3.1" SONOSITE M-TURBO ULTRASOUND I	12	1	EA	Medical	Functional test
972A	6525015845630	PROBE,ULTRASONIC UNIT DIAGNOSTIC HUMAN HFL38X SONOSITE M TUBRO	12	1	EA	Medical	Tested w/Sonosite M Turbo
972A	6530016795209	THERMOREGULATOR, PATIENT BAIR HUGGER WARMING UNIT	12	4	EA	Medical	
972C	6640014392807	INCUBATOR BACTERIOL RECHARGEABLE NICKEL-CADIUM BATTERY 115V	12	1	EA	Medical	
972A	6515016449586	DEFIBRILLATOR/MONITOR-RECORDER SYSTEM	12	5	EA	Medical	
972A	6515015727262	LARENGOSCOPE SET VIDEO ASSIST	12	2	EA	Medical	
972A	6515014864310	PUMP INTRAVENOUS INFUSION 3-CHANNEL VOLUMETRIC PORTABLE	12	5	EA	Medical	
972A	6515015865898	VENTILATOR VOLUME PORTABLE 100/240V AC 50/60HZ WITH INTERNAL BAT	12	5	EA	Medical	
972A	6515015910131	OXYGEN MASS DISTRIBUTION SYSTEM 60X30X54" 75L CONVERTS LIQUID OX	12	1	EA	Medical	
972A	6515015910179	PATIENT KIT LINEAR MASS OXYGEN SYSTEM	12	1	EA	Medical	Tested w/MODS
972A	6515016146037	PATIENT DISTRIBUTION KI	12	2	EA	Medical	Tested w/MODS
972C	6515015703563	THERMOMETER,CLINICAL,HUMAN	12	20	EA	Medical	
972C	4110015424286	REFRIGERATOR-FREEZER MECH FOOD COMPACT 3CUFT 115V 60HZ JBAIDS	12	1	EA	Non- Medical	Functional test
972C	4120NCM105431	ECU, PORTABLE AIR CONDITI	12	4	EA	Non- Medical	Functional test
972C	4240015801655	FIT TESTER,RESPIRATOR	12	1	EA	Non- Medical	PMEL
972C	6110NCM105428	BOX, DISTRIBUTION, POWER,	12	5	EA	Non- Medical	Tested w/generator
972C	6115NCM105429	GENERATOR, GAS, 17500 WATT	12	5	EA	Non- Medical	Functional test
972C	6625013122930	MULTIMETER	12	1	EA	Non- Medical	
972C	6625014323330	METER NOISE LEVEL BENCH	12	1	EA	Non- Medical	PMEL
972C	6625014789030	MONITOR HEAT STRESS PTBL 0TO+70 C DISPLAY3.5DIGIT LCD 9V BATTERY	12	1	EA	Non- Medical	PMEL
972C	5820NCM105449	RADIO, HAND-HELD, DIGITAL	12	24	EA	Non- Medical	Functional test
972C	5825NCM105460	GPS, GARMIN, NUVI 2360LMT	12	3	EA	Non- Medical	Functional test
972C	6130015495452	CHARGER,BATTERY, MOTOROLA	12	5	EA	Non- Medical	Tested w/radio
972C	6670013772570	SCALE,WEIGHING	12	1	EA	Non- Medical	
972C	7035NCM071333	COMPUTER, LAPTOP CLIENT	12	2	EA	Non- Medical	Functional inspection / no maint. requ.
RVL	392001C021935	HYDRAULIC JACK 1 PALLET TERRAIN	12	1	EA	Non- Medical	
RVL	702201D181640	PATIENT TRACKING SYSTEM: TELOS NGBDOMOPS	12	2	EA	Non- Medical	ETAS
RVL		CELLULAR DATA ACCESS WIRELESS HOTSPOT	12	2	EA	Non- Medical	Acquired through COM
RVL	424001D181607	POWER AIR PURIFYING RESPIRATOR (PAPA) TEST KIT	12	1	EA	Non- Medical	
RVL	6625014071237	RADIAC SET AN/UDR-13	12	1	EA	Non- Medical	
RVL	6665016012411	RADIAC SET, AN/PDR-75A	12	1	SE	Non- Medical	
RVL	666501D181600	DT-236A/ P	12	56	EA	Non- Medical	Dosimeter w/ Hook and Loop Strap (Watch)
Cal Kit	6515000008072	INFUSION TESTER IDA5	12	1	EA	Non- Medical	Third Party
Cal Kit	6515000008073	VT305 GAS FLOW ANALYZER + ANSUR SOFTWARE	12	1	EA	Non- Medical	Third Party
Cal Kit	6515000008074	DC POWER SUPPLY 10A	12	1	EA	Non- Medical	
Cal Kit	6515000008109	WEIGHT SET, CALIBRATION 50 LBS	12	1	EA	Non- Medical	Third Party
Cal Kit	6515000008110	WEIGHT SET, CALIBRATION 20 LBS	12	1	EA	Non- Medical	Third Party
Cal Kit	6515000008111	WEIGHT SET, CALIBRATION 10LB	12	3	EA	Non- Medical	Third Party
Cal Kit	651501585573	TSTR CLBRT 110V TEMP 400 SRTMP + LF	12	2	EA	Non- Medical	Third Party
Cal Kit	6515015867368	DFBR PCMKR XTRN 120V IMPLS 7000DP TRNSQ	12	1	EA	Non- Medical	Third Party
Cal Kit	6515016236265	PROSIM SPOT	12	2	EA	Non- Medical	Third Party
Cal Kit	6515016239999	SMLTR MNTR 5.7X11.9X3.4IN PROSIM 8 LI	12	2	EA	Non- Medical	Third Party
Cal Kit	6530000002112	PHANTOM WITH CASE	12	1	EA	Non- Medical	Physical inspection / No maint. Requ.
Cal Kit	6545016061476	RCA-REMOTE CALIBRATION SYSTEM	12	1	KT	Non- Medical	Third Party
Cal Kit	6625000000001	ELECTRICAL SAFETY ANALYZER US	12	1	EA	Non- Medical	Third Party
Cal Kit	6625014816875	MULTIMETER	12	2	EA	Non- Medical	Third Party
Cal Kit	6625015143521	TESTER PARAMETER PRESSURE -700-5000MMHG	12	2	EA	Non- Medical	Third Party
Cal Kit	6625015716047	ELECTRICAL SAFETY ANALYZER ESA 620	12	1	EA	Non- Medical	Third Party
Cal Kit	6640000001283	NON CONTACT TACHOMETER	12	1	EA	Non- Medical	Third Party
Cal Kit	6695200035063	BATTERY CALIBRATION KIT	12	1	EA	Non- Medical	No longer required with Propaq MD
Cal Kit	7021015600037	LAPTOP, COMPUTER	12	1	EA	Non- Medical	Functional test
Cal Kit	7025016438607	PRINTER, LASERJET, PRO400, COLOR	12	1	EA	Non- Medical	Functional test

