

CHAPTER 11

SUPPLY AND SERVICES, MAINTENANCE, AND HEALTH SERVICE SUPPORT

Section I. INTRODUCTION

11-1. General

Supply and maintenance are key factors in the sustainment of dental service operations. Both of these areas impact heavily on unit readiness and are a subject of intense command interest throughout the chain of command. While the senior dental NCO generally is tasked with overseeing unit administration, the MS executive officer is usually tasked with overseeing supply and maintenance operations. In the medical detachment, which has no organic MS officer, the senior dental NCO oversees these functions as well as administration.

11-2. Unit Supply and Maintenance Personnel

Tables of organization and equipment for the medical company (dental service) and medical detachment (dental service) provide a sufficient number of specialists, along with the necessary equipment, to conduct unit-level supply and maintenance operations. The battalion HHD, which has far less capability, and the medical team (prosthodontics), which has none, are dependent on a supporting unit (Usually a medical company [dental service]) for supply and maintenance. The following specialists are organic to the medical company (dental service) and medical detachment (dental service).

- *Motor Sergeant (63B30)* — supervises unit motor maintenance operations, management, and training.
- *Light Vehicle Mechanic(s) (63B10/20)*— performs unit-level vehicle maintenance procedures.
- *Power-Generation Equipment Repairer (52D10)* — supervises unit generator maintenance operations and training and performs unit-level maintenance procedures.
- *Medical Equipment Repairer/Supervisor (35U30)* — organic only to the HHD of the battalion. Monitors the readiness of the battalion's medical equipment and provides technical guidance and supervision to subordinate units.

- *Medical Equipment Repairer(s) (35G10/20)* — supervises unit medical equipment maintenance and performs unit-level medical equipment repairs.
- *Equipment Records Clerk (The Army Maintenance Management System [TAMMS]) (76C20)* — manages equipment and other maintenance-related records. As noted in the TOE, performs additional duty as the unit repair parts specialist. The TAMMS clerk generally works under the direct supervision of the unit motor sergeant.
- *Medical Supply Sergeant (76J20/30)*— performs unit medical supply operations to include management and accounting for all items of medical supply and equipment.
- *Unit Supply Sergeant (76Y20)* — performs unit supply operations for all classes of supply except medical. As noted in the TOE, performs additional duty as the unit armorer. In the medical battalion (dental service) and medical detachment (dental service) which have no organic supply sergeant, the medical supply specialist is generally assigned responsibility for the total unit supply operation.
- *Cook (94B10)* — organic only to the medical company (dental service). Generally attached for duty in the supporting dining facility since the medical company (dental service) has no organic field feeding equipment.

11-3. Additional Duties

There are numerous requirements for assignment of maintenance and supply, as well as administration-related additional duties. This is usually accomplished by letter order signed by the commander. Prescription of these duties comes from a number of sources; however, most are required by regulation. Many additional duties which specify an officer requirement fall into the domain of the executive officer's responsibilities. Higher headquarters are generally able to provide subordinate units with a consolidated listing of required additional duties as a part of the command inspection process. Some examples of required additional duties are—

- Motor officer.
- Safety officer/NCO.
- Reenlistment officer/NCO.
- Unit readiness officer.
- Physical security officer/NCO.
- NBC officer.

11-4. External Support Requirements

All dental units rely on COSCOM or TAACOM DS and general support (GS) units for higher echelon maintenance and supply support. In addition to unit-level responsibilities, the motor and supply sergeants, under the supervision of the executive officer, establish accounts and support agreements with supporting maintenance and supply activities for the provision of all classes of supply and maintenance services. Effective liaison with these supporting activities is essential to successful supply and maintenance operations.

