

**DEPARTMENT OF THE ARMY  
IRWIN ARMY COMMUNITY HOSPITAL  
FORT RILEY, KS 66442-5037**

**FEBRUARY 2002**

**INSTALLATION MEDICAL SUPPLY ACTIVITY  
EXTERNAL CUSTOMER ASSISTANCE MANUAL**

1. **PURPOSE:** The purpose of this external Customer Assistance Manual is to establish uniform guidance and procedures for the requisition, issue and turn-in of class VIII supplies and equipment.
2. **SCOPE:** These procedures apply to all supported units on Fort Riley.
3. **REFERENCES:** AR 40-61, AR 710-2, AR 725-50, AR 735-5, DA Pam 710-2-1, DA Pam 710-2-2.
4. **MISSION:** The Installation Medical Supply Activity (IMSA) provides Class VIII supply of expendable, durable and nonexpendable materiel to MTOE units on Fort Riley.
5. **LOCATION:** The IMSA is located in Building 600, Caisson Hill Road, Irwin Army Community Hospital (IACH).
6. **HOURS OF OPERATION:** Under normal conditions, the IMSA is open for customer service Monday-Friday. The hours of operation on these days are 0730-1600. During customer service hours, the IMSA is available for customer assistance, receipt of reorder lists, document register reconciliation, issue and turn-in of materiel. After duty hours, for valid emergency and special request requirements, contact IACH Administrator of the Day (AOD). Emergency/short suspense requisitions must be approved by signature of the supported customer's Commander.
7. **TELEPHONE NUMBERS:**

<b>Chief, Logistics Division</b>	<b>239-7207</b>
<b>Medical Supply Officer</b>	<b>239-7442</b>
<b>Inventory Management Supv</b>	<b>239-7242</b>
<b>Warehouse</b>	<b>239-7674/7840</b>
8. **REQUISITION OF MEDICAL MATERIEL:**
  - a. Preparation of DA Form 1687, Notice of Delegation of Authority-Receipt for Supplies.

(1) IMSA authorized customers may have three DA Form 1687s maintained on file at IMSA. These cards must be originals and must be signed by the current unit Commander. Assumption of command orders must also be provided. The IMSA

requires each copy to be signed with an original signature (no carbon copy signatures). In addition to the signatures, the initials must also be provided.

(a) Card one is used to request and receive Class VIII expendable/durable materiel. (Three copies required).

(b) Card two is used to request and receive controlled drugs (Note R and Q). The unit Commander will delegate this authority to the physician, physician's assistant or dentist. (Three copies required).

(c) Card three will be used to request and receive nonexpendable materiel. (Three copies required).

(d) Instructions for completing DA Form 1687 are in **Appendix 1**.

(2) New Delegation of Authority Cards, DA Form 1687, must be submitted upon change of approving authority (unit Commander), personnel additions/deletions or every 12 months, whichever comes first.

(3) Customers without proper and correct signature cards are prohibited from requesting or receiving Class VIII materiel support (DA Pam 710-2-1, para 2-28e).

b. Authorized Customers:

(1) The primary mission of the IMSA is to provide Class VIII support to Fort Riley and tenant units.

(2) Those units without organic medical support needing to order items such as First Aid Kits and Combat Lifesaver Bags need to obtain authorization by their Battalion S-4 or G3 DPTM before establishing an account with the IMSA.

## 9. **ASSIGNMENT OF PRIORITY DESIGNATORS:**

a. **PD (priority Designator) 03:** is used when ordering mission essential items with a UND (Urgency of Need) of A. For Class VIII materiel requests, this includes only those items **required to save life or prevent undue suffering or distress**. All PD 03 requests must be accompanied by a memorandum from the unit commander explaining the necessity of the 03 designation and approved by the IMSO. PD 03 requests for items stocked on the Installation will be filled upon receipt. PD 03 requests for items not stocked on the Installation will be acquired using the fastest means available.

b. **PD 06:** is used when ordering mission essential items with a UND of B. This includes items, the absence of which would **impair the unit's capabilities to perform the assigned operational or training mission**. As in PD 03 requests, a memorandum from the unit commander must accompany PD 06 requests. PD 06 requests for

stocked items are normally filled within 1-3 working days. PD 06 requests for those items not stocked at the Installation are normally filled within 14 days of requisition.