Figure 8. Inspectable Equipment and Maintenance Schedules

ENCLOSURE E

MANPOWER

1. Operational Standards. Medical elements will not be considered operational or be permitted to participate in an EXEVAL unless the manpower standards listed in this section have been met.

a. Each HRF and CERFP medical element must maintain a duty roster showing all permanently assigned members and substitutes who will respond in case of a CBRN incident or participate in an EXEVAL. This duty roster will be filed in the HRF and CERFP Parking Lot on the GKO collaboration at reference v.

b. Medical elements must have at least 90 percent of authorized positions occupied by a member who:

(1) Holds the appropriate skill level for the Unit Type Code (UTC) position.

(2) Has completed 100 percent of the individual training items required by the ITRM.

c. In addition to maintaining overall strength at 90 percent of assigned positions, medical elements must meet the minimums by specialty shown in Appendix A (Table 1) of this enclosure.

d. Air Force Specialty Code (AFSC) Cross-Utilization: Medical element leadership should work with recruiting office staff to fill vacancies using *all* allowable AFSCs. In addition to the AFSCs shown in the Manpower Force Element Listing, positions may be filled using substitute AFSCs allowed by:

(1) FFCRE (Mission Capability).

(2) War Mobility Plan-1.

(3) Appendix B of this enclosure (Table 2).

e. When a position is filled using an authorized substitute AFSC, use established local processes, including unit Force Support Squadron coordination and Manpower Change Request approval through NGB-JSG.

2. Mitigating Vacancies:

a. Medical element leadership may mitigate vacancies by utilizing augmentees or personnel who are not permanently assigned to the FFCRE UTC.

(1) No more than 25 percent of the medical element positions may be filled by augmentees.

(2) Augmentees may be personnel assigned to the Detachment 1 FFZZZ UTC, the parent medical group, other same-State ANG wings, or same-State ARNG units.

(3) Augmentees must commit to filling the vacancy through the entire assessment cycle SEAT, Deployment Readiness Exercise, EXEVAL, or any real-world response missions until the position is permanently filled.

(4) Augmentees who are not assigned to the Detachment or its parent Medical Group must have their commander's approval in writing.

(5) Augmentees must be documented on the Medical Element duty roster. Do not assign augmentees to the FFCRE UTC in the Medical Readiness Decision Support System (MRDSS).

(6) Augmentees must complete all individual training requirements for the position being filled.

(7) Augmentees who hold an authorized AFSC for the position being filled may be used without prior notification and approval from NGB-JSG.

b. NGB-JSG will consider requests for exceptions to policy for the use of augmentees who do not hold an authorized AFSC for the position being filled.

c. New accessions may not be recruited specifically to be FFCRE augmentees. Due to the length of time new accessions take and the lack of a permanent Unit Manning Document slot, all recruiting efforts should be directed toward individuals who can be permanently assigned.

3. Exceptions to Policy.

a. Requests for an exception to policy requiring 90 percent manpower and 100 percent trained requirements will be submitted IAW NGB-J39 guidance.

b. Requests for an exception to policy for use of an augmentee with a non-authorized AFSC will be submitted to the JSG.

(1) Requests should describe the individual's relevant training or experience; include proof that ITRM requirements have been met, and describe long-term recruiting efforts to permanently fill the position.

(2) Decisions will be based on the ability of the augmentee to provide the intended capability of the position.

(3) Exceptions to policy for augmentees with non-authorized AFSCs must be renewed every 12 months.

c. Requests for an exception to policy to allow a Medical Logistics Technician pending award of the three-skill level to satisfy the manpower requirement may be submitted to NGB-JSG when the following conditions are met:

(1) The member has a 4A111 AFSC and is awaiting school dates.

(2) The member has been working as the full-time Medical Logistics NCO for at least 6 months.

(3) The member has participated in at least one supported Collective Training Event with the Medical Element.

(4) The member has been signed off on all tasks listed in the NG CRE Medical Logistics training checklist by a Regional Medical Logistician.

d. Medical Elements with a vacant BMET position should pursue all of the above mitigation options to fill the position with an appropriate substitute. As a last resort, units may request an exception to the minimum BMET manpower standard if the following conditions are met:

(1) All medical equipment has been calibrated and documented in the DMLSS system by a trained BMET.

(2) The commander has designated a Facility Manager, who:

(a) Has been signed off on all tasks on the NG CRE Facility Manager training checklist by a trained BMET.

(b) Has participated as the Facility Manager for at least one supported Collective Training Event.

(c) Has had at least 3 months (full-time) or 6 months (drill status) of on-the-job training as the Facility/Safety Manager.

e. An exception to policy for the following situations will not be considered:

(1) Augmentees who are members from other States.

(2) Augmentees who are already assigned to fill another position on the FFCRE UTC.

4. Manpower Reporting and Systems of Record.

a. MRDSS is the system of record for HRF/CERFP Medical Element manpower and is used by the Office of the Joint Surgeon to determine compliance and produce periodic reports.

(1) Permanently assigned members will be recorded in the FFCRE UTC in MRDSS.

(2) Augmentees who are assigned to the Medical Group Detachment 1 will be recorded in the FFZZZ UTC in MRDSS and noted on the duty roster.

(3) Augmentees who are assigned to other units will be noted on the duty roster.

b. Additional reporting in other systems may be required under policy or guidance issued by NGB-J39 or NGB-J37.