Section II. SUPPLY AND SERVICES

11-5. General

Resupply of materiel consumed during the course of operations is a major function of the dental unit headquarters section. Though procurement of supplies is a critical function, other aspects of the supply system are also of great concern to the commander in the TO. These include—

- Property responsibility.
- Property accountability.
- Disposal, maintenance, and disposition of supply records.
- Reporting of unsatisfactory items of medical materiel.
- Inventory.
- Cash collection.
- Investigation and report of survey for lost and damaged property.
- Property security.

Additionally, dental units require services such as laundry and bath, transportation, and mortuary affairs. Discussion of specific procedures relating to the supply and service system is not appropriate in this manual; however, dental unit commanders and their responsible staff must develop a thorough understanding of these procedures. The remainder of this section deals primarily with general dental unit supply operations in the TO. Refer to ARs 40-61 and 710-2 for additional guidance on property management.

11-6. Classes of Supply

Supplies are categorized into ten classes. Dental units consume supplies from each of the ten classes to varying degrees. For dental units these ten classes of supply can be broken down into two general categories—medical supply and unit supply. Management of medical supplies is the responsibility of the unit's medical supply specialist. The other nine classes of supply can be categorized as unit supply and are managed, in most cases, by the unit supply sergeant. Table 11-1 lists the ten classes of supply and identifies the most likely manager within dental units, primary user within the unit, and supporting unit or source for each class of supply.

Table 11-1. Classes of Supply

CLASS	DESCRIPTION	PRINCIPAL	FEEDER	SOURCE
I	Subsistence Items	Sup Sgt	1SG, Clerk	DS Sup Co
II	Clothing, Personal Equip, CTA-type Equip	Sup Sgt		DS Sup Co
III	POL: Petroleum, Oils, Lubricants	Sup Sgt	Motor Sgt, Generation Rep, Armorer, DTFs	DS Sup Co
IV	Construction, Barrier Materials	Sup Sgt		MMC
V	Ammunition, Pyrotechnics	Sup Sgt		S&S Co
VI	Personal Demand (PX) Items	Sup Sgt\1SG		S&S Co
VII	Major End Items (nonmedical)	PBO, Sup Sgt		MMC
VIII	Medical Supply and Equip Medical Repair Parts	Med Sup Spc	Medical Equip Rep, DTFs	MEDLOG Bn
IX	Repair Parts	PLL Clerk	Motor Sgt, NBC NCO, Armorer, Generation Rep, DTFs	Maint Co
X	Nonmilitary/Civil Affairs	Sup Sgt\Med Sup Spc		G5/J5

11-7. Medical Supply Operations

Dental units consume a significant amount of dental materials (medical supply) during the course of patient treatment operations, particularly when maintaining-level care is being provided. An efficient system for replenishing those materials must be established within the unit and with the supporting MEDLOG battalion.

a. Within the dental unit, the unit's DTFs requisition resupply from the unit's medical supply specialist. Resupply requirements from DTFs can be identified either on a locally standardized form, as part of the periodic status report forwarded to the unit by the DTF, or by using DA Form 3161 IAW DA Pam 710-2-1. The unit's medical supply specialist, in turn, consolidates requirements, prepares DA Form 3161 (if not done by the DTF), and forwards the consolidated request to the supporting MEDLOG battalion.

b. Distribution of medical supplies within the dental unit is by one of two methods. *Unit distribution* is the most common method used when the unit's DTFs are in proximity. Supplies are picked up by the unit's headquarters personnel from the supply point and delivered to the DTFs using organic vehicles. *Supply point distribution* is used when DTFs are located at an inconvenient distance from the unit headquarters section. In this case, the affected DTFs establish accounts directly with the MEDLOG battalion or one of its forward or area support platoons, rather than going through the unit medical supply specialist. When DTFs use supply point distribution, they must continue to report expenditure and replenishment to the unit so the commander can remain abreast of the supply situation. When a forward treatment team has a long-term relationship with a host unit such as a hospital or medical company, a provisional method should be considered whereby the forward treatment team obtains its supplies through the host unit. Supply distribution

should be a matter for inclusion in the unit TSOP as well as specified in orders and plans developed by higher headquarters.