c. **PD 13:** is used for all **routine supply transactions** with an UND of C. This includes preparation for all exercises, replenishment and rotation of stock and basic load items and sick call supplies to meet authorized stockage quantities. Units must ensure proper planning for all future requirements. PD 13 requests are normally filled within 3-5 days if the item is stocked at the IMSA. Those requests for items not stocked at the IMSA are passed to the vendor and are normally available within 20-30 days.

d. Refer to DA Pam 710-2-1, Chapter 2 for further details.

e. In accordance with current Army and local regulations, units must inventory all Sets, Kits and Outfits (SKO) immediately upon return from deployments, training exercises and other operations that consume medical materiel. Vehicular First Aid Kits and individual First Aid Packets must be part of this inventory. AR 710-2, Table 2-1(h) states "Commanders ensure inventories are conducted after field exercises to verify OCIE and equipment are on hand and serviceable with 15 calendar days after the exercise".

f. Medical elements should ensure that assigned equipment (MES Battalion Aid Station, Ground Ambulance, etc.) is maintained at 100% readiness at all times. Units should not use basic load materiel for routine garrison operations. Required maintenance procedures for Medical Equipment Sets is discussed in AR 40-61.

g. When planning for major field and training exercises (NTC rotations, GAUNTLET, Gunnery, etc.), units must plan in the T-4 to T-6 time frame and must submit Class VIII materiel requirements at least 30 days before the exercise. Commanders will sign all high priority and short suspense requisitions.

## 10. **REQUEST PROCEDURES:**

a. Authorization Documents. The following documents constitute authority to request medical materiel:

- (1) Unit MTOE
- (2) Medical Supply Catalogs (SC) or Unit Assemblage (UA) listings
- (3) Common Table of Allowance (CTA) 8-100
- (4) U.S. Army Forces Command (FORSCOM) Regulation 700-2
- (5) AR 40-5, Preventive Medicine regulation
- (6) Sick call items list, as approved by the Brigade Surgeon

(7) Combat Lifesaver Program Letter of Instruction (LOI)

(8) Operations Plans and Orders and other authorizations from higher headquarters

b. Units may request additional materiel that has been approved for issue by the Brigade Surgeon.

c. Nonmedical units may request medical materiel based upon the following authorization documents:

(1) CTA 8-100

(2) FORSCOM Regulation 700-2

(3) AR 40-5

(4) Combat Lifesaver Program LOI

d. When ordering medical materiel, customers must adhere to the following guidelines:

(1) Review requests for proper national stock number (NSN), nomenclature, unit of issue, authorization and priority designator.

(2) Order only the amount that is required. If the unit of issue is "package of 12s" but the requirement is "6 each", do not order 6! (What would be ordered are 6 packages of 12, when the requirement was only for 6 each). Order 1 package of 12 to meet the requirement.

(3) Bring authorization and adjustment documents with you when submitting the orders. This is especially important when ordering nonexpendables. Having these documents will speed the process for Customer Assistance to screen customer requests.

(4) Place orders for materiel well in advance of requirements and check status regularly. Cancel those requests for items not required. These actions will preclude customers from ordering the same item twice and ordering those items not required. Medical materiel is expensive and Commanders have a limited budget.

(5) Order CTA 8-100 items only when needed. Organic medical elements must track use to guard against fraud, waste and abuse. Medical elements are responsible for filling Vehicle First Aid Kits and monitoring expenditures. Items such as Camouflage Sticks, Foot Powder and Field First Aid Dressing should be used completely before

ordering replacements. Class VIII materiel must only be used for its intended purpose. Use unserviceable bandages and other unserviceable materiel for training.

e. The Brigade Surgeon or Medical Platoon Leader should screen all requests for authorization, quantity and correctness. The IMSA will not accept requests for unauthorized items or from an unauthorized customer. Requests that are deemed excessive or are not supported by proper authorization documents will be rejected and returned to customer units unfilled.

f. Orders will not be accepted at the IMSA unless a completed signature sheet accompanies the order. Copies will not be accepted (original signatures only). See **Appendix 2**.

g. Request for Issue of Expendable Materiel (Accounting Requirement Code (ARC) of X in the Universal Data Repository (UDR)):

(1) IMSA customers will use preprinted TAMMIS Reorder Lists to request expendable items. The IMSA can print this list by stock number, location, or nomenclature sequence.