5. Full-Time CRE Personnel.

a. Annual Validation of Full-Time Personnel.

(1) No later than 15 August of each year, detachment commanders will submit a statement of intent listing the full name, rank, AFSC, and position title for each member who will serve in a full-time position within the Medical Element for the following fiscal year. A template for this statement will be made available on the NGB-JSG GKO web page. A digital version of this statement of intent, allowing for web-based submission via GKO, may be implemented by NGB-JSG.

(2) A completed Medical Element Full Time Personnel Validation Checklist will be attached to the detachment commander Statement of Intent for each named individual. See Appendix C (Figure 9) of this enclosure for the checklist.

(3) A request for an exception to policy will be attached for any Service member who does not meet all requirements for assignment to a full-time Medical Element position.

(4) NGB-JSG personnel will confirm that each checklist is complete, including all necessary signatures, before requesting that funds for full-time personnel be distributed to the units.

(5) A sample from each unit's submissions will be reviewed, in depth, including:

(a) Confirmation of qualifying AFSC and skill level, for assigned UTC Position in MRDSS.

(b) Review of individual training status in MRDSS.

(c) Review of physical fitness assessment results and individual medical readiness in ASIMS.

(6) NGB-JSG may request additional documentation for any NG CRE full-time personnel including:

(a) Record Review from Virtual Military Personnel Flight.

(b) Physical Fitness Assessment Report from AFFMS II.

(c) Air Force Form 422.

b. Ongoing Validation.

(1) Throughout the year, JSG personnel will conduct ongoing validation of NG CRE full-time personnel. This will include a full review of systems of record (for example, ASIMS or MRDSS) to ensure personnel meet the criteria for continued assignment.

(2) Each unit's entire full-time staff will be revalidated at least twice per fiscal year.

c. Personnel Changes.

(1) Detachment commanders will notify the JSG of any intended changes to the Medical Element full-time personnel, using the Statement of Intent and Medical Element Full Time Personnel Validation Checklist described above.

(2) NGB-JSG staff will review any changes before requesting that the name associated with funds distribution be updated.

APPENDIX A TO ENCLOSURE E

MINIMUM MANPOWER STANDARD BY SPECIALTY

Position/Specialty	UTC #	Minimum Standard
DETACHMENT COMMANDER	1	0
MEDICAL PLANS OFFICER	1	1
PHYSICIAN	4	2 (at least 1 44E3A)
MID-LEVEL PROVIDER	4	2 (at least 1 42G3E or 46Y3C)
NURSE	6	5 (at least 2 46N3E) (at least 1 46N3J)
PHARMACIST	1	0
Bioenvironmental Engineering Tech	1	1
Biomedical Equipment Tech	1	1
Cardiopulmonary Lab Tech	1	0
Superintendent	1	0
Health Services Management Tech	1	0
Medical Logistics Tech	1	1
Medical Services Tech (S&E)	10	8
Medical Services Tech (Non-S&E)	13	9
Public Health Tech	1	0

Table 1. Minimum Manpower Standard by Specialty

APPENDIX B TO ENCLOSURE E

AUTHORIZED CROSS-UTILIZATION AFSCS FOR FFCRE

FFCRE AFSC	AFSC Description	FFCRE Authorized Cross-Utilization AFSC(s)
42G3	PHYSICIAN ASSISTANT	46Y3C, 44F3
42G3/E	PHYSICIAN ASSISTANT, EMERGENCY ROOM	44E3/A, 46Y3C, 45S3K
44E3/A	EMERGENCY SERVICES PHYSICIAN, E MED SPECIALIST	45S3K, 48R3 (Note 1)
44F3	FAMILY PHYSICIAN	42G3/E, 46Y3H/C, 44G3, 48R3, 44E3/A, 45S3/K, 44Y3
44M3	INTERNIST	44Y3, 44E3/A, 45S3/K, 44F3, 45A3
46N3	CLINICAL NURSE	46N3J, 46N3E, 46S3
46N3/E	CLINICAL NURSE, CRITICAL CARE	46N3J, 46Y3C, 42G3E
46N3/J	CLINICAL NURSE, EMERGENCY/TRAUMA	46N3E, 46Y3C, 42G3E
48R3	RESIDENCY TRAINED FLIGHT SURGEON	44E3/A (Note 2)

Table 2. Authorized Cross-utilization AFSCS for FFCRE

Note 1: Requires Secondary AFSC of 44E3A

Note 2: Requires AMP Course

Note 3: Authorized Cross-Utilization AFSCs Defined

44E3 Emergency Services Physician
45S3 Surgeon
45S3K Surgeon, Trauma/Critical Care
46Y3/H P-APN, Family Nurse Practitioner
46Y3/C P-APN, Acute Care Nurse Practitioner
44Y3 Critical Care Medicine
45A3 Anesthesiologist
46S3 Operating Room Nurse
46N3/G Clinical Nurse, Obstetrical
44G3 General Practice Physician

ENCLOSURE F

TRAINING

1. Training.

a. Individual Training. All individual training requirements shown in the ITRM are required for all members of the Medical Element.

b. Authorized Positions. Reference e requires each element have 90 percent of positions authorized on the manning document and that personnel holding those positions be 100 percent trained. In addition, the following items are mandatory for any Medical Element member participating in an External Evaluation or real-world response mission. Under no circumstances will the following courses be considered for an exception to policy:

- (1) Independent Study 100b, 200b, 700a, and 800b (all personnel).
- (2) Powered Air Purifying Respirator Fit Test (all personnel).
- (3) Personnel Protective Equipment Fitting (all personnel).
- (4) CRE 101 (all personnel).
- (5) Hazmat Awareness (all personnel).
- (6) Hazmat Operations (as applicable by position).
- (7) NG Extractor I (as applicable by position).

c. Trauma Training.

(1) ITRM. The list of approved trauma training platforms is provided in the ITRM.

(2) Alternate Trauma Training Course (ATTC).

(a) The ATTC process allows units to utilize additional training options that meet the intent of the hands-on trauma training requirement. The alternate course must include the trauma skills sets listed in Appendix B (Figure 10) of this enclosure.

(b) Units wishing to send members to an ATTC will submit a package to NGB-JSG. The required documents are listed on the checklist found in Appendix B of this enclosure.