11-8. Unit Supply Operations

As stated earlier, unit supply operations include all classes of supply other than Class VIII. The medical supply specialist manages Class VIII medical supplies, and the unit supply sergeant manages all other classes with the exception of Class IX, repair parts. Management of repair parts is the responsibility of the unit TAMMS clerk who performs the duties of a repair parts specialist as an extra duty. Management of the various nonmedical classes of supply is essentially the same as for Class VIII; however, distribution and source will vary with the class of supply.

a. Classes I, II, III, V, and VI are provided by appropriate elements of the supporting COSCOM or TAACOM DS supply company. Distribution can be accomplished on either a unit or a supply point basis—again depending on the location of the unit's subordinate DTFs. In the case of bulk fuel, dental unit distribution capability is limited to 5-gallon cans. Therefore, dental units must rely on host units with fuel distribution capability, or must refuel directly from the designated supply and service company fuel distribution point. Rations are obtained from the unit designated to provide food service support.

b. Class IV, Barrier and Construction Materiels; and Class VII, Major Nonmedical End Items (trucks, generators, and others) are managed by the Materiel Management Center (MMC) responsible for the area. These classes of supply, designated as critical items, are intensely managed throughout the supply system from the CONUS base to the TO. Requests for items in these categories are forwarded by dental units through the chain of command to the supporting MMC. These materiels are usually issued by supply managers at the various levels, using a priority issue list maintained by the MMC.

c. Class IX, repair parts of all types (other than medical) are managed by the unit repair parts specialist. Repair parts resupply is more commonly associated with the maintenance system rather than the supply system, especially in light of the fact that

COSCOM or TAACOM maintenance units are the source of repair and repair parts. As part of the repair parts system, dental units carry a prescribed load list (PLL) of repair parts and maintenance-related items to ensure that high demand repair parts are immediately on hand for use by unit maintenance personnel. Guidance on repair parts and PLL stockage is provided in DA Pam 710-2-1.

d. Class X covers a broad category of supplies used in nonmilitary/CA operations. Issue of Class X supplies is managed through the COSCOM G5/TAACOM J5 and is coordinated through the chain of command.

11-9. Services

Dental units use a number of services, all of which are provided by COSCOM or TAACOM units. Among these services, laundry and bath is the most frequently used. Service support is generally arranged through the chain of command or designated in orders. Dental units have limited transportation resources. External transportation assets from COSCOM or TAACOM will normally be required to move any dental unit in a single lift. Mortuary affairs support is provided by COSCOM or TAACOM mortuary affairs units.

11-10. Role of the Dental Battalion Headquarters and Headquarters Detachment

The logistical services which the HHD of the dental battalion provides to its subordinate units are limited by its size. The services are limited primarily to technical guidance in the areas of Class VIII supply and medical equipment maintenance and are provided by the 76J medical supply sergeant (E5) and the 35U medical equipment repairer/supervisor (E6). The primary role of the battalion HHD is to monitor the logistics status of the battalion by reviewing status reports (and other reports) submitted by the subordinate unit. Most frequently used supplies are obtained by the subordinate units directly from supply providers such as the MEDLOG battalion, without going through the dental battalion. However, in the case of command designated critical items such as barrier materials or major end items, supply transactions are routed through the dental battalion HHD. High demand dental items which are in short

supply may require intensive management requiring routing through the dental battalion. The dental battalion HHD may find it necessary to cross-level

items of dental equipment and supplies, as well as other major end items within the battalion as the situation dictates.

Section III. MAINTENANCE

11-11. General

Maintenance of vehicles and equipment is a critical aspect of sustainment in the TO. The unit which fails to maintain its equipment in good operating order will likewise fail to accomplish its mission. The Army definition of maintenance includes inspecting, testing, calibrating, servicing, classifying as to serviceability, repair, rebuilding, and reclamation—all tied together with a prescribed recordkeeping system. The overall objective is to assure that materiel is maintained in a ready condition to fulfill its intended purpose. Dental units, with the exception of the dental battalion HHD and the medical team (prosthodontics), have a significant maintenance capability. The dental battalion HHD and the medical team (prosthodontics) must rely on a host medical company (dental services) to which they are attached for organizational maintenance support.

11-12. The Army Maintenance System

Army regulations of the 750-series prescribe the basic concepts, objectives, policies, and procedures for the maintenance of Army materiel. Guidance for implementation of TAMMS is provided in DA Pam 738-750. Technical Bulletin 38-750-2 adapts DA Pam 738-750 for use with medical equipment. Dental unit commanders must be well versed in the contents of all of these publications.

11-13. Preventive Maintenance

Preventive maintenance (PM) is the care and servicing to maintain equipment and facilities in satisfactory operating condition. It is provided through systematic inspection, detection, and correction of incipient failures before they occur or before they develop into major defects. Preventive maintenance is the responsibility of commanders at all echelons and is accomplished by user and maintenance personnel.

Commanders are responsible also for ensuring maintenance of equipment is performed IAW published maintenance doctrine at the lowest category consistent with the repair parts, tools, and skills available (AR 750-1).

a. Operator Maintenance. This is maintenance performed by the equipment operator or crew before, during, after use, and at other intervals prescribed by pertinent publications. The equipment is inspected and serviced by procedures outlined in applicable technical manuals, lubrication orders, or publications such as the manufacturer's instructions. Deficiencies not corrected by the operator must be reported to the supervisor so that appropriate unit maintenance personnel can be notified.

b. Requirements. Requirements of an effective PM program include:

(1) Training and instruction of maintenance personnel and operators in proper PM practices and operating procedures.

(2) Systematic and periodic inspection and servicing.

(3) Assignment of specific maintenance responsibilities to operating personnel and to skilled maintenance personnel.

(4) Supervision of PM programs by the unit chain of command.

c. Preventive Maintenance Indicators. The physical inspection of equipment is not beyond the capability or proper activity of the commander. Effective unit maintenance relies heavily upon this personal inspection by the commander himself. Even though he cannot examine all the details of the many points of inspection, he can get a good idea of the condition of his unit's equipment by checking a few points that represent the quality of maintenance that

has been performed. These points, called “PM indicators,” include performance, noise, lubrication, loose or missing parts, damage or abuse, adjustment, and cleanliness. Technical Manual 8-6500-001-10-PMCS guides the commander in—

- Preventive maintenance responsibilities, requirements, and procedures for reportable medical equipment.
- Serviceability standards for reportable medical equipment.
- Preparation for packing and storage of reportable medical equipment.

11-14. Categories of Maintenance

Maintenance services are provided at echelons defined as categories of maintenance.

a. Organizational. Maintenance authorized for and performed by an organization on equipment in its possession. Organizational maintenance is usually limited to prescribed PM service and minor repairs.

b. Direct Support. Materiel maintenance authorized for and performed by designated TOE maintenance units in DS of using organizations. Field Manuals 43-11 and 43-12 provide details on DS maintenance.

c. General Support. Characterized by the capacity to repair and overhaul unserviceable equipment for return to local area supply systems, and to back up DS maintenance units as required through repair and return of equipment to the using organization.

d. Depot. Fixed industrial-type facilities, usually located in the CONUS base, with a mission of repairing, overhauling, or rebuilding equipment to meet overall DA requirements.

11-15. Vehicle Maintenance

The medical company (dental service) and medical detachment (dental service) are well staffed with

personnel and equipment to perform organizational-level maintenance on organic vehicles as well as those vehicles belonging to supported units such as the dental battalion HHD or the medical team (prosthodontics). The motor sergeant in each of these units supervises overall maintenance operations performed by organic wheeled vehicle mechanics. The 76C TAMMS clerk keeps maintenance records on the unit’s vehicles and also serves as the unit’s PLL clerk as stated in Chapter 10. Direct support and GS maintenance are provided by COSCOM or TAACOM maintenance units. It is important that the dental unit, usually the executive officer, maintain an active liaison with the supporting DS maintenance activity.

11-16. Power-Generation Equipment Maintenance

In dental units, the organic power-generation repairer, 52D, performs organizational maintenance on the unit’s organic generators and power distribution equipment. The Army Maintenance Management System and PLL support are provided by the TAMMS clerk. Direct support maintenance is provided by COSCOM or TAACOM DS maintenance activities.

11-17. Medical Equipment Maintenance

The medical equipment repairers in the medical company (dental service) and medical detachment (dental service) perform organizational level maintenance on the unit’s medical equipment. In addition, they maintain maintenance records on that equipment IAW TB 38-750-2. Direct support and GS maintenance are provided by the MEDLOG battalion. The medical equipment repairer assigned to the dental battalion HHD provides technical guidance to subordinate units on medical maintenance matters.

11-18. Maintenance on Equipment other than Vehicles, Power Generation and Medical

Maintenance in dental units is not limited to vehicles, power-generation equipment, and medical equipment. Other areas requiring PM and repair as needed are— weapons, communications equipment, NBC equipment, personal equipment, office equipment, and

quartermaster equipment such as tentage. However, dental unit organizational maintenance capability in these areas is generally limited to the operator or user level causing them to rely largely on DS activities. Direct support maintenance in all of these areas is provided by elements of the supporting COSCOM or TAACOM DS maintenance battalion.

11-19. Calibration

Numerous items of equipment in dental units require calibration. Included among these are tools, test equipment, and NBC monitoring devices. Calibration service for these is provided by elements of the supporting DS maintenance battalion. Calibration of the dental x-ray apparatus is provided by the MEDLOG battalion.

11-20. Materiel Readiness Reporting

Readiness of unit materiel status is a key factor in the commander's assessment of the overall unit readiness status. The DA Form 2406, prepared IAW AR 700-138, is the formal mechanism for reporting materiel readiness. The DA Form 2406 is also the basis for the materiel portion of the unit readiness report, DA Form 2715, prepared IAW AR 220-1. Within the TO, the day-to-day equipment status must be available to the commander as the basis for operational decisions. The dental battalion HHD monitors the day-to-day materiel readiness status of its subordinate units based on input received on the daily status reports. Likewise, medical companies (dental service) and medical detachments (dental service) require daily materiel status reports from their detached DTFs. A system for reporting materiel status must be included in the TSOP of dental units at all levels.

Section IV. HEALTH SERVICE SUPPORT

11-21. General

Health service support falls under the overall category of CSS. The inherent skills of dental officers and usual close location of dental units makes up for the lack of organic medical personnel in dental units. It is important, however, to have an understanding of the HSS system and how to access that system when the need arises.

11-22. Echelons I and II Medical Treatment

Echelons I and II treatment for nondivisional units (including dental units) lacking organic medical elements is provided by ASMBs assigned to medical groups within the COSCOM and medical brigades in the TAACOM. The ASMB provides routine health services (troop medical clinic care), emergency care, and evacuation on an area basis.

11-23. Hospitalization

Dental unit personnel who require hospitalization are evacuated from the ASMB MTF to the appropriate corps or COMMZ hospital. They are further evacuated to COMMZ or CONUS based hospitals with greater capability as required and consistent with the theater patient evacuation policy.

11-24. Inherent Medical Capability

By virtue of professional training and additional training in ATM, dental units are uniquely suited to handle a number of minor injuries and illnesses within the DTF. The greatest limitations are resources in the form of medical supplies and patient-holding capability. Dental personnel whose injuries or illnesses exceed the limited capabilities within the DTF should be evacuated to the ASMB.