

UNCLASSIFIED

BY ORDER OF THE COMMANDER



Central Command Regulation 40-4  
(CCR 40-4), 19 July 2021

**HEADQUARTERS UNITED STATES CENTRAL COMMAND**

OFFICE OF THE CHIEF OF STAFF  
7115 SOUTH BOUNDARY BOULEVARD  
MACDILL AIR FORCE BASE, FLORIDA 33621

---

Medical Services

**MEDICAL LOGISTICS FOR HEALTHCARE OPERATIONS**

Supersedes: CCR 40-4, 8 November 2018

Expiration: 19 July 2026

Pages: 19

OPR: CCSG

---

**SUMMARY OF REVISIONS**

*This revision incorporates major policy improvements based on refined defense medical logistics enterprise business processes, the modernization of medical logistics information systems, and changes to Joint medical doctrine. It reflects the transition of property, accountability, and life-cycle management to Global Combat System Support-Army. This revision provides new guidance on Medical Chemical Defense Materiel, specifies the roles and responsibilities of the Single Integrated Medical Logistics Manager, specifies the roles and responsibilities of the Theater Lead Agent for Medical Materiel, and provides new guidance on customer assistance visits utilizing the medical logistics assessment checklist, Appendix A. This revision contains administrative and substantive changes and should be read in its entirety.*

---

**1. PURPOSE**

To disseminate policy focused on Medical Logistics (MEDLOG), an integral component of the Military Health System, providing capabilities to organize and manage the life-cycle of the specialized medical products and services required to operate an integrated health system within the United States Central Command (USCENTCOM) area of responsibility (AOR).

**2. APPLICABILITY**

This regulation applies to all Headquarters (HQ) USCENTCOM Service Component Commands (SCC), Joint Task Forces (JTF), and Commands responsible for the provision of Roles 1, 2, and 3 health service support within the USCENTCOM AOR. This regulation is applicable to all Department of Defense (DoD) Title X and Title XXII medical, dental, and veterinary treatment facilities located within the USCENTCOM AOR. Those medical elements not under the operational control of HQ USCENTCOM are required to honor the requirements listed in this USCENTCOM Regulation to gain DoD support or sustainment.

UNCLASSIFIED

*CCR 40-4, 19 July 2021*

### **3. REFERENCES**

See Appendix C.

### **4. POLICY**

It is HQ USCENTCOM policy that SCCs and JTFs are responsible for establishing and overseeing MEDLOG products and services, and provide materiel life-cycle management to ensure health service support and force health protection. These products and services are used almost exclusively by the medical system. It is critical to its success in delivering healthcare, and subject to strict standards and practices governing the healthcare industry in the U.S. MEDLOG functions are managed within the Military Health System using DoD standard business processes and medical information systems, by organizations and business processes that are flexible, responsive, and tailored to accomplish the medical mission.

### **5. RESPONSIBILITIES**

a. USCENTCOM will:

(1) Establish and implement MEDLOG oversight mechanisms for operational healthcare units within USCENTCOM AOR.

(2) Implement applicable initiatives to increase efficiency and effectiveness of MEDLOG management, programs, and systems.

(3) Appoint a Single Integrated Medical Logistics Manager (SIMLM) for the AOR.

b. USCENTCOM SCCs and JTFs will:

(1) Implement this regulation.

(2) Develop, implement, and monitor compliance with MEDLOG programs for operational healthcare units under their operational control.

(3) Establish processes and procedures for receiving and providing reports with MEDLOG equities.

c. USCENTCOM Command Surgeon (CCSG) will:

(1) Monitor the implementation of this regulation for the USCENTCOM AOR.

(2) Provide guidance to HQ USCENTCOM SCC and JTF Commanders in establishing MEDLOG management, programs, and systems.

(3) Appoint a SIMLM for the AOR.

d. HQ USCENTCOM, SCC, and JTF Command Surgeons will provide guidance to HQ USCENTCOM Service units and JTFs in the development of MEDLOG management, programs, and systems for operational healthcare units under their control.

e. U.S. Army Central Command (USARCENT) serves as the SIMLM for the USCENTCOM AOR pursuant to the *Theater Campaign Plan* (22 April 2017) with the following responsibilities:

(1) The SIMLM is established to promote supply chain efficiency and minimize the Theater MEDLOG footprint. The SIMLM provides synchronized planning and centralized MEDLOG support to all Services operating in an operational area.

(2) The SIMLM, in coordination with the combatant command Surgeon and the U.S. Army Medical Materiel Center-Southwest Asia (USAMMC-SWA), will develop a MEDLOG Concept of Support to execute MEDLOG operations in the theater supporting forward medical elements.