(c) An after-action report must be completed by each member attending the ATTC and submitted to the JSG within 30 days of course

attendance. This allows NGB-JSG to ensure the ATTCs meet the intent of the trauma training requirement and to consider ATTCs for inclusion as an approved trauma training platform. The after-action report template can be found in supplemental guidance provided by NGB-JSG.

(d) Additional details and sample documents are available in supplemental guidance from NGB-JSG.

(3) Trauma Training Exemption.

(a) The Trauma Training Exemption process provides members who routinely work in an active trauma setting the opportunity to have their relevant experience satisfy the trauma training requirement for one cycle.

(b) Units wishing to submit a member for a Trauma Training Exemption must demonstrate how the individual's experience meets the intent of the trauma training requirement.

(c) See Appendix C (Figure 11) of this enclosure for a checklist of documents required. Packages will be submitted to NGB-JSG.

(d) Approved Trauma Training Exemptions will be certified for a 36-month period to align with the trauma training frequency requirement in the ITRM.

d. Medical Logisticians will be trained in HRF/CERFP-specific procedures using the checklist in Appendix D (Figure 12) of this enclosure.

e. Members appointed as Facility Managers for the Medical Element who do not hold a 3-level or higher Biomedical Equipment Technician (4A2X1) Air Force Specialty Code will be trained using the checklist in Appendix E (Figure 13) of this enclosure.

2. Collective Training.

a. Medical Elements will be required to submit an Annual Collective Training Plan to NGB-JSG prior to, or concurrent with, the submission of the budget builder template.

(1) A template for the Annual Collective Training Plan will be made available on the NGB-JSG GKO webpage.

(2) The Annual Collective Training Plan will include the dates and locations of all planned events.

b. During Collective Training Events, Joint Integrated Evaluation Team (JIET) observer-controller-trainers will observe unit performance. Instruction

and feedback will be provided in accordance with the Training and Evaluation Outline (T&EO), guidance from the Exercise Director, and requests by local HRF/CERFP leadership.

c. During External Evaluations, Medical Elements will be evaluated on the ability to:

(1) Demonstrate collective tasks in accordance with the current T&EO and local standard operating procedure and standard operating guidance.

(2) Demonstrate proper use of any and all medical equipment in the 972A/B/C Allowance Standards. See Appendix B of Enclosure G for a list of equipment items that may be evaluated.

3. Training Reporting and Systems of Record.

a. The Medical Readiness Decision Support System is the system of record for HRF/CERFP Medical Element training and is used by NGB-JSG to determine compliance and produce periodic reports.

b. Medical Contingency Response Plan Teams will be created to track any ITRM training that is not assigned to a specific position (for example, “Any two physicians” or “Any two full-time staff members”). This includes:

(1) Search & Extraction Training for Medics.

(2) Air Load Planners Training.

(3) Medical Effects of Ionizing Radiation.

c. The HRF/CERFP Parking Lot, located on GKO, is the designated storage area for training certificates. NGB-J3/4/7 and NGB-JSG may inspect certificates at any time. The certificates on the GLO parking lot will also be utilized during SEAT inspections.

APPENDIX A TO ENCLOSURE F

REQUIRED TRAUMA TRAINING SKILLS SETS

1. The following trauma skill sets must be included in any trauma course for consideration to meet trauma training criteria, as required per the Individual Training Readiness Matrix for the Medical Element:

a. Physician/Physician Assistant/Registered Nurse.

- (1) Intubation/Cricothyroidotomy.
- (2) Advanced Venous Access (10, CL, IJ, Femoral).
- (3) Thoracostomy: CT/Needle Decompression.
- (4) Fracture/Dislocation Reduction.
- (5) Wound Closure.
- (6) Amputation Management.
- (7) Hemorrhage Control.
- (8) Spinal Immobilization.

(9) Focused Assessment with Sonography in Trauma (FAST) Scan (or equivalent).

b. Medical Technicians (4N).

- (1) IV/IO.
- (2) Thoracostomy: CT Assistance/Needle Decompression.
- (3) Fracture Stabilization.
- (4) Amputation Management.
- (5) Hemorrhage Control.
- (6) Spinal Immobilization.

APPENDIX B TO ENCLOSURE F

ALTERNATE TRAUMA TRAINING COURSE PACKAGE CHECKLIST

Unit Name: _____

Unit Address: _____

POC (Name/Title): _____

POC Phone Number: _____

POC Email Address: _____

Ensure each of the items below is combined, in order, into ONE pdf file, and submit it to the JSG. Example documents, as well as submission contact information, can be found on the JSG site on the GKO website.

Document	Yes	No	N/A
1. This completed checklist			
2. Memo requesting consideration of an Alternate Trauma Training Course, with Detachment Commander's signature			
3. List of all members who will attend the ATTC, including name, rank, AFSC, and course dates			
4. Detailed narrative describing the training venue, provider, and curriculum			
5. MPO funding memo			
6. Miscellaneous supporting documentation			

Figure 10. Alternate Trauma Training Course Package Checklist

APPENDIX C TO ENCLOSURE F

TRAUMA TRAINING EXEMPTION PACKAGE CHECKLIST

Unit Name: _____

Unit Address: _____

Member Rank/Name: _____

Primary AFSC: _____ Duty AFSC: _____

POC (Name/Title): _____

POC Phone Number: _____

POC Email Address: _____

Ensure each of the items below is combined, in order, into ONE pdf file, and submit to the JSG. Example documents, as well as submission contact information, can be found on the JSG site on the GKO website.

