

may be transported over long distances; or be subjected to hot, humid conditions. At all times the remains must be free of putrefaction and infectious agents. This requires the thorough disinfection and uniform preservation of all body tissues. Employment of continuous injection and intermittent drainage enhances chemical distribution and penetration. Use of humectants (moisture retention chemicals) in the arterial injection solution will help to achieve greater tissue penetration, and to restore normal body moisture content.

5.1.1 Pre-embalming Procedures: The following basic steps will be accomplished in the course of processing or reprocessing of all viewable remains, and to the extent possible, nonviewable remains.

5.1.2 When possible, remains will be bathed, male facial and scalp hair washed and groomed to conform to military standards (suitable hair preparations will be accomplished on females). Fingernails will be cleaned and trimmed. The mouth will be securely closed to form a natural expression and proper attention given to the eyes to prevent wrinkling of the eyelids and a sunken appearance of the eyes. Cosmetics will be applied only in the amount necessary to produce natural color and texture.

5.1.3 All lacerations, abrasions, incisions, excisions, and burn wounds will be sutured or sealed to prevent leakage. Swollen or distorted features will be reduced to the normal contours enjoyed during life. Postmortem stains will be chemically bleached by applying packs and needle injection. On viewable areas, further treatment will consist of the use of masking cosmetics to render stains nondetectable.

5.1.4 All body orifices will be treated with a disinfectant, non-astringent chemical (generic categories such as Phenylphenols and Iodophors) and then packed with cotton. Bedsores, ulcerated, burned, and necrotic tissue will be treated either by hypodermic injection, or pack application of deodorizing and preserving chemical.

5.1.5 Maggots and other insect larvae will be destroyed and their breeding sites in or on the remains thoroughly treated with an insecticide chemical.

5.1.6 The contractor's performance will be such that all remains are effectively disinfected, uniformly preserved, and all offensive odors eliminated before the remains are casketed.

6. PREPARATION OF REMAINS

6.1 General: The military services require that all remains be processed or reprocessed in a manner reflecting the highest stand-

6.1.3 Autopsied Remains: If a partial or complete autopsy has been performed, a six point injection with multi-site drainage will be accomplished, using arterial chemical injection solution as specified for processing viewable remains. Thoracic and abdominal walls will be hypo-injected using the same strength solution as injected arterially. On thoracic or abdominal autopsies, the viscera will be removed and immersed in concentrated cavity chemical having a 30-index (%) or greater. When a cranial autopsy has been performed, the calvarium will be replaced and securely stabilized. The scalp will be replaced over the calvarium and neatly sutured to avoid an unnatural appearance and the hair will be washed. The inner surfaces of the body cavities will be given a liberal application of gel preservative, the organs replaced within the cavities in normal anatomical location and liberally covered with hardening compound.

6.1.4 Treatment of Scalp (Viewable Remains): When the scalp has been shaved because of medical treatment or surgery, processing or reprocessing will be accomplished as specified for viewable remains, after which the head will then be wrapped with gauze or equivalent in a neat and professional manner.

6.1.5 Mutilated Hands (Viewable Remains): When the hands are mutilated to the point that restoration is not possible, the hands will be treated in a manner which renders all tissue firm, dry, and thoroughly preserved. The hands will then be covered by either wrapping with gauze or equivalent in a neat and professional manner; or by placing surgical gloves on the hands followed by white (military) gloves.

6.1.6 Dressing Remains, Including Intact Nonviewable: Remains will be dressed in the clothing provided by the contracting officer. Nonviewable remains that cannot be dressed will be wrapped in the rubber or polyethylene sheeting and blanket furnished by the contracting officer. Wrapping will be accomplished as follows: A blanket will be spread on the dressing table with opposing corners at the head and foot ends of the table. The blanket is then covered with a white cotton sheet followed by a sheet of polyethylene. Two strips of cotton are laid down the center of the plastic sheet and liberally sprinkled with hardening compound. The remains are then laid on the cotton strips, coated with hardening compound, and covered with additional cotton strips. The polyethylene sheet is then wrapped around the remains. The white cotton sheet is then wrapped around the plastic sheathed remains followed by the blanket which will have as few creases as possible, and be secured with large safety pins placed no more than eight inches (20.0 cm) apart.