## 6. MEDICAL MATERIEL

a. Medical Materiel-CLASS (CL) VIII. The USAMMC-SWA, the USCENTCOM Theater Lead Agent for Medical Materiel (TLAMM), will be the principle agency through whom all CL VIII items (e.g., materiel, repairs, and repair parts) will be procured. The basic flow of requirements will be from the deployed unit to the supporting TLAMM (USAMMC-SWA), Forward Logistics Element, or Forward Distribution Team via the Defense Medical Logistics Standard Support (DMLSS) or Defense Customer Assistance Module (DCAM) information systems.

b. Theater Enterprise Wide Logistics System (TEWLS) is the theater-level CL VIII supply management system. TEWLS is part of the Defense Health Services Systems, supports intermediate MEDLOG functions, and consolidates national, regional, and deployed units into a single business environment. It supports CL VIII medical supplies and repair parts. TEWLS is utilized by USAMMC-SWA and selected Forward Logistics Elements and Forward Distribution Teams.

c. DMLSS provides automated support for management of facilities, equipment, supplies, and services. DMLSS is the System of Record for CL VIII medical supply chain management for Navy Roles 2 and 3, and Army and Air Force Role 3 medical treatment facilities. The DCAM is the System of Record for Army Role 1 and 2, Special Purpose Marine Air-Ground Task Force, and Special Operations Forces.

d. DCAM is a medical materiel ordering tool allowing customers to view a supplier's catalog, download information, and generate electronic orders. DCAM resides on Military Command and Control, Communication, and Computers and alternate DCAM installed platforms. It is the medical logistics information system for Roles 1 and 2 operational units ordering CL VIII that do not have DMLSS. For access: <https://peoeis.kc.army.mil/mc4/Pages/VisitorMainHome.aspx>.

e. The Web Dynamic Programming (WEB DYNPRO®) TEWLS website allows customers, without DCAM or DMLSS access, to research the USAMMC-SWA catalog in real time, create a New Item Request (NIR), create a sales order, check on the order status of an item, check materiel master data information, and create a sales discrepancy report. This website is available

CCR 40-4, 19 July 2021

24 x 7 from any location in the world provided adequate internet is available. The customer's Department of Defense Activity Address Code (DoDAAC) must be established as a WEB DYNPRO-TEWLS customer prior to requesting WEB DYNPRO access. WEB DYNPRO account holders access TEWLS through the following website:

<https://tewls.amedd.army.mil/home>. Contact USAMMC-SWA customer support division for more information by e-mail: [usarmy.as-sayliyah.usarcent.mbx.usammc-swa-custsupport-mailbox@mail.mil](mailto:usarmy.as-sayliyah.usarcent.mbx.usammc-swa-custsupport-mailbox@mail.mil).

f. TLAMM Account. Units in theater who require CL VIII support will set up an account with USAMMC-SWA within 14 days of arrival in theater. Primary Points of Contact (POC) of the customer support division can be reached at the following: Defense Switched Network (DSN) 318-432-6683/6684/6685 and e-mail: [usarmy.as-sayliyah.usarcent.mbx.usammc-swa-custsupport-mailbox@mail.mil](mailto:usarmy.as-sayliyah.usarcent.mbx.usammc-swa-custsupport-mailbox@mail.mil). Additional POC are the Accountable Officer at DSN: 318-432-6537, Medical Maintenance Manager at DSN: 318-432-6333/6332, and the Customer Support Non-commissioned Officer in Charge at DSN: 318-432-6687. U.S. Naval Forces Central Command (USNAVCENT) afloat units are primarily supported via the U.S. Army Medical Center-Europe (USAMMC-E) and will follow USAMMC-E policies and procedures as applicable. The Naval Medical Logistics Command Detachment is currently located at USAMMC-E and is responsible for coordinating the MEDLOG support for U.S. Navy forces operating throughout U.S. Africa Command, U.S. European Command, and USCENTOM AOR. As required, USNAVCENT afloat forces will contact USAMMC-E at DSN: 314-495-7170/6126/7810/7157.

g. Opening an account at USAMMC-SWA. To order CL VIII, customers will provide a unit identification code, verified as a deployed unit identification code via the logistics information warehouse. The DoDAAC of the ordering unit must be a dedicated CL VIII account. Once the DoDAAC is validated, the unit must provide the following documentation to USAMMC-SWA:

(1) Department of the Army (DA) Form 1687, *Notice of Delegation of Authority-Receipt for Supplies*. Note: this form is updated upon any change in the Command or the personnel given authority to request/receive supplies and is auditable. Failure to have a current document on file will result in an immediate pause in services until updated. Requests are not accepted and supplies will not be released to individuals not listed on the document.

(2) Assumption of Command Memorandum for Record (MFR) from the requisitioning unit's commanding officer. SCC, other than the Army, unable to submit an assumption of command memorandum, will provide a Primary Hand Receipt Holder MFR.

(3) Customer Profile Worksheet, identifying key POCs for the unit, with name, rank, DSN phone, commercial phone (if available), and the complete physical address of the ordering activity. This worksheet is necessary in case a shipment needs to be sent by alternate means, such as commercial carrier (e.g., DHL, FedEx, etc.).