Document	Yes	No	N/A
1. This completed checklist			
2. Memo requesting consideration of a Trauma Training Exemption, with Detachment Commander's signature			
3. Attestation of Work Experience			
4. Trauma/Emergency Department Endorsement			
5. Current civilian employment list of privileges (Physicians, Pas, APNs)			
6. Copy of BLS, ACLS, PALS, ATLS certification cards (Front and back)			
7. Completed Comprehensive Medical Readiness Program Checklist for assigned AFSC			
8. Current resume			
9. Miscellaneous supporting documentation (optional)			

Figure 11. Trauma Training Exemption Package Checklist

APPENDIX D TO ENCLOSURE F

HRF/CERFP MEDICAL LOGISTICIAN TRAINING CHECKLIST

Task	Description	Trainer Initials	Trainee Initials
Establish Accounts	Defense Medical Logistics Support System (DMLSS), Joint Medical Asset Repository, Air Force Medical Logistics, Application Virtualization Hosting Environment, and Medical Material Quality Control subscription		
Assemblage Management	972 AS and Joint Mission Essential Equipment List familiarization, DMLSS Assembly Management Reports, updating data records and balances, downloading allowance standards, burn-rates, and managing WRM levels and requirements		
Equipment Management	Processing equipment gains and losses and equipment turn-in process		
Inventory Procedures	Pre- and post-event inventories, perform counts, research discrepancies, DMLSS process adjustments, finalize inventory, and manage operating inventory		
Developing Agreements/ Contracts	Memorandums of agreement between Joint Force Headquarters and HRF/CERFP units (reimbursement for supplies, Mass Oxygen Distribution System plan, etc.)		
Vehicle Management	General Services Administration fleet management, preventative maintenance checks, and trailer operations (weight distribution requirements)		
Special Handling Requirements	Air Load Planners Course and load plan management (creating load plans)		
Material Handling Equipment	Forklift training		
Communications	Radio custodial requirements (Air Force Form 1297, issue documents, etc.)		
Controlled Items	Safeguarding, transportation, and cold chain management		
Shelf Life Extension Program	Food and Drug Administration testing process, lot management, quality control, and label requirements		
Consequence Management Support Center Operations	Forward Area Support Team versus a Push processes, Direct Support Operations Representative, general ordering process, and Consequence Management Support Center reports		
	Printed Name	Signature	Date
Trainee			
Trainer			

Figure 12. HRF/CERFP Medical Logistician Training Checklist

APPENDIX E TO ENCLOSURE F

HRF/CERFP MEDICAL FACILITY MANAGER TRAINING CHECKLIST

Training Topic		Approved Training Sources	Trainer Initials	Trainee Initials
Mass Oxygen Distribution System Training		Essex Industries, Annual CRE Biomedical Equipment Technician Training		
Tactical, mobile electrical systems (generator, Power Distribution Panel, and power distribution)		Consequence Management Support Center (CoMSupCen)		
Environmental control units		CoMSupCen		
Facility management		CoMSupCen		
Patient tracking		CoMSupCen		
	Printed Name	Signature		Date
Trainee				
Trainer				

Figure 13. HRF/CERFP Medical Facility Manager Training Checklist

ENCLOSURE G

OBSERVER-CONTROLLER-TRAINERS

1. Observer-Controller-Trainer (OC/T) Standard Operating Procedures.

a. Overview. The following procedures in Table 3 will be followed for each evaluation or training event supported by National Guard Bureau JSG OC/Ts, including External Evaluations (EXEVALs), Collective Training Events (CTEs), Vigilant Guard Exercises, Special Focus Events, and State Level Exercises. Some procedures apply only to certain event types and will be noted as such below.

b. Procedures Performed Prior to Departing Home Station.

Task(s)	Responsible Individual(s)	Suspense Date
1. Inform Army Interagency Training and Education Center (AITEC) exercise director which OC/T is assigned as Medical Lead for the event. Request that Lead be added to any JIET distribution lists for the event.	JSG CRE Training NCO	180 days prior to event, or upon assignment
2. Remote audit the exercising Medical Element's ITRM (via MRDSS) and IMR (via ASIMS). Provide results to MPO and Detachment Commander. Remind Medical Element leadership about exception to policy deadlines. Discuss GKO Parking Lot; Mission, Analysis, Readiness, and Resource Synchronization; or other systems of record. (Applies to EXEVAL Only)	JSG CRE Training NCO	180 days prior to event
3. Contact Medical Element MPO to review audit findings, discuss pending exception to policy requests, and answer questions. (Applies to EXEVAL Only)	NGB-JSG CRE Training NCO	120 days prior to event

Table 3. Procedures performed prior to departing home station

4. Attend Mid-Planning Meeting via teleconference.	Assigned Lead Medical OC/T	As scheduled by AITEC, typically ~90 days prior to event
5. Select group lodging location based on AITEC Letter of Instruction (LOI), event location, and other operational needs. Contact all assigned OC/Ts and OC/T augmentees. Confirm augmentees are cross-org linked to JSG Line of Accounting in Defense Travel System (DTS); request this be done if necessary.	Assigned Lead Medical OC/T	90 days prior to event (or when LOI is released by AITEC, whichever is sooner)

6. Confirm Medical Element duty roster is uploaded to the GKO Parking Lot. If not, request one from leadership. Use duty roster to repeat the remote audit of the Medical Element's ITRM (via MRDSS) and IMR (via ASIMS). (Applies to EXEVAL Only)	NGB-JSG CRE Training NCO	60 days prior to event
7. Review, sign, and return JSG temporary duty approval form.	JSG CRE Training NCO	Within 5 business days of receipt
8. Attend final planning meeting via teleconference.	Assigned Lead Medical OC/T	As scheduled by AITEC, typically ~45 days prior to event
9. Submit travel authorization request via DTS.	All Medical OC/Ts and augmentees	30 days prior to event
10. Review and approve DTS travel authorization.	JSG CRE Training NCO	Within 5 business days of receipt
11. Review equipment status in DMLSS. Contact Medical Element's AGR logistician with any necessary clarification questions.	Assigned Medical Logistics OC/T	30 days prior to event
12. Perform remote verification of training certificates in the GKO Parking Lot.	All Medical OC/Ts and augmentees	During the 7 days leading up to the event
13. Perform remote verification of equipment status in DMLSS.	Assigned Medical Logistics OC/T	During the 7 days leading up to the event
14. Establish OC/T communication plan (mobile phone numbers or group text message chain) that includes all assigned medical OC/Ts, including Army North Civil Support Training Activity personnel.	Assigned Lead Medical OC/T	Prior to departure from home stations, typically ~2 days prior to event
15. Contact AITEC Exercise Planner and Medical Element leadership to confirm Deployment Readiness Exercise (DRE) time and location(s). (Applies to EXEVAL Year CTE Only)	Assigned Lead Medical OC/T	Prior to departure from home stations, typically ~2 days prior to event

Table 3 continued. Procedures performed prior to departing home station

c. Procedures in Table 4 are performed at each event location prior to start of exercise.