(2) This document is also used as the requesting unit's document register.

(3) Replacement copies may be acquired upon request from the IMSA.

(4) Instruction on the use of TAMMIS Reorder Lists is in **Appendix 3**.

h. Request for issue of durable materiel (ARC of D in the UDR):

(1) Remember, durable items are not consumed in use. If they are lost, damaged or destroyed due to neglect, the appropriate relief document must accompany the request. A lack of proper accountability does not constitute authority to order durable materiel.

(2) IMSA customers may use a DA Form 2765-1 or the TAMMIS Reorder List to request durable items. All requests for durable items must be submitted on a separate request using durable document number series obtained from supporting PBO.

(3) This document is also used as the requesting unit's document register.

(4) IMSA Customer Assistance and Stock Record Control carefully reviews all requests for durable items for trends of waste and abuse. Any trend will be reported to the Commander and the Battalion S-4.

(5) Excessive or unauthorized requests are rejected and returned without action.

(6) If the item has been lost or damaged, S-4s or supply sergeants should ensure that one of the following documents was completed prior to placing an order:

- Applicable adjustment document:
  - Report of Survey (DA Form 4697)
  - Statement of Charges (DD Form 362)

(7) See **Appendix 4** for instructions on completing DA Form 2765-1.

**i. Request for issue of nonexpendable materiel (ARC of N in the UDR):**

(1) Units should have all shortages of nonexpendable materiel identified on a shortage annex (DA Form 2062) as verified by the unit and Installation Property Book Officer (PBO).

(2) Requesting units use a DA Form 2765-1 or a separate CRL for request of nonexpendable medical equipment.

(3) The request must be reviewed by the unit Commander/designated representative and approved by the unit's designated Property Book Team at the Installation Materiel Management Center (IMMC).

(4) Once approved, the IMSO will order the item.

(5) Upon receipt, the IMSA will inventory and conduct a Technical Acceptance Inspection of the item. Any deficiencies, to include shortages of operator and service manuals, will be recorded and a shortage annex compiled. Missing items will be ordered.

(6) Only those personnel identified on the DA 1687 for request/receipt of nonexpendable materiel are authorized to pick up these items.

(7) Generally, the following procedures will be used:

(a) Hand receipt holder identifies shortages.

(b) Unit supply sergeants verify shortages and take appropriate action (i.e., report of survey and complete request document).

(c) Shortage annex, adjustment documents and request documents are taken to IMMC for review and approval for request and issue. PBO Team Chief signs the request document for approval.

(d) The request is brought to the IMSA, after IMMC assigns a document number, and is placed on order. A suspense copy of the request is provided to the customer unit and the IMMC.

(e) Upon receipt of the item, the IMSA inventories the item and the Medical Maintenance Section performs a Technical Inspection. When this is complete, the IMSA calls the applicable unit for pick up. After issue, the IMSA provides a copy of the receipt document to IMMC.

(f) The supply sergeant posts the item on the sub-hand receipt and issues it to the hand receipt holder.

(8) An example of a DA Form 2765-1 request document is in **Appendix 4**.

**j. Request for issue of controlled substances (items with security codes R and Q):**

(1) Only physicians, dentists, physicians' assistants and nurse practitioners are authorized to dispense controlled substances during normal garrison/field operations in peacetime.

(2) Units must coordinate directly with the IMSA for request, issue and turn-in of R and Q items. The Forward Support Battalions (FSB) will not issue these drugs directly to units due to handling, accountability and security requirements.