6.1.7 Embalmer Evaluation: The embalmer (contractor's agent) processing or reprocessing the remains will critically evaluate

the completed treatment to ensure that any remains cared for under this contract are effectively disinfected, uniformly preserved, and will arrive at destination in a satisfactory condition. The contracting officer or designee will authorize delivery or shipment of remains when that officer is assured that the services and supplies furnished by the contractor meet this specification. The contractor will state on a certificate (Preparation Room History), furnished by the contracting officer, that the services and supplies meet this specification in its entirety.

6.1.8 Placement in Casket: Remains will be placed in the casket in a manner that will create an appearance of rest and composure, and to ensure maintenance of position during transit. When remains are to be shipped, pads will be placed around them to prevent shifting. The pillow will be turned over and a clean piece of cloth placed over the face. The casket will be of sufficient size to prevent the appearance of crowding and cramping the remains.

6.1.9 Quality Assurance Evaluation: Failure to pass inspector's evaluation after placement of remains in a casket and before delivery will require contractor to remove remains from the casket and perform one or more of the following services as directed by the contracting officer or designee: (a) additional disinfective or preservative treatment; (b) re-dressing; (c) change or add decorations or insignia; or (d) place remains in a new casket. When services under this paragraph are performed, services as set forth in clauses 6.1.6, 6.1.8, and 6.1.10 of this part will again be performed by the contractor.

6.1.10 Encasing Casket: The casket will be carefully and professionally placed in the protective outer container, as directed by the contracting officer. All shipping documents will be affixed or enclosed.

6.1.11 Loading Remains: The remains will be carefully and professionally placed in the type of vehicle designated by the contracting officer for the delivery of remains.

7. TRANSPORTATION OF REMAINS

7.1 Removal of Remains: Transporting remains in a suitable funeral coach, ambulance, or service car to place where processing or reprocessing is performed. This transportation will include calling at the place where death occurs or remains are located when such place is on the activity(ies) or at any other location designated by the contracting officer or designee.

7.2 Delivery of Remains, Including Escort: In a contractor's funeral coach to a place of religious service and then to a common carrier terminal, another funeral home, or to a Government or non-

Government cemetery. Contractor's funeral coach will arrive at each location at the time specified by the contracting officer.

7.2.1 Remains being shipped by common carrier will be delivered to airport or rail terminal not later than 2 hours before scheduled departure of aircraft or train.

7.2.2 Personnel used in transportation of the remains or of the escort, off the reservation, will be dressed in a seasonal suit with shirt and tie. Other vehicle operators may wear clean cotton twill, matching shirt, and trousers in dark or neutral colors.

8. CREMATION

8.1 Cremation: This clause provides for services, supplies, and transportation for a local cremation when called for by the contracting officer. Remains will be treated and dressed as prescribed in this specification. The casket will be of seasoned wood, standard to the local industry where manufactured. The covering will be grey cotton, broadcloth, moleskin, doeskin, or other suitable finish and the hardware common to the industry. Transportation of remains (including escort and escort's return) to the crematory serving the local area and cremated remains to a Government facility will be provided. The contractor will provide a rectangular or vase type spun bronze urn with carrying or shipping container. The urn will be engraved with the name, grade or rate, date of birth, and date of death of the deceased. The contractor will place the cremated remains in the urn. (Bidders will submit with their bid a full description of the casket, urn, and container that the bidder proposes to furnish.) (Note: Cremation charges will be paid by the Government to the crematory or the contractor.)

9. HYGIENIC PRACTICES

9.1 Funeral Establishment or Port of Entry Mortuary: The contractor will employ protective, precautionary hygienic measures and techniques designed to accomplish concurrent and terminal disinfection and decontamination of the entire funeral service establishment or port of entry mortuary preparation room and shipping area environment. The application of appropriate in-use concentrations of chemical disinfectants (such generic categories as Phenylphenols or Iodophors) to body surfaces and orifices, instruments, preparation room, floor, walls, and equipment surfaces and general sanitation of public visitation areas (as applicable) will help prevent the transmission of actual and potential pathogens to personnel.