Task(s)	Responsible Individual(s)	Suspense Date
1. Report to AITEC Exercise Admin with contact info and personnel status.	Assigned Lead Medical OC/T	Upon arrival at event location, as per AITEC LOI
2. Evaluate DRE per J3/4/7 documentation form (Applies to EXEVAL Year CTE Only)	Assigned Lead Medical OC/T	As per AITEC LOI
3. Attend JIET in-brief and equipment issue	All Medical OC/Ts and augmentees	Per AITEC LOI
4. Attend team in-brief and warm start. Collect information from the exercising unit regarding time and location of medical monitoring. Confirm any changes to the Medical Element duty roster.	Assigned Lead Medical OC/T	Per AITEC LOI
5. Conduct Medical OC/T Team Meeting with JSG OC/Ts and Civil Support Training Activity personnel (if available). Confirm OC/T augmentees have reviewed provided training materials, understand expectations, and have an opportunity to ask questions. Brief Medical OC/Ts on report time(s) and location(s).	Assigned Lead Medical OC/T	1 day prior to event
6. Rubble pile walk and site setup	S&E Medical OC/T(s)	Varies, typically after warm start, prior to event start
7. Ensure copies of reference materials are available, including: <ul style="list-style-type: none"> a. Training & Evaluation Outlines (T&EOs) b. Joint Mission Essential Equipment List c. Concept of operations d. Chief of the National Guard Bureau Instruction e. Chief of the National Guard Bureau Manual f. ITRM 	All Medical OC/Ts and augmentees	1 day prior to event

Table 4. Procedures performed at event location prior to start of exercise

d. Procedures in Table 5 are performed between start of exercise and end of exercise.

Task(s)	Responsible Individual(s)
1. Observe medical monitoring. Record observations. If not EXEVAL, provide feedback and training as appropriate.	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.
2. Observe incident command linkup. Record observations. If not EXEVAL, provide feedback and training as appropriate.	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.
3. Observe site setup. Record observations. If not EXEVAL, provide feedback and training as appropriate.	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.
4. Observe operations in accordance with the T&EO, T&EO Supplement, and Appendix B to Enclosure G (Table 8) (“Medical Equipment Required to Be Operational at EXEVAL”). Record observations. If not EXEVAL, provide feedback and training as appropriate.	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.
5. Observe site tear-down. Record observations. If not EXEVAL, provide feedback and training as appropriate.	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.

Table 5. Procedures performed between start of exercise and end of exercise

e. Procedures in Table 6 are performed after end of exercise.

Task(s)	Responsible Individual(s)
1. Provide written observations, feedback, comments, etc., to Lead OC/T. Note 1: All no-go items must have a comment. Note 2: Observations may be requested before end of exercise is called. Remain available for follow-up questions from Lead OC/T that come up during write-up session.	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.
2. Attend JIET write-up session. Edit, format, and submit all observations and feedback to the JIET Administrator.	Assigned Lead Medical OC/T.
3. Submit exercise feedback to AITEC via Survey Monkey (or other feedback tool in use).	All Medical OC/Ts and augmentees as directed by Lead Medical OC/T.

Table 6. Procedures performed after end of exercise

f. Procedures in Table 7 are performed after departure from event.

Task(s)	Responsible Individual(s)	Suspense Date
1. Travel to home station or follow-on mission	All Medical OC/Ts and augmentees.	Upon dismissal.
2. Report status to Lead Medical OC/T.	All Medical OC/Ts and augmentees.	On arrival at home station or follow-on mission.
3. Report personnel status to AITEC exercise administrator.	Lead Medical OC/T.	On arrival.
4. Submit DTS voucher in DTS.	All Medical OC/Ts and augmentees.	Per Joint Travel Regulation, typically no later than 5 days after completion of travel.
5. Review and approve travel vouchers in DTS.	JSG CRE Operations NCO.	Within 5 business days of receipt.

Table 7. Procedures performed after departure from event

g. Additional Notes Regarding Evaluations and Training Events.

(1) During EXEVAL year CTEs, OC/Ts will focus on ensuring the MEDDET understands what to expect during the EXEVAL. This may include reviewing standards and reference materials or discussion of the T&EO Mission Essential Task Lists (METLs) and task performance steps.

(2) At sustainment CTEs and special focus events, OC/Ts will perform a variety of tasks, as requested by AIETC or the exercising unit. Duties may include observing performance and providing feedback, safety monitoring, data recording, sharing best practices and contacts from other teams, monitoring or conducting classes, and monitoring simulations.

2. OC/T Program Management. The OC/T program, including full-time and augmentee staff, is managed by the Training NCO in NGB-JSG. Each CRE training event is supported by a JIET, the composition of which is indicated in Table 1 of the Training Exercise and Evaluation Program (TEEP). Two categories of NG Medical Personnel are referenced in the TEEP:

a. Full-Time Medical OC/Ts.

(1) The Full-Time Medical OC/T cadre is composed of four members: two Clinical OC/T positions (4N071) and two Medical Logistics OC/T positions (4A171).

(2) Members of the Full-Time Medical OC/T cadre maintain currency on all assigned items in the JIET Individual Training and Requirements Matrix. They also receive training on performing inspections and writing evaluation reports. The Full-Time Medical OC/Ts are considered subject matter experts on the T&EO for the Medical Element. Clinical OC/Ts may also be instructors (certified by organizations such as the American Heart Association) and work as a Mobile Training Team to assist NG-CRE Medical Elements in meeting training requirements.

(3) All CERFP or HRF training events are staffed by at least one Full-Time Medical OC/T (IAW Table 1 of the TEEP), who is assigned as the Lead Medical OC/T for that event. The Lead Medical OC/T serves as the primary liaison between Medical OC/Ts and JIET leadership (including the Exercise Director, Exercise Planner, and Exercise Control Lead).