(4) To order controlled substances, a separate and distinct DA Form 1687 and a controlled substance memorandum is required for addition to the authorized activities list for controlled substances. The DA Form 1687 and MFR, for CL VIII Note Q and R controlled medical

substances requests, must be signed by the first O-5/O-6 Commander in the requestor's chain-of-command.

h. DoDAAC. Units should arrive in theater with their CL VIII DoDAAC already established. If not, units will contact their respective SCC for assistance in establishing a CL VIII DoDAAC. This is a unit requirement and the SCC will ensure that Type Allocation Code 1, 2, and 3 information is correct to request, receive, and fund CL VIII supplies. Delays in establishing a CL VIII-specific DoDAAC will cause delays in receiving support.

i. Monthly Reconciliation (RECON). The purpose of the monthly RECON is to improve readiness and sustainability by keeping a more credible database within the supply systems by comparing transactions and statuses between USAMMC-SWA and the customer. The customers must complete the review of the monthly customer due-out RECON report generated and sent by USAMMC-SWA. The signed RECON report must be returned to USAMMC-SWA within three business days. RECON documents can be provided to the customer via email or hardcopy paper. All exceptions should be worked and completed by the 15th of each month.

j. Supply Discrepancy Report (SDR). Reports used to resolve customer order issues. Prior to submitting a formal SDR, customers will contact their USAMMC-SWA Customer Service Representative to validate the discrepancy. SDRs are submitted through the SWA Customer Support Supply Discrepancy Section, DSN 318-432-6685.

k. Theater Critical Items List (CIL). The CIL contains those materiel items required to be maintained in stock at USAMMC-SWA regardless of their demand history. The addition and/or deletion of items from the CIL are facilitated by the materiel standardization process at USAMMC-SWA. The CIL is reviewed by HQ USCENTCOM in collaboration with the SCC, USAMMC-SWA, and the Theater Enabling Command (Medical). Units will report any mission impact due to a lack of critical supplies or equipment via their command reporting channels and daily Medical Situational Awareness Tool report per Modification (MOD) 1 to HQ USCENTCOM Operational Instructions for the Medical Situational Awareness Tool.

l. NIR. An NIR is submitted based on the customer's determination that the medical/surgical materiel, equipment, or parts required are not cataloged at USAMMC-SWA, and a suitable substitute is not available. NIRs are processed by submitting the NIR request form to USAMMC-SWA customer support for processing by USAMMC-E. See Reference (s), pages 20-21.

m. Pharmaceuticals. The USCENTCOM formulary is intended for an austere environment, and formulary additions must be balanced with the cost and risk of excess pharmaceutical waste. Additions or deletions from the HQ USCENTCOM formulary must be pursuant to USCENTCOM Pharmaceutical and Therapy Committee policies and procedures. The USCENTCOM Pharmaceutical and Therapy POC can be contacted at DSN: 318-529-0361/0345.

(1) Unexpired pharmaceuticals can be cross-leveled or laterally transferred between units with appropriate documentation. Units must show documented proof of transfer for auditability.

*CCR 40-4, 19 July 2021*

(2) Expired pharmaceuticals must be disposed of or destroyed while adhering to the local final governing standards. Consult with the local installation environmental and security offices for appropriate disposal methods. USAMMC-SWA will not issue credit for pharmaceuticals turned in. See Reference (s), page 22.

(3) USCENTCOM Theater Formulary. The Theater Formulary is managed by the USCENTCOM Pharmacist pursuant to Reference (f). USAMMC-SWA executes resupply of the Theater Formulary.

(a) New Drug Requests. A new drug request is submitted to request a medication to be added to the USCENTCOM formulary. It is routed through the USCENTCOM Pharmacy Consultant. See Reference (f).

(b) Non-Formulary Drug Request (NFDR). A non-formulary drug request is a one-time request for non-formulary medication based on urgent or compelling patient need. It is routed through the USCENTCOM Pharmacy Consultant. See Reference (f).

(4) Shelf Life Extension Program (SLEP). The DoD Federal Drug Administration SLEP is to avoid replacement costs of certain products in critical federal stockpiles by extending their utilization time period beyond the manufacturer's original expiration date. Only certain federally stockpiled medical materiel, such as Medical Chemical Defense Materiel (MCDM), can be extended after select products undergo periodic stability testing conducted by the FDA via the DoD Shelf Life Extension Program. All other medication extension must be coordinated and approved via the USCENTCOM Pharmacy Consultant. Follow SCC guidelines and HQ USCENTCOM directives managing the SLEP. Additional information can be found at <https://slep.dmsbfda.army.mil/>.

n. Excess CL VIII. Follow SCC guidelines referencing the disposition of excess CL VIII. USAMMC-SWA does not accept encompassing turn-ins (as per the Army Medical Material Agreement).

o. MCDM Ordering and Turn in Process.

(1) Some, but not all, locations are under the potential threat of Chemical, Biological, Radiological, Nuclear (CBRN) operations. It is a Service responsibility to deploy trained and ready troops for CBRN contingencies. Units are required to deploy with MCDM as applicable to the AOR.

(2) Army units will request MCDM pursuant to Reference (o). Air Force units typically have biological warfare/chemical warfare defense materiel prepositioned in the theater. Contact U.S. Air Forces Central Command (USAFCENT) 4A1 Functional Manager at DSN: 313-717-7108 regarding biological warfare/chemical warfare materiel. Navy and Marine Corps units will deploy with required MCDM. Navy or Marine Corps units requiring MCDM support will contact USNAVCENT (DSN: 318-439-4033) or U.S. Marine Corps Forces Central Command (DSN: 312-651-4158). Special Operations Command Central units requiring MCDM will contact service component/service providers for support prior to arrival in Theater.