9.2 Contractor Personnel: Also recommended is the wearing of protective, surgical type oral-nasal mask designed to prevent the

Inhalation of infectious particles originating from the surface, orifices, and cavities of human remains.

10. PORT OF ENTRY (POE) MORTUARY - ADDITIONAL REQUIREMENTS

10.1 Processed (Embalmed) Remains: The contractor (responsible licensed embalmer) will remove remains from the transfer case or casket and, with the contracting officer or designee, determine:

- a. Whether remains are viewable or nonviewable.
- b. Effectiveness of disinfection, uniformity of preservation, and any additional disinfective and preservative treatment and restorative art work and cosmetic work required.
- c. Size of casket to be used.

10.2 Unembalmed Remains: The contractor (responsible licensed embalmer) will remove the remains from the transfer case or casket and, with the contracting officer or designee, determine:

- a. Whether the remains are viewable or nonviewable.
- b. The treatment to effectively disinfect and uniformly preserve the remains and also eliminate all offensive odors emanating from the remains.
- c. Restorative art and cosmetic work required.
- d. Size of casket to be used.

10.3 Reprocessing Viewable Remains: Tissue areas requiring further or special attention will be treated to assure that the remains are effectively disinfected and uniformly preserved. The treatment will be accomplished by one or more of the following: trocar or hypodermic injection or external pack application using full strength cavity chemicals having a 30-index (%) or greater. Thoracic, abdominal, and pelvic cavities will be relieved of gases and distention and reinjected with a minimum of 32 ounces (0.95 L) of concentrated cavity chemicals having a 30-index (%) or greater.

10.4 Reprocessing Nonviewable Remains: Those tissues requiring further or special attention will be treated to assure the remains are effectively disinfected and uniformly preserved. This treatment will be accomplished by means of one or more of the following: Trocar or hypodermic injection or external pack application using full strength cavity chemicals having a 30-index (%) or greater. Thoracic and abdominal cavities, when present, will be

relieved of gases and distention and reinjected with a minimum of 32 ounces (0.95 L) of concentrated cavity chemicals having a 30-index (%) or greater.

10.5 Processing Unembalmed Adult Remains: The contractor will perform those requirements enumerated in Clause 5, "Preparation of Remains", of this specification.

10.6 Treatment of Infant and Child Remains - The following is applicable for Neonatal, Infant, and Child Remains (birth through 60 months):

10.6.1 Viewable and Injectable Remains: Arterial injection will be accomplished by injecting intact arterial pathways, the abdominal aorta, or left ventricle, as applicable and agreed to by the contracting officer or designee. Drainage will be taken from appropriate venous sites. The arterial injection solution will have a concentration of 2% to 3% (as required) by volume aldehyde or aldehyde derivative preservative agent(s). The cranial, thoracic, abdominal, and pelvic cavities will be thoroughly aspirated. The cavities will then be injected by means of a trocar with sufficient amount of cavity fluid (having a 30-index (%) or greater) to thoroughly saturate the organs and contents.

10.6.2 Nonviewable and Non-Injectable Remains: Such remains will be disinfected and preserved by means of accessory embalming techniques. Superficial and deep tissue will be injected by infant trocar or syringe and needle. The arterial injection solution will have a minimum concentration of 5% by volume aldehyde or aldehyde derivative preservative agent(s). The supplemental use of liquid (packs), gel, or dry sanitizers for the confirmed disinfection and preservation of superficial tissue will also be accomplished. The cranial, thoracic, abdominal, and pelvic cavities will be thoroughly aspirated. The cavities will then be injected by means of trocar with sufficient amount of cavity fluid (having a 30-index (%) or greater) to thoroughly saturate the organs and contents.

10.6.3 Autopsied Remains: If a partial or complete autopsy has been performed, a 6 point arterial injection with multi-site drainage will be accomplished. The arterial chemical injection concentration solution requirements indicated in clause 10.6.1, as applicable, will also apply. Following the arterial injection, the thoracic and abdominal walls will be hypo-injected by means of a trocar or syringe with an arterial solution of the same strength as injected arterially. Treatment for organs or portions of organs which have become separated during autopsy investigation will be removed from the cavities and immersed in concentrated cavity chemical having a 30-index (%) or greater. Inner surfaces of body cavities will be treated with a liberal application of a gel preserv-

ative, then the organs or portions thereof returned to the cavities in their normal anatomical location and covered with hardening compound. Calvarium will be replaced, scalp sutured, and hair treated as indicated for adult autopsied remains.