(4) Full-Time Medical OC/Ts are selected and funded for each fiscal year by the NGB-JSG. Full-time medical OC/T status will be evaluated annually by NGB-JSG. Full-time OC/T travel is funded by the NGB-JSG using a "Cross-Org" line of accounting in the DTS.

b. Medical OC/T Augmentees. The NG CRE OC/T Augmentee Program is intended to foster a professional learning and information-sharing environment

during CRE training events. Additionally, the program ensures that training events across the National Guard CRE are high-quality and sufficiently staffed. It operates IAW reference q, which states that “Full-time assigned HRF and CERFP duties may include Perform Observer, Controller and Trainer (OC/T) and simulator duty.”

(1) Medical OC/T augmentees are assigned full-time to HRF or CERFP Medical Elements. Medical OC/T travel is funded by JSG using a “Cross-Org” line of accounting in DTS.

(2) Medical OC/T augmentees will be scheduled IAW Appendix A (Figure 14) of this enclosure.

(3) Depending on the specific mission requirements, Medical OC/T augmentees may come from a variety of AFSCs. They should be experienced HRF or CERFP Medical Element members (satisfactory participation in a minimum of one CTE and one EXEVAL) and will be current on all HRF/CERFP Medical Element ITRM requirements.

(4) Augmentees will receive “Just in Time” training. Augmentees are required to complete all ITRM training requirements for the section they will be expected to evaluate. Augmentees will have completed at least one EXEVAL in the medical detachment prior to selection as an augmentee.

(a) FEMA IS-130.a Exercise Evaluator Training (computer based).

(b) A briefing on current T&EOs and training event procedures (to be conducted by the Lead Medical OC/T via teleconference prior to departure to the scheduled event).

(c) JIET OC/T Orientation (to be conducted on-site prior to the start of the scheduled event).

(5) It is not necessary that a single individual from each team be designated as the OC/T augmentee. Rather, each team should expect to provide an OC/T augmentee one training event per year.

(6) By exception only, traditional (Drill Status Guardsman) members may be used as Medical OC/T augmentees. However, this requires a justification approved by NGB-JSG leadership, as well as significant coordination with the NGB-JSG Medical Resource Officer to ensure proper funding for the individual’s days and that travel can be arranged.

APPENDIX A TO ENCLOSURE G

OC/T AUGMENTEE CONCEPT OF SUPPORT MATRIX

		Supporting Unit																				
		I		II		III		IV		V		VI		VII		VIII		IX		X		
		HRF (MA) CERFP (N.E.)	HRF (NY) CERFP (PR)	HRF (PA) CERFP (WV) CERFP (VA)	HRF (GA) CERFP (FL) CERFP (AL) CERFP (KY)	HRF (OH) CERFP (IL) CERFP (IN) CERFP (MN) CERFP (WI)	HRF (TX) CERFP (LA)	HRF (MO) CERFP (NE)	HRF (UT) CERFP (CO)	HRF (CA) CERFP (HI) CERFP (NV)	HRF (WA) CERFP (OR)											
Exercising Unit	I	HRF (MA)	P																			
	CERFP (N.E.)		P																			
	II	HRF (NY)	P																			
	CERFP (PR)		P																			
	III	HRF (PA)																				
	CERFP (WV)																					
	CERFP (VA)																					
	IV	HRF (GA)																				
	CERFP (FL)																					
	CERFP (AL)																					
	CERFP (KY)																					
	V	HRF (OH)																				
	CERFP (IL)																					
	CERFP (IN)																					
	CERFP (MN)																					
	CERFP (WI)																					
	VI	HRF (TX)																				
	CERFP (LA)																					
	VII	HRF (MO)																				
	CERFP (NE)																					
VIII	HRF (UT)																					
CERFP (CO)																						
IX	HRF (CA)																					
CERFP (NV)																						
CERFP (HI)																						
X	HRF (WA)																					
CERFP (OR)																						

Figure 14. OC/T augmentee concept of support matrix

Matrix is based on NGB-J39 Resources Management Plan

Legend:

- “P” in Green box: the primary “Supporting Unit” for any events of the “Exercising Unit”
- Green box: unit(s) as a Federal Emergency Management Agency (FEMA) region in primary support after the “P” unit
- Yellow box: units as a FEMA region in secondary support
- White box: units as final options for support
- Black box: exercising unit, which cannot be used in support of itself
- Gray box: unit is same FEMA region and should not be used for support

APPENDIX B TO ENCLOSURE G

MEDICAL EQUIPMENT REQUIRED TO BE OPERATIONAL AT EXEVAL

Item Description	Quantity
DEFIBRILLATOR EXTERNAL AUTOMATED AED PRO	2
SUCTION ASPIRATOR, MULTIFUNCTION, PEDIATRIC/ADULT	5
PROBE ULTRASONIC UNIT DIAGNOSTIC HUMAN END ITEM 6525015726620 SO	1
ULTRASOUND PORTABLE 11.9 X 10.8 X 3.1" SONOSITE M-TURBO ULTRASOUND I	1
PROBE, ULTRASONIC UNIT DIAGNOSTIC HUMAN HFL38X SONOSITE M TURBO	1
THERMOREGULATOR, PATIENT BAIR HUGGER WARMING UNIT	4
INCUBATOR BACTERIAL RECHARGEABLE NICKEL-CADMIUM BATTERY 115V	1
DEFIBRILLATOR/MONITOR-RECORDER SYSTEM	5
LARYNGOSCOPE SET VIDEO ASSIST	2
PUMP INTRAVENOUS INFUSION 3-CHANNEL VOLUMETRIC PORTABLE	5
VENTILATOR VOLUME PORTABLE 100/240V AC 50/60HZ WITH INTERNAL BAT	5
OXYGEN MASS DISTRIBUTION SYSTEM 60 X 30 X 54" 75L CONVERTS LIQUID OX	1
PATIENT KIT LINEAR MASS OXYGEN SYSTEM	1
PATIENT DISTRIBUTION KI	2
THERMOMETER, CLINICAL, HUMAN	20