(3) USAMMC-SWA is not responsible for issuing MCDM to units deploying to the USCENTCOM AOR. HQ, Department of the Army Office of the Surgeon General is the release authority for any Army stocks managed in the AOR by USAMMC-SWA.

(4) Requisitions for MCDM. Unit funded requisitions for Acquisition Advice Code "D" MCDM will be submitted through Service supply channels directly to the managing source of MCDM supply. For any operational stocks of MCDM that may be sourced by DLA, units will coordinate with USCENTCOM who is the release authority for operational MCDM. For all other requisitions, the release authority for MCDM is generally Army Office of the Surgeon General, Air Force Medical Service, Navy Bureau of Medicine and Surgery, or Marine Medical Officer.

(5) USCENTCOM Directive for MCDM Management. Applies to all units regardless of whether MCDM is drawn from Home Station or issued in the AOR.

(a) Issue. Units will draw, account for, and secure in-transit until arrival at final destination. A chain of custody for MCDM is maintained for the duration of the deployment from Issue Point to the unit or individual Service Member (SM) until turn-in. The Issue Point maintain copies of all release documents annotated with the document number, unit designation, quantity, lot numbers, and expiration dates. Unit Commanders will maintain accountability of all MCDM and documentation until MCDM is turned-in and accountability is released.

(b) Storage.

1. Units will consolidate MCDM and secure in temperature-controlled storage pursuant to Reference (o), Paragraphs 5-9 (or SCC equivalent guiding instructions) at 59-86 degrees Fahrenheit until directed to issue to SMs. MCDM should not be released to individuals without Command direction, oversight, and management plan for issued stocks. Commanders will issue on appropriate documents and maintain records until MCDM is returned back to the unit.

2. Diazepam (convulsant antidote for nerve agent) is a controlled substance, security code Q, and accountability must be maintained pursuant to applicable security regulations, but not less than secured in a General Service Administration Series Class V approved storage container. Diazepam is not released to SMs without Senior Mission Commander Direction upon a realistic threat.

(c) Turn-In. Stocks issued to individual SMs cannot be reused. Stocks kept in controlled storage, in original and unopened packaging may be turned-in to issuing activity at Home Station.

1. MCDM issued to units/individual Soldiers/Military Working Dog handlers and maintained outside the prescribed storage temperatures or for which the storage conditions are unknown, are considered unserviceable. Return to Issue Point.

2. Assets that were maintained in central management by the units and stored pursuant to manufacturer's storage guidelines may be transferred to another unit or returned to stock. A

*CCR 40-4, 19 July 2021*

Command MFR is required stating the MCDM was secured under climate-controlled conditions in original packaging and not issued in order to complete the transfer or return to stock.

3. If MCDM is issued from USAMMC-SWA, it is turned-in to USAMMC-SWA. All other MCDM is unit property and will return to Home Station.

4. No MCDM is destroyed or disposed of without written guidance from USCENTCOM or SCC disposition instructions. It is either returned to Home Station or returned to USAMMC-SWA if issued from operational stocks or as a part of the Army Office of the Surgeon General MCDM program.

(d) Contingency Stock Items (CSI). CSI pursuant to MOD 15, are controlled and maintained pursuant to Service specific requirements by USCENTCOM service components, and released when required for use as Individual Protective Equipment. Consistent with current authorities, USCENTCOM requires CBRN CSI items be enrolled and maintained in the SLEP. CSI will be stored in a regionally proximal location in order to allow transfer to the control of the supported Commander for further disposition within 72 hours of release. Service components will ensure service personnel deploy with items that are listed as CSI and based on unit location proximal to Contingency Stocks or Operational Stocks. Units should be prepared to acquire and store items in a manner dictated upon identification of credible threat indications and warnings.

p. Influenza Vaccine Distribution. Annually, HQ USCENTCOM conducts an influenza vaccination campaign. The storage, distribution, and receiving of the influenza vaccine must be met with prior planning and coordination throughout units in the AOR. USARCENT, as the SIMLM for the theater, has the lead in planning and coordinating the distribution of influenza vaccine throughout the AOR. USAMMC-SWA, as the TLAMM, will be the primary distributor of influenza vaccine.

q. COVID-19 Vaccine Distribution. HQ USCENTCOM will conduct a COVID-19 vaccination campaign that will mirror the storage, distribution, and administration for the influenza vaccine program.

r. Medical Equipment Acquisition Process. The equipment requestor will present the requirement(s) for the equipment to the Joint Requirements Review Board, Program Budget Advisory Committee, Commander, or Approval Authority with the authority to obligate funds for the procurement. Once the request for the new equipment has been approved, submit Supply Category 84 Letter of Justification to USAMMC-SWA Customer Support Section with the approved funding document. The Letter of Justification must be signed by an O-5/O-6 Commander, the Property Book Officer, and the USAMMC-SWA Medical Maintenance Officer in Charge. If the requested equipment is not in the TEWLS catalog, the requestor must submit an NIR.

s. Optical Fabrication. All orders for optical fabrication will be processed by USAMMC-SWA. USAMMC-SWA has single vision lens capability and will forward multi-vision lens orders to the optical fabrication lab at USAMMC-E.