10.6.4 Treatment of Scalp (Viewable): When scalp has been shaved, procedures indicated in clause 6.1.4 apply.

10.6.5 Mutilated Hands (Viewable): Procedures indicated in clause 6.1.5 apply.

10.6.6 Dressing Remains: Procedures indicated in clause 6.1.6 apply.

10.6.7 Embalmer Evaluation: Procedures indicated in clause 6.1.7 apply.

10.6.8 Placement in Casket: Procedures indicated in clause 6.1.8 apply.

10.6.9 Quality Assurance: Procedures indicated in clause 6.1.9 apply.

10.6.10 Encasing Casket: Procedures indicated in clause 6.1.10 apply.

10.6.11 Loading Remains: Procedures indicated in clause 6.1.11 apply.

11. TRANSPORTATION OF REMAINS

11.1 Removal of Remains: Transporting remains in a suitable covered vehicle (funeral coach, ambulance, covered truck) that prevents exposure of the shipping container to public view, from a place designated by the contracting officer or designee to the place where processing or reprocessing is to be performed. More than one remains may be moved in said vehicle at a time, but stacking of one container on top of another is prohibited.

11.1.2 Delivery of Remains: Transporting remains and escort in a suitable covered vehicle from place of processing or reprocessing to any place designated by the contracting officer or designee, including the flight line at the area port of embarkation APOE. Stacking of one casket or outer case on top of another is prohibited.

a. Remains moving by common carrier will be delivered to the airport or rail terminal not later than 2 hours before scheduled departure time.

b. Remains to be moved by air from APOE will be delivered to flight line at the time designated by the contracting officer or designee.

c. A funeral coach will be required when remains are delivered direct to: (1) a national cemetery; (2) a funeral home or residence; or (3) a crematory. The funeral coach will be clean, highly polished, and in good mechanical condition.

d. Remains moved to a national cemetery, crematory, funeral home, or residence will arrive at destination at the time specified by the contracting officer or designee.

e. Personnel: Dress code indicated in clause 7.2.2 will apply.

f. Transfer Case: The reusable metal transfer case will be returned to a location as directed by the contracting officer or designee. The contractor will clean and sanitize the transfer case each time after removing remains therefrom.

12. Cremation: Procedures contained in clause 8.1 will apply.

13. Hygienic Practices: Procedures contained in clauses 9.1 and 9.2 apply.

APPENDIX J (Continued)

ARMED SERVICES SPECIFICATION
CASKETS AND SHIPPING CONTAINERS
(REGULAR AND PORT OF ENTRY REQUIREMENTS)

1. SCOPE

1.1 This specification establishes minimum standards for adult caskets (part II), adult shipping containers (part III), and infant and child caskets and cases (part IV).

PART II CASKETS

2. CLASSIFICATION

2.1 Caskets covered by this specification will be the following type and sizes.

2.1.1 Standard Size: Eighteen gauge metal sealer, cut top. Inside dimensions will not be less than 78" (1.98 m) in length, measured between the inner surfaces of the end panels, and 23" (58.4 cm) in width, measured between the inner surfaces of the side panels.

2.1.2 Oversize: Eighteen gauge metal sealer, cut top. Inside dimensions will not be less than 81" (2.06 m) in length, measured between the inner surfaces of the end panels, and 25" (63.5 cm) in width, measured between the inner surfaces of the side panels.

3. APPLICABLE DOCUMENTS

3.1 The following documents, of the issue in effect on date of invitation for bids or requests for proposals, form a part of this specification to the extent specified herein:

Specifications

Federal

TT-C-490 - Cleaning Methods and Pretreatment Methods of Ferrous Surfaces for Organic Coatings

Standards

Military

MIL-STD-105 - Sampling procedures and Tables for Inspection by Attributes

(Copies of specifications and standards required by bidder in connection with specific procurement functions should be obtained from the procuring agency or as directed by the contracting officer.)