Table 8. Medical equipment required to be operational at EXEVAL

ENCLOSURE H

REFERENCES

- a. CNGB Instruction 3510.01, 07 June 2016, “National Guard Homeland Response Force and Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives Enhanced Response Force Package Management”
- b. CNGB Instruction 3000.04, 24 January 2018, “National Guard Bureau Domestic Operations”
- c. Title 10 U.S. Code Section 12406, “National Guard in Federal Service”
- d. 32 U.S. Code § 502(f), “Required Drills and Field Exercises”
- e. CNGB Manual 3510.01, 25 August 2016, “National Guard Homeland Response Force and Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives Enhanced Response Force Package Procedures”
- f. Department of the Army Pamphlet 40-502, 27 June 2019, “Medical Readiness Procedures”
- g. DepSec Memorandum, 03 March 2014, “Additional Policy Guidance for Smallpox and Anthrax Vaccine Immunization Programs for the U.S. Northern Command Chemical, Biological, Radiological, and Nuclear Response Enterprise”
- h. Department of the Air Force, 18 January 2007, “Plan for Implementing the Anthrax Vaccination Program (AVIP)”
- i. Department of the Air Force Memorandum, 07 January 2003, “Air Force Implementation of the Smallpox Vaccination Program (SVP)”
- j. Deputy Secretary of Defense Memorandum, 12 November 2015, “Clarifying Guidance for Smallpox and Anthrax Immunization Programs”
- k. Air Force (AF) Instruction 44-102, 17 March 2015, “Medical Care Management”
- l. Army Regulation 40-502/BUMEDINST 6230.15B/AFJI 48-110_IP/CG COMDTINST M6230.4G, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” Certified Current 16 February 2018
- m. AF Instruction 48-110, 07 October 2013, “Immunizations and Chemoprophylaxis for the Prevention of Infectious Diseases,” Certified Current 16 February 2018
- n. AF Instruction 10-203, 20 November 2014, “Duty Limiting Conditions”

- o. AF Manual 33-363, 09 September 2009, "Management of Records"
- p. AF Manual 41-209, 04 January 2019, "Medical Logistics Support"
- q. AF Instruction 41-201, 10 October 2017, "Managing Clinical Engineering Programs"
- r. CNGB Manual 3000.04, 12 September 2018, "National Guard Use of Non-Tactical Vehicles by Weapons of Mass Destruction-Civil Support Teams; Homeland Response Forces; Chemical, Biological, Radiological, and Nuclear Enhanced Response Force Packages"
- s. The Joint Commission, 01 July 2019, "Environment of Care," <<https://www.jointcommission.org/>> accessed 03 February 2020
- t. CBRN Response Enterprise Medical Operations, <https://gko.portal.ng.mil/ngb/STAFF/D01/JSG/SitePages/CBRN%20Response%20Enterprise.aspx>, accessed 13 January 2020
- u. NG CoMSupCen Home Page, <https://www.comsupcenv3.com/downloadcenter/ViewDDC?id=29df3d91-b669-450c-89d5-ff435360df5b&folderName>, accessed 13 January 2020
- v. HRF and CERFP Parking Lot, <https://gko.portal.ng.mil/joint/J3/D07/B02/SitePages/Home.aspx> accessed 13 January 2020

GLOSSARY

PART I. ACRONYMS

AAC	Assignment Availability Code
AAR	After-action report
ADOS	Active Duty for Operational Support
AFSC	Air Force Specialty Code
AGR	Active Guard Reserve
AITEC	Army Interagency Training and Education Center
ANG	Air National Guard
ANGFM	Air National Guard Financial Management
ANGRC	Air National Guard Readiness Center
ANG SG	Air National Guard Surgeon General
ARNG	Army National Guard
ASIMS	Aeromedical Services Information Management Systems
ATTC	Alternate Trauma Training Course
AVIP	Anthrax Vaccination Program
BMET	Biomedical Equipment Technician
CBRN	Chemical, Biological, Radiological, and Nuclear
CERFP	CBRN Enhanced Response Force Package
CoMSupCen	Consequence Management Support Center
CRE	CBRN Response Enterprise
CSG	Army National Guard Chief Surgeon
CTE	Collective Training Event
DLC	Duty Limiting Condition
DMLSS	Defense Medical Logistics Support System
DoD	Department of Defense
DRE	Deployment Readiness Exercise
DSG	Drill Status Guardsman
DTS	Defense Travel System
ELA	Emergency Load Authority
EOC	Emergency Operations Center
ESF	Emergency Support Function
EXEVAL	External Evaluation
FAST	Focused Assessment with Sonography in Trauma
FEMA	Federal Emergency Management Agency
FDA	Food and Drug Administration
FHP	Force Health Protection
FLA	Front Load Authority
FY	Fiscal year
GKO	Guard Knowledge Online
HRF	Homeland Response Force
IAW	In accordance with

IMR	Individual Medical Requirements
IS	Independent Study
ITRM	Individual Training Requirements Matrix
JFHQs	Joint Forces Headquarters
JIEE	Joint Information Exchange Environment
JIET	Joint Integrated Evaluation Team
JMAR	Joint Medical Asset Repository
JMEEL	Joint Mission Essential Equipment List
JOC	Joint Operations Center
JSG	Joint Surgeon General
LDP	Limited duty profile
LOA	Line of accounting
LOI	Letter of Instruction
MCR	Manpower Change Request
MEDDET	Medical Detachment
METL	Mission Essential Task List
MFR	Memorandum for Record
MILPERS	Military Personnel
MRC	Medical Readiness Categories
MRDSS	Medical Readiness Decision Support System
MPO	Medical Plans Officer
NCO	Noncommissioned Officer
NG	National Guard
NGB	National Guard Bureau
NGB-JSG	Joint Surgeon General's Office
NGB-J39	Combating Weapons of Mass Destruction Division
NGCC	National Guard Coordination Center
OC/T	Observer-controller-trainer
O&M	Operations and maintenance
PM	Program Manager
PT	Physical Fitness Testing
RMPO	Regional Medical Plans Officer
S&E	Search and extraction
SEAT	Standardization Evaluation and Assistance Team
SG	Surgeon General
SLEP	Shelf Life Extension Program
SME	Subject matter expert
SPP	State Partnership Program
SR	Super Region
T&EO	Training and Evaluation Outline
TEEP	Training, Exercise, and Evaluation Program
TDY	Temporary duty
USPFO	United States Property and Fiscal Officer
UTC	Unit Type Code

PART II. DEFINITIONS

(NONE)