## 7. MEDICAL MAINTENANCE

a. Maintenance standard. There is only one maintenance standard for HQ USCENTCOM: the DoD maintenance standard. As defined in Reference (h), programs for DoD materiel shall be structured and managed to sustain or restore inherent performance, safety, and reliability levels of the equipment. Maintenance programs are structured to meet the readiness and sustainability objectives (including mobilization and surge capabilities) of DoD units; medical units are not exempt. Maintenance is a command responsibility. The DoD mandates that Commanders, at all levels, will emphasize the importance of safety and maintenance and ensure that subordinates are held accountable for the conduct of maintenance operations. The condition of the equipment, within the DoD maintenance standard, is defined as:

(1) Organic unit medical equipment must be fully mission capable prior to arrival in theater. Theater provided Medical Equipment must be fully mission capable for utilization.

(2) Equipment with a status code of Non-Mission Capable is on a valid maintenance request and additional parts needed to complete corrective actions are on a valid requisition. Ensure that medical equipment that is non-mission capable has an active repair work order request with their supporting external maintenance support operations (i.e., USAMMC-SWA) entity.

(3) The equipment's scheduled services are current. Medical equipment requiring preventative maintenance should always be current according to the affixed DD Form 2163, *Medical Equipment Verification/Certification*, label.

(4) The equipment is accounted for and has an established maintenance plan in an approved Logistic Information System (LIS): Global Combat System Support-Army or DMLSS.

b. Field maintenance is the first and most critical level of the maintenance system. Routine preventive maintenance checks and services evaluates the operational status of equipment and identifies equipment problems. Equipment readiness can be increased when operators:

(1) Perform operator's level maintenance pursuant to the manufacturer literature and/or applicable 10 and/or 20 Series technical manual, prior to using the medical equipment in a patient care environment.

(2) Immediately report equipment malfunctions or damage to medical equipment, which could compromise patient care and unit readiness to unit organic medical maintenance support or External Maintenance Support Operations entity.

(3) Immediately impound equipment and consumables involved in an in a Patient Safety Report, Commander's Critical Information Requirements, or Sentinel Event. Operators can notify their supervisor, safety officer, or maintenance manager.

(4) No maintenance capability can conduct preventative, nor repair maintenance, unless equipment requiring maintenance is accounted for and has an established maintenance plan within an assigned LIS system pursuant to DoD Instruction 5000.64, *Accountability and*

*CCR 40-4, 19 July 2021*

*Management of DoD Equipment and Other Accountable Property*, and other service specific regulations, policies, and directives.

c. Units with organic medical maintenance capability will provide field level maintenance for medical equipment services. Units without organic biomedical equipment technicians can contact USAMMC-SWA, for external maintenance support operations, at e-mail: usarmy.as-sayliyah.usarcent.mbx.usammc-swa-medical-maintenance@mail.mil. The USAMMC-SWA Medical Maintenance Management Division (M3D) Chief, appointed on orders, will manage the medical equipment program in order to:

(1) Ensure medical equipment is serviceable, safe, and properly configured to meet wartime missions.

(2) Establish a Standard Operating Procedure (SOP) for the USAMMC-SWA M3D. The M3D SOP will be utilized by the Forward Logistics Element-Medical to develop their medical maintenance internal and external maintenance SOPs.

(3) Use Global Combat System Support-Army to manage the medical maintenance program. All other LIS require approval by HQ USCENTCOM.

(4) Ensure all medical equipment maintenance performed by USAMMC-SWA M3D is performed to standard using the appropriate equipment technical manual or original equipment manufacturer manual.

(5) Conducts monthly Review and Analysis of Forward Logistics Element-Medical medical maintenance operations to evaluate their efficacy and efficiency.

d. Support Activities and Programs:

(1) USAMMC-SWA can provide medical maintenance support for all units in USCENTCOM AOR. USAMMC-SWA can conduct unscheduled service missions and accept equipment for in-shop repair as needed. The USAMMC-SWA Contact Repair Team (CRT) consists of medical maintenance technicians. These teams can be dispatched to service all general medical equipment. CRT requests will be submitted via the USAMMC-SWA CRT Request Form. All requests must be approved by the M3D Chief. Units requesting medical equipment service support will send their requests to e-mail: usarmy.as-sayliyah.usarcent.mbx.usammc-swa-medical-maintenance@mail.mil.

(2) Forward Repair Activity-Medical (FRA-M) is a team of technical experts in the functional areas of Radiology, Pulmonary, and Laboratory. This team provides services and training on specialized equipment within the previously mentioned functional areas. Currently, the pulmonary and laboratory activities are on a six-month rotational basis. U.S. Army Medical Material Agreement provides an enduring radiology technician to USCENTCOM. FRA-M request for radiology repairs must be submitted by using a Memorandum of Understanding for Maintenance Assistance. Requests must be approved by the M3D Chief. Any questions about this program can be directed to e-mail: usarmy.as-sayliyah.usarcent.mbx.usammc-swa-medical-maintenance@mail.mil.

(3) Organic biomedical equipment specialists will serve as the primary first-look option for the unscheduled services on all Laboratory, Pulmonary and Diagnostic Medical Imaging Equipment. The designated FRA-M team member(s) will provide contiguous U.S. based over the horizon technical support and serve as the secondary option for unscheduled services on specialized Laboratory, Pulmonary and Diagnostic Medical Imaging Equipment beyond the capability of military biomedical equipment specialists and biomedical electronics technicians.