4. REQUIREMENTS

4.1 Sample Casket: When specified, a sample completed casket or sample casket without upholstery will be made available to the contracting officer or authorized designee for quality assurance inspection per clause 6 of this part. The approval of the sample is acceptance of the casket but does not relieve the contractor of responsibility for compliance with all applicable provisions of this specification. The pre-furnished sample(s) will be manufactured in the same facilities to be used for the manufacture of caskets to be furnished under contract.

4.2 Materials: Materials will, as a minimum, conform to the applicable specifications and requirements specified hereinafter. Unless otherwise specified herein, tolerance for materials will, as a minimum, conform to this specification.

4.2.1 Steel: Steel sheet will be common or standard to that used within the metal casket industry.

4.2.2 Fabric (Lining): The construction of this cloth, as a minimum, will be: Warp 92 ends - 100 denier dull acetate yarn; filling 52 picks - 150 denier dull acetate yarn. The acetate taffeta fabric's finish will be flat or embossed. The color will be white (ivory).

4.2.3 Nonwoven Fabric Material Tissue: The nonwoven material for backing the fabric of the lining assemblies will be scrim laminate consisting of 3 x 2 1/2 nylon scrim with 2 plys of tissue adhesively bonded to each side of scrim. White in color.

4.2.4 Pillow and Body Pocket: Will be a minimum of 40% cotton and 60% linters or synthetic equivalent.

4.2.5 Welding: All component parts to be welded will be properly aligned into position prior to welding. Resistance, arc, or gas welds will be sound and free from pits, holes, or fissures. Welding will be accomplished without burning through the welded metals. After any flash welding, outside exposed flash will be removed entirely and no trace of the joint will be visible after finishing. All arc or gas welds will have sufficient penetration to form a joint of strength equal to that of the parent metal. Exposed welds will be finished flush to the original surface and will be undetectable after finishing. Repair of welds will be accepted, provided such repaired welds meet the requirements of this specification.

4.2.6 Upholstering

4.2.6.1 Lining Assemblies: The lining assemblies for the interior of the head panel lid, sides, and ends of casket, overlay, mattress

spread, pillowcase, two piece top (lid) supports (one piece top (lid) supports will be finished to compliment the casket), and the sides of the casket body will be as specified in clause 4.2.3. The head top will be lined with interior styling. The foot top will be lined with fabric and backing as specified in clauses 4.2.2 and 4.2.3 or may be upholstered by applying a rigid one piece insert, simulating fabric finish. The assemblies for the lid or head panel, as applicable, top of the pillowcase, outside exposed body lining, and top side of overthrow will be "Wave Crushed", tufted or shirred either by hand or machine. The interior assemblies for the sides and ends of casket will be tailored or shirred by hand or machine. Before lining the casket, the inside of the shell will be cleaned of all foreign material.

4.2.6.2 Pillow: The pillow will be made of nonwoven material specified in clause 4.2.3 and filled with a minimum of 2 1/4 pounds (1.3 kg) of the specified filling material. The pillow will then be encased in an outer fabric cover as specified in clause 4.2.2. The pillow will be sized to properly fit the casket.

4.2.6.3 Mattress: The mattress will be made of fabric specified in clause 4.2.3, or polyethylene (.004) film, and filled with cotton as specified in clause 4.2.4, or synthetic filling in one piece such as polyester or fiberglass, excluding all foam type and excelsior materials. Quantity of mattress fill, if cotton or similar, will be 16 pounds (7.2 kg), plus or minus one pound (0.45 kg). Should the casket be equipped with an adjustable inner spring, the mattress fill will render a minimum uniform thickness of two inches (5.0 cm). In each instance, the mattress will be sized to properly fit the casket.

4.2.6.4 Side Panels: Side panels of the casket body will have padding in the skirting or apron area.

4.2.7 Finish: The color of the casket's painted finish will be within the range of silvertone to grey. The painted finish may be achieved through one of two methods.