(3) Due to storage and security requirements, Commanders are forbidden to maintain R and Q drugs at the unit level. If overnight storage is required, these items may be stored in the Unit Army Room or other facility with electronic intrusion devices. Temporary storage requires written approval of the company commander and hand receipt accountability. The IMSA is an authorized storage facility and will store R and Q drugs for units. If your unit requires storage, submit a memorandum from the unit Commander requesting storage and assuming the responsibility for inventorying items as directed in AR 40-61, Chap 3 para 3-57.

(4) Supported customers with a valid requirement for these items must submit the request at least five working days prior to the date needed. R and Q will be submitted on a DA Form 2765-1 or a Customer Reorder List signed by Commanders regardless of priority designator.

(5) Prior to issue, the items will be inventoried and inspected jointly by the IMSA and the receiver. All personnel receiving R and Q items will be briefed on accountability and security requirements.

(6) Turn-in of R and Q items requires prior coordination with the IMSA. During turn-in, all items will be inventoried and inspected. Items still in complete unit of issue are turned-in to the Medical Supply Warehouse. In accordance with AR 40-61, section 2-24, "Note R and Q drugs will not be turned in to the IMSA in less than unit of issue quantity. They will be returned to the supporting pharmacy for destruction". A physical count will be conducted and compared with dispensing records (DA Form

3949, Controlled Substance Record, or prescription slip). Discrepancies not documented or explainable will be reported to the Provost Marshall.

(7) Health care professionals must use a stamp when dispensing controlled drugs on a prescription slip. These stamps must consist, at a minimum, of the following information:

- Name
- Rank/Branch
- SSN

(8) If possible, the patient must sign the prescription upon receipt of Note R and Q drugs.

(9) See **Appendix 5** for an example of DA Form 3949 and **Appendix 6/6.1** for request/turn-in documents.

#### **11. POLICIES:**

a. Privately owned vehicles (POVs) are not to be used to conduct business with the IMSA. This includes supply pick up, turn-in or equipment issue.

b. Units should call or send a representative to the IMSA on a weekly basis to review status of requests, check distribution, review medical materiel quality control information and pick up supplies. Supplies not picked up after ten working days will be turned back into stock or processed by other means. If a unit is unable to check status at the IMSA, prior coordination is required with the IMSA.

c. In order to accomplish the mission, all Commanders must adhere to the guidance and instructions discussed in the External Customer Assistance Manual. Commanders are encouraged to address questions/comments to IMSA personnel.

#### **12. QUALITY CONTROL OF MEDICAL MATERIEL:**

a. IAW AR 40-61, all units maintaining Medical Equipment Sets and operational loads are required to maintain DA Form 4998-R (Quality Control Cards) on all expendable potency-dated materiel and all durables. Review of these cards is conducted on a monthly basis.

b. Potency-dated items should be turned in no later than 30 days before expiration. This ensures operational readiness.

c. The IMSA is the only element authorized to accept Class VIII items for turn-in and destruction. Improper disposal/destruction of medical materiel violates federal and state laws. Units will never dispose of or destroy medical materiel. All materiel will be turned in to the IMSA.

d. Unit personnel must review their Medical Materiel Quality Control information on file at the IMSA on a regular basis. Units must obtain Internet access and go to the USAMMA site directly to review MMQC messages:

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

Units without this capability can bring a 3 ½ inch floppy disk and the IMSA will copy the messages for them.

e. Sharps containers that contain used needles and syringes are turned in to the CTMC or the hospital for destruction. Destruction of sharps containers at the hospital is done on an appointment basis only. Call 239-7216/7354 for an appointment.

f. Example of DA Form 4998-R is in **Appendix 7**.

### 13. **TURN-IN OF MEDICAL EQUIPMENT/MATERIEL:**

a. Turn-in of expired, suspended or damaged/destroyed materiel:

(1) References: AR 40-61

(2) Units are not authorized under any circumstance to destroy or dispose of medical items or materiel.

(3) Turn-in of expired, suspended, destroyed or damaged items is by appointment only. This should be conducted no less than quarterly.

(4) The following categories of materiel are authorized for turn-in for destruction:

(a) Items that have expired.

(b) Items within 90 days of expiration (no credit turn-in).

(c) Items deemed unacceptable for use or issue due to any type of damage.

(d) Items suspended for use by U.S. Army Medical Materiel Agency (USAMMA) Quality Control Message or the IMSA.

(5) See **Appendix 8** for an example of a DA Form 3161 for turn-in of expired materiel.

(6) Procedures for turn-in:

(a) All turn-ins are by appointment only. Call the Medical Supply warehouse at 239-7840/7736/7674 to schedule appointments.

(b) Units must use DA Form 3161 for turn-in for destruction. Two copies are required. Normally a maximum of 15 line items is authorized at each turn-in. Notify the IMSA if more than 1 item needs to be turned in.

(c) Units must include the correct unit of issue, current price and nomenclature (found on current UDR). Additionally, expiration dates, destruction codes, manufacturer and all lot numbers must be listed for each item. Destruction codes can be found on the Internet at: <http://chppm-www.apgea.army/newmidi>.

(d) Turn-in documents must be typed neatly.

(e) The units will assign document numbers.

(f) Items without proper paperwork will not be accepted for turn-in.

b. Turn-in of Class VIII Excess:

(1) The most effective way to avoid accumulating excess is to order only the amount required and to closely monitor supply status once ordered. Maintaining excess supplies is not authorized.

(2) Only Class VIII materiel may be turned in to the IMSA. All expendables/durables deemed as excess are turned in and only those "found on installation" nonexpendables are turned in.

(3) Procedures:

(a) Units use the DA Form 3161 for turn-in of serviceable excess.

(b) Document must contain the correct NSN, unit of issue, nomenclature and unit extended price (found in the current UDR).

(c) Documents must be neatly typed.

(d) Items with improper paperwork will not be accepted for turn-in.

(e) Units assign document numbers.

(f) "Found on installation" turn-ins will not be accepted within two weeks of any announced inspection.

(g) Excess and "found on installation" turn-in is by appointment only.

(h) See **Appendix 9** for instructions on completing DA Form 3161 for turn-in of serviceable excess.

c. Turn-in of nonexpendable materiel:

(1) Nonexpendable medical materiel must be processed through the Unit Supply Room and the PBO Team at IMMC prior to turn-in to the IMSA.

(2) The unit/PBO Team coordinates with the IMSA to complete the turn-in process. The IMSA does not accept incomplete medical assemblages without verified shortage annexes or adjustment documents.

(3) The IMMC directs units to turn-in nonexpendable items that have been deleted by MTOE, SC or UA change.

(4) See IMMC SOP and **Appendix 10** for further information.

**14. SAFETY/HANDLING OF COMPRESSED GAS CYLINDERS:**

a. Handling and storage of compressed gas cylinders will be IAW NFPA 56A, NFPA 56F, and AR 700-68.

b. User instructions for handling gas cylinders are as follows:

(1) Check cylinder regulator and flow meter for correct labeling and color codes.

(2) Store cylinder upright and ensure it is secured against tipping or rolling, even when empty.

(3) Briefly “crack” open cylinder valve and re-close valve prior to connecting regulator.

(4) Do not empty cylinder below 150 psi. Close valve, remove regulator and flow meter and display empty tag.

(5) Never disassemble regulator for cleaning or repair. Report defective or damaged regulators or flow meters to the IMSA.

(6) The use of reducers or adapters is strictly prohibited.

(7) All oxygen equipment will be tagged with DA Form 1191.

(8) Empty cylinders are turned in to the IMSA for refilling/replacement.

**15. CUSTOMER ASSISTANCE:**

a. Customer Reports:

(1) Commanders are provided with the following reports as generated by TAMMIS:

(a) Customer Due-Out Report: Shows status of customer requests in the Class VIII supply system. See **Appendix 11** for use of the Due-Out Report.

(b) Customer Transaction Register: Shows customer transactions for a given period (usually provided monthly). See **Appendix 12** for use of Transaction Register.

(2) Further instructions on the use of these reports are available upon request.

b. Customer Issue Documents:

(1) The IMSA uses TAMMIS generated Materiel Release Orders (MROs) as pick tickets, issue documents and customer receipts.

(2) See **Appendix 13** for further information on TAMMIS MROs.

c. Supply Status and Reconciliation:

(1) It is the responsibility of the IMSA to provide supply status on all Class VIII requests.

(2) Status of customer requests is shown in the Customer Due-Out Report and the Customer Transaction Register. For requests for status, units must submit a request for follow-up (AF1, DA Form 2765). This can be accomplished during routine reconciliation.

(3) Cancellations will be submitted when all or part of the quantity requested is no longer required. Customer units can accomplish this in writing or during routine reconciliation (AC1, DA Form 2765).

(4) Units are required to maintain a document register (TAMMIS Customer Reorder List) and annotate it with supply status. If an item has been canceled that is still required, the unit should reorder.

(5) Units should schedule, at a minimum, one reconciliation a month with the IMSA.

d. Customer Distribution: The IMSA maintains customer distribution boxes for all authorized customers. Only those personnel on valid signature cards are authorized receivers of IMSA distribution.

e. Local Purchase:

(1) Specific medical items necessary for mission accomplishment, approved for procurement and use by the Brigade Surgeon, but not available through normal Class VIII supply channels, may be procured through local purchase.

(2) The request, with authorization and justification, is submitted to the IMSA for review and verification.

(3) Normal Class VIII sources must be exhausted prior to submitting local purchase requests.

(4) Types of materiel authorized for local purchase are found in AR 40-61, para 3-24 through 3-26.

(5) Customer unit personnel are not authorized to obligate the U.S. Government, under any circumstances, in any local purchase.

## 16. **MEDICAL MATERIEL COMPLAINTS AND RECALL OF CLASS VIII ITEMS:**

a. Items identified by USAMMA Quality Control Messages, vendor messages or other reliable sources that have the possibility of existing with user units will be recalled as soon as possible by the IMSA.

b. Specific information concerning expiration extension, unsuitability, destruction and recall may be obtained from Customer Assistance/Quality Control, 239-7674.

c. If customer unit treatment personnel determine medical items are possibly defective, harmful or unsuitable, a materiel complaint must be submitted IAW AR 40-61.

d. Assistance in submitting the complaint may be obtained from the IMSA. Customer units should always contact the IMSA regarding medical materiel suitability.

e. Criteria in types of complaints are as follows:

(1) **TYPE I:** submitted on materiel determined by test or use to be harmful or defective and potentially dangerous if used. Submitted by telephone and followed up by SF 380. Take immediate action to suspend item from use.

(2) **TYPE II:** submitted in materiel suspected of being harmful, defective, deteriorated or unsuitable for use. May be submitted by anyone familiar with the item and complaint procedures. It is not used for defective medical equipment. Use SF 380.

(3) **TYPE III:** Submitted on medical equipment determined to be unsatisfactory due to malfunction, design, defects (attributable to faulty workmanship, materiel or quality inspection) or performance. Submission does not necessarily suspend use of equipment.

## **Notice to our Telephone Modem Users:**

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The Appendix files are large in size and may require extra time to download if you are utilizing a telephone modem. Please note the size and the estimated time required to download the following Appendix files.

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<b>File Name</b>	<b>File Size</b>	<b>Modem Speed 28.8kbs</b>	<b>Modem Speed 56kbs</b>
Appendix 1:	429 kb	2+ min	1 min
Appendix 1:	330 kb	1+ min	Under 1 min
Appendix 1:	454 kb	2+ min	1+ min
Appendix 2:	74 kb	Under 1 min	Under 1 min
Appendix 3:	178 kb	Under 1 min	Under 1 min
Appendix 4:	181 kb	Under 1 min	Under 1 min
Appendix 5:	719 kb	3+ min	2+ min
Appendix 6:	30 kb	Under 1 min	Under 1 min
Appendix 6.1:	1,460 kb	7+ min	3+ min
Appendix 7:	428 kb	2+ min	Under 1 min
Appendix 8:	1,665 kb	8+ min	3+ min
Appendix 9:	1,355 kb	7+ min	3+ min
Appendix 10:	244 kb	1+ min	Under 1 min
Appendix 11:	117 kb	Under 1 min	Under 1 min
Appendix 12:	138 kb	Under 1 min	Under 1 min
Appendix 13:	101 kb	Under 1 min	Under 1 min