(4) Strategic Readiness Float (SRF)-Medical Program: The SRF program is designed to provide a one-for-one exchange of equipment to maintain adequate patient care. This program is based on on-hand equipment availability at USAMMC-SWA. All SRF equipment transactions will be completed using an SRF request. All questions regarding SRF should be directed to USAMMC-SWA at e-mail: [usarmy.as-sayliyah.usarcent.mbx.usammc-swa-medical-maintenance@mail.mil](mailto:usarmy.as-sayliyah.usarcent.mbx.usammc-swa-medical-maintenance@mail.mil).

(5) Patient Movement Items (PMI) are approved Aeromedical Evacuation certified medical equipment items and durable supplies used by joint medical elements operating in a contingency environment. The PMI program is managed through the Theater PMI Cell at Ramstein AB, Germany. To prevent degradation of capabilities, units can submit a level change request through the PMI Cell for forwarding to SCC/Surgeon General and Air Mobility Command for final approval. All units with PMI requirements can request training from the USAFCENT PMI Cell Manager at Ramstein AB, Germany DSN: 314-479-2429/1361.

## 8. CUSTOMER ASSISTANCE VISITS

Customer Assistance Visits (CAV) are performed by the USAMMC-SWA staff and, if necessary, the USAMMC-SWA customer service team. The intent of this program is to provide guidance regarding equipment maintenance and medial materiel requisitions. CAVs help answer questions related to ordering supplies, requesting services, scheduled services base dates, calibration verifications, equipment life-cycle management, and equipment acquisition procedures. Requests for a CAV can be sent to e-mail: [usarmy.as-sayliyah.medcom-6-mlmc.mbx.usammc-swa-custsup@mail.mil](mailto:usarmy.as-sayliyah.medcom-6-mlmc.mbx.usammc-swa-custsup@mail.mil). Units are expected to conduct periodic self-assessments using the Medical Logistics Assessment Checklist in Appendix A and are required to complete the checklist prior to requesting a CAV. Note: for all types of assistance (maintenance, CAV, etc.) involving travel, USAMMC-SWA is bound by the same rules as others when travel restrictions are in place. Units that require specific assistance will contact CCSG to work their requirements and options to meet the mission.

## 9. REDEPLOYMENT

a. Redeployment. It is critical units notify USAMMC-SWA of their redeployments at least 90 days prior to departure. Customers preparing to redeploy should only order materiel receivable prior to departure and essential for their remaining time in theater.

b. Customers will run a due-in report and obtain a due-out report from USAMMC-SWA to reconcile their account prior to redeployment.

*CCR 40-4, 19 July 2021*

c. Individuals/Units redeploying with MCDM. Individuals will turn-in their MCDM to their assigned unit prior to redeployment. Units redeploying will either transfer to arriving unit or return MCDM to Home Station or demobilization locations.

## **10. MONTHLY USCENTCOM THEATER MEDICAL LOGISTICS TELECONFERENCE**

a. The HQ USCENTCOM MEDLOG Planner, in collaboration with the USARCENT SIMLM MEDLOG Planner, facilitates a monthly secure voice over internet protocol teleconference for all SCC and subordinate units.

b. The purpose of the teleconference is to allow for MEDLOG specific coordination, collaboration, and information sharing throughout USCENTCOM AOR. Typically, the teleconference occurs the second Wednesday of every month at 0800 Eastern Standard Time.

c. The POC for the USCENTCOM Theater MEDLOG teleconference can be reached at DSN: 312-529-0350/0345.

## **11. PROPONENT**

The proponent of this regulation is the HQ USCENTCOM Surgeon General (CCSG). Units are invited to submit comments and suggested improvements directly to HQ USCENTCOM ATTN: CCSG, 7115 South Boundary Boulevard, MacDill AFB FL 33621-5101.

## **12. ACCESSIBILITY**

Publications and Forms are available on the USCENTCOM SIPRNet Releasable (REL) Publications Information Portal at the following link:  
[https://ccj6.rel.centcom.smil.mil/R\\_DIV/RD/RDP/SitePages/Home.aspx](https://ccj6.rel.centcom.smil.mil/R_DIV/RD/RDP/SitePages/Home.aspx).

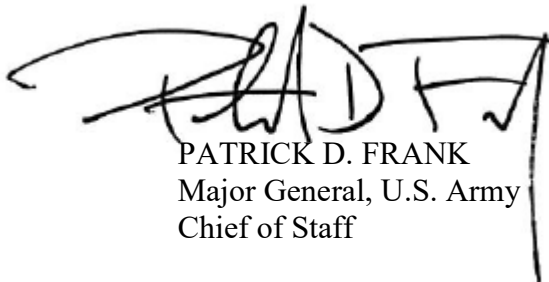
## **13. RELEASABILITY**

There are no releasability restrictions on this instruction within the U.S. Federal Government. Contact the USCENTCOM Freedom of Information Act (FOIA) Office if requested for public release pursuant to the FOIA.

#### 14. EXPIRATION

This regulation will expire in five years pursuant to USCENTCOM CCR 25-30, *Preparation of Administrative Publications*, unless revised or rescinded.

OFFICIAL:



PATRICK D. FRANK  
Major General, U.S. Army  
Chief of Staff

#### APPENDICES

Appendix A: Medical Logistics Assessment Checklist

Appendix B: Glossary

Appendix C: References

**APPENDIX A: MEDICAL LOGISTICS ASSESSMENT CHECKLIST**

General Instructions: Complete each item in all applicable sections using the codes provided in the legend. A “No” response indicates a possible deficiency and corrective action may be necessary. Deficient conditions are to be entered on the Self-Assessment Checklist. Contact Theater Enabling Command at DSN: 318-432-6980 for assistance and additional information.

<b>LEGEND:</b> “□” = In compliance	N/E = Not evaluated
“NO” = May not be in compliance	N/A = Not applicable

**Medical Equipment Evaluation Questions:**

1. \_\_\_ Is there a written Standard Operating Procedure on hand?
2. \_\_\_ Does the most senior medical equipment manager have appointment orders?
3. \_\_\_ Is all medical equipment requiring Preventive Maintenance Checks and Services in the logistics Information System: Global Combat System Support-Army or Defense Medical Logistics Standard Support?
4. \_\_\_ Has an account been established with U.S. Army Medical Materiel Center-Southwest Asia, the Theater Lead Agent for Medical Materiel?
5. \_\_\_ Is there shop stock on hand and has the shop stock list been approved?
6. \_\_\_ Is there bench stock on hand and has the bench stock been approved?
7. \_\_\_ Has a permanent X-Ray file been established for each diagnostic X-Ray system?
8. \_\_\_ Is the automated work order register reconciled at least monthly?
9. \_\_\_ Do all parts request have a valid requisition and document number?
10. \_\_\_ Is a Commander’s Critical Information Requirement submitted when critical medical equipment is Non-Mission Capable?
11. \_\_\_ Are calibration labels affixed to equipment requiring calibration?
12. \_\_\_ Is an initial inspection performed on new medical equipment prior to use?
13. \_\_\_ Are technical inspections for turn-in work orders properly condition coded?
14. \_\_\_ Is the Hand Receipt Holder/Custodian notified of all “unable to locate” equipment?
15. \_\_\_ Does the Hand Receipt Holder/Custodian receive a copy of the scheduled services prior to the month services are due?



**Medical Supply Evaluation Questions:**

1. \_\_\_\_Has the unit established a Class VIII medical supply account with U.S. Army Medical Materiel Center-Southwest Asia?
2. \_\_\_\_Does the unit have a copy of U.S. Army Medical Material Center-Southwest Asia customer support handbook?
3. \_\_\_\_Is the system of record used to order Class VIII supply?
4. \_\_\_\_Is the Class VIII supply catalog updated?
5. \_\_\_\_Are reconciliations performed to validate transactions on the document register?
6. \_\_\_\_Are expired shelf-life items either replaced or extended by the medical authority?
7. \_\_\_\_Are disposal and destruction procedures for suspended medical materiel performed?
8. \_\_\_\_Are full and empty oxygen cylinders segregated, properly secured, and correctly marked?
9. \_\_\_\_Is a Temperature Sensitive Medical Products program in place for medical products?
10. \_\_\_\_Is all Class VIII equipment, to include Basic Issue Item/Associated Support Items of Equipment, added to the property book?
11. \_\_\_\_Are Class VIII Federally Controlled Substance pharmaceuticals stored, handled, and inventoried pursuant to SCC regulations?

## APPENDIX B: GLOSSARY

1. Abbreviations, Acronyms, and Initialisms. Pursuant to the *DoD Dictionary of Military and Associated Terms*, an abbreviation is a shortened form of a word or phrase pronounced as a word (e.g., SecDef). An acronym is a shortened form of a phrase of words, where the letters of the acronym stand for the terms of its meaning and is also read as a word (e.g., ASAP [as soon as possible]). An initialism is a shortened form of a word or phrase that is not spoken as a word; each letter is spoken separately (e.g., DoD).

AOR	Area of Responsibility
CAV	Customer Assistance Visits
CBRN	Chemical, Biological, Radiological, Nuclear
CCR	United States Central Command Regulation
CCSG	United States Central Command, Command Surgeon
CIL	Critical Items List
CL	Class
CRT	Contact Repair Team
CSI	Contingency Stock Items
DA	Department of the Army
DCAM	Defense Customer Assistance Module
DMLSS	Defense Medical Logistics Standard Support
DoD	Department of Defense
DoDAAC	Department of Defense Activity Address Code
DoDD	Department of Defense Directive
DSN	Defense Switched Network
FRAGORD	Fragmentary Order
FRA-M	Forward Repair Activity-Medical
HQ	Headquarters
JTF	Joint Task Force
LIS	Logistic Information System
M3D	Medical Maintenance Management Division
MCDM	Medical Chemical Defense Materiel
MEDLOG	Medical Logistics
MFR	Memorandum for Record
MOD	Modification
NIR	New Item Request
PMI	Patient Movement Items
POC	Point of Contact
RECON	Reconciliation
SCC	Service Component Command
SDR	Supply Discrepancy Report
SIMLM	Single Integrated Medical Logistics Manager
SLEP	Shelf Life Extension Program
SM	Service Member
SOP	Standard Operating Procedure
SRF	Strategic Readiness Float
TEWLS	Theater Enterprise Wide Logistics System

TLAMM	Theater Lead Agent for Medical Materiel
USAFCENT	United States Air Forces Central Command
USAMMC-E	United States Army Medical Center-Europe
USAMMC-SWA	United States Army Medical Materiel Center-Southwest Asia
USARCENT	United States Army Central Command
USCENTCOM	United States Central Command
USNAVCENT	United States Naval Forces Central Command
WEB DYNPRO®	Web Dynamic Programming

2. Terms/Definitions. Unless otherwise noted, these terms and their definition are for the purpose of this regulation.

accountable officer. Person officially appointed in writing to maintain a formal set of accounting records of property or funds. This person may or may not have physical possession of the property or funds.

command surgeons. Senior Medical Corps officer who is part of the SCC or JTF special staff. The Command Surgeon serves as the principle advisor to the Commander and staff on all medical matters, plans, and direct health services support for missions.

final governing standards. A comprehensive set of country-specific substantive environmental provisions, typically technical limitations on effluent, discharges, etc., or a specific management practice. (Joint Publication 3-34) (US DoD) (Reference (k))

MCDM. Includes military-unique auto-injectors for chemical agent antidotes and pre-positioned stocks of antibiotics for various possible biological agents and radio protectants for possible radiological hazards.

medical logistics. Provides intensive management for planning and executing MEDLOG support operations to include medical distribution (which includes transportation planning and coordination), medical equipment maintenance and repair, blood management, optical fabrication and repair, and the centralized management of patient movement items.

SIMLM. Logistics, including MEDLOG, is a Service responsibility; however, in joint operations, a Combatant Commander or Joint Forces Commander may assign specific common-user logistics functions to a lead Service. The Joint Forces Commander typically tasks the Army Service component command or Army component of a JTF to provide MEDLOG support to other Services and designated multinational partners. The mission to plan and execute MEDLOG as a common-user logistics function is known as SIMLM (management) and the designated Service component is referred to as the SIMLM (manager).

tactical combat casualty care. A set of trauma management guidelines focused on the most common causes of preventable deaths resulting from hostile action or terrorist activity.

TLAMM. Service organization designated to provide theater-level Class VIII supply support to a Combatant Commander for joint forces operating within a specified theater of operations. It serves as the theater's primary distribution point, receiving materiel directly from medical prime vendors and other suppliers in the U.S.

APPENDIX C: REFERENCES

- a. Army Regulation 40-3, *Medical, Dental, and Veterinary Care*, 23 April 2013.
- b. AR 40-61, *Medical Logistics Policies*, 28 January 2005.
- c. AR 710-2, *Supply Policy Below the National Level*, 28 March 2008.
- d. AR 750-1, *Army Materiel Maintenance Policy*, 23 October 2019.
- e. Army Techniques Publication 4-02.1, *Army Medical Logistics*, 29 October 2015.
- f. USCENTCOM Clinical Operating Protocol-03, *Medication Use Policy*, 8 July 2020.
- g. Department of the Army Pamphlet 710-2-1, *Using Unit Supply System (Manual Procedures)*, 1 December 2016.
- h. DoD Directive (DoDD) 4151.18, *Maintenance of Military Material*, 31 August 2018.
- i. DoDD 5101.09E, *Class VIIIA Medical Materiel Supply Management*, 12 September 2019.
- j. DoDD 8190.01E, *Defense Logistics Management Standards (DLMS)*, 30 December 2019.
- k. DoD Instruction 4715.5, *Management of Environmental Compliance at Overseas Installations*, 1 May 2007.
- l. DoD Manual 4140.01, Volume 1, *DoD Supply Chain Materiel Management Procedures: Operational Requirements*, 13 December 2018.
- m. Federal Acquisition Regulation 6.302-1(b)(4), August 3, 2015.
- n. Joint Publication 4-02, *Joint Health Services*, 28 September 2018.
- o. Supply Bulletin 8-75-S7, *Army Medical Department Supply Information*, 20 July 2013.
- p. Supply Bulletin 8-75-11, *Army Medical Department Supply Information*, 20 November 2016.
- q. *Tactical Combat Casualty Care (TCCC) Guidelines*, 5 November 2020.
- r. Technical Bulletin Medical 750-2, *Operating Guide for Modified Table of Organization and Equipment (Medical Equipment)*, 1 November 2006.
- s. *United States Army Medical Materiel Center-South West Asia Customer Handbook*, 29 December 2019.
- t. USAFCENT Fragmentary Order (FRAGORD) F13-001, *Utilization of Patient Movement Items, USAFCENT FRAGORD F13-001 Utilization of PMI MOD 1, and USAFCENT FRAGORD F13-001 Utilization of PMI MOD 2*.

- u. *USAFCENT Medical Logistics Deployed Handbook*, August 2017.
- v. USCENTCOM MOD 1, *Operational Instructions for the Medical Situational Awareness Tool*, 20 July 2017.
- w. USCENTCOM MOD 13, *Individual Protection and Individual/Unit Deployment Policy*, March 2017.