4.2.7.1 Synthetic Enamel, Baked: All surfaces of metal components, including outside of bottom and inside of shell, will be thoroughly cleaned and given a phosphate coating conforming to TT-C-490. A primer will be applied to all exposed surfaces and will be sanded to a smooth finish. A primer will be applied to the outside of bottom and inside of shell. All exterior metal surfaces exposed to view, including surfaces that are exposed when casket is opened (not applicable to bottom), will be coated with the appropriate color synthetic gloss enamel, in a quantity not less than 2.0 mils dry film thickness. The exposed heads of screws

or bolts used for assembling the casket will be appropriately finished (plated or painted) to correspond or compliment the parent metal finish. The finish coat will level out to produce a smooth and uniform flow without orange peel, runs, wrinkles, drops, streaks, or areas of thin film or no film.

4.2.7.2 Nitrocellulose Lacquer (Air Dry or Flash Dry): All surfaces of metal components will be thoroughly cleaned and given a phosphate coating conforming to TT-C-490. A primer will be applied to all exposed surfaces and edges and to the outside of bottom and inside of shell. The primer will be scuff sanded in all exposed view areas. Forced drying may be used, if desired. All exterior metal surfaces exposed to view, including surfaces that are exposed when casket is opened (not applicable to bottom), will be given an adequate coating of the appropriate color lacquer. All surfaces will then be coated with a clear lacquer to achieve at least the required 2.0 mils dry film thickness. The exposed heads of screws used for assembling the casket will be appropriately finished (plated or painted) to correspond or compliment the parent metal finish. The finish coat will level out to produce a smooth and uniform flow without orange peel, runs, wrinkles, drops, streaks, or areas of thin film or no film. The casket will be well finished, smooth, clear, and free from defects which may affect the appearance or serviceability.

4.2.8 Casket Protective Cover (Paper or Plastic): A casket protective cover, common to the casket industry, will be placed over each casket.

5. CONSTRUCTION DESIGN

5.1 Sealer Casket: The casket will be of steel 18 gauge, U.S. Standard, square or round ends with top and bottom molding with a painted finish as specified in clause 4.2.7. The casket may have appropriate shading effect. The handle assembly will be a continuous fixed bar or swing out type handle. Applied lugs and corners will be plated in finish. The casket will be furnished in the sizes specified in clause 2. The casket will be constructed to yield an airtight seal when closed, which will prevent the escape of odors and leakage. Airtightness compliance will be determined per clause 6.3.1.

5.1.1 CONSTRUCTION DETAILS

5.1.1.1 Body: The casket will be fabricated from steel 18 gauge in thickness. The top flange will be of the same material and thickness as the body and will be reinforced to provide sufficient bearing to support the lid assemblies. The full length of all miters will be welded.

5.1.1.2 Bottom Panel: The bottom panel will be constructed from one piece of metal 18 gauge or better with reinforcing ridges. The construction details of the bottom follow. The bottom panel will withstand, as a minimum, 350 pounds (157.50 kg) load with deformation not to exceed one quarter inch (.51 cm) when tested per clause 6.3.2.

5.1.1.2.1 The one piece bottom will be constructed of steel 18 gauge or better thickness with adequate reinforcing ridges extending lengthwise or crosswise to the bottom. The bottom panel will be appropriately reinforced to meet weight and stress requirements. The entire length and width of the bottom seams will be (continuous) welded as specified in clause 4.2.5.

5.1.1.3 Lid: The casket will consist of a two pieced (stamped from one piece of metal) cut top lid with traditional oval panel and top frame. The lid will be fabricated of steel 18 gauge in thickness. The bridge between the lids, to accommodate the bridge or cross gasket, will be a full header.

5.1.1.4 Shell Hardware: Each lid will be hinged with two hinges each for proper support and to effect a positive seal. Lids will be provided with locking supports for retaining the lids in an open position. Each lid will have two sealer locks (opposing each hinge) lever-operated with nondetachable lever operating handle, or equipped with a crank-type positive locking system with two locking device engagements on each lid opposing the hinges.

5.1.1.5 Handle Assembly: Will be 3 x 1 or 4 x 1 continuous fixed bar or swing out handle assembly. The entire handle assembly, bars, lugs, and corners will be fabricated of metal or a combination of metals standard to the metal casket industry. The entire handle assembly will be fastened to the casket body in a manner that will ensure that the handle assembly will not rupture or show deformation when tested per clause 6.3.3. The finish applied to the handle assembly's lugs and corners will be plated in a manner common to the metal casket industry. The fixed bar or swing out handles will be painted or finished in a manner to compliment the casket.

5.1.1.6 Perimeter and Bridge or Cross Gasket System: The gasket will be fabricated from natural rubber, neophrene, ethylene vinyl acetate (EVA), closed cell polyvinyl chloride (PVC), or any equivalent of the aforementioned. Gasket corners will be mitered and molded and either vulcanized (rubber) or heat sealed (EVA, PVC). The gasket systems, with the lids in a closed locked position, will yield an airtight seal when tested per clause 6.3.1.

5.2 Workmanship: The casket will be produced by the best means employed by those skilled in the art of metal fabrication and upholstering. All parts will be accurately formed and properly assembled into the finished article and each casket will be of the quality and grade of product established by this specification.

6. QUALITY ASSURANCE PROVISIONS

6.1 Responsibility for Inspection: Unless otherwise specified in the contract or purchase order, the contractor is responsible for the performance of all inspection requirements as specified herein. Except as otherwise specified in the contract or order, the contractor may use the contractor's or any other facilities suitable for the performance of the inspection requirements specified herein. The Government reserves the right to perform any of the inspections set forth in the specification where such inspections are called for to assure supplies and services conform to prescribed requirements.

6.2 Quality Conformance Inspection: Sampling for inspection and acceptance will be performed per the provisions set forth in MIL-STD-105, when called for.

6.2.1 Inspection of Materials and Components: Per clause 6.1, components and materials will be inspected and tested per all the requirements of this specification and standards unless otherwise excluded, amended, modified, or qualified in this specification or applicable purchase document.

6.2.2 End Item Inspection: The lot will be all caskets offered for inspection at one time. The sample unit for this inspection will be one complete casket.

6.2.2.1 Visual Examination: Examination of the caskets will be made per the classification of defects set forth in Table I.

6.2.2.2 Dimensional Examination: Inspection will be made of the finished caskets for dimensions specified. Any noncompliance with specified requirements will constitute a defect.

6.2.2.3 End Item Testing: Testing will be performed per clause 6.3.

6.3 Test Methods

6.3.1 Airtightness: The Halogen leak test will be used by the Government or the supplier. Conduct test as follows: A generous portion of freon refrigerant gas will be released into the casket and the casket lids closed and locked for 5 minutes. Then a Turner

Halide Gas Leak Detector Model LP 777 or equivalent will be applied to all joints, bottom, gasket and sealing system, and handle assembly for the purpose of detecting leaks on the casket. Results will be used to determine compliance with clauses 5.1 and 5.1.1.6.

6.3.2 Bottom Deformation Test: The casket will be loaded with a uniformly distributed weight of 350 pounds (157.50 kg), and the lids closed and locked. The casket will then be attached to a rectangular suspension frame by metal straps at 6 evenly spaced points along each side handle, as close to hardware attachment points as possible and will be arranged as to produce uniform weight distribution by means of adjusting wedges. The width of the strap around the handle will be 3 inches (7.5 cm). The suspension frame will be lifted until the bottom of the casket has cleared the floor by 4" (10.0 cm). Bottom deformation will be measured by placing a straight edge under the casket from the front side to the back side at the casket's midpoint. The extent of deformation will be the average of 2 measurement readings taken simultaneously at the edge of the front side and back side of the casket. The reading will be determined by measuring the distance from the bottom of the casket to the top of the straight edge. The casket will remain suspended for a period of 15 minutes and examined for compliance with clause 5.1.1.2.

6.3.3 Handle Bend Test, Static Loading: The test will be made per clause 6.3.2 except that the casket will be suspended at 2 points on each side. These points will be located midway between the lugs toward the ends of the casket. The same test will be performed on the end handles, that each end will be lifted separately using 2 points of suspension on the end handle. Handles will then be examined for compliance with clause 5.1.1.5.

7. CASKET CERTIFICATION

7.1 The contractor will be required to provide a statement that the casket to be furnished for use under the terms of the contract conforms in all details to the minimum specifications contained therein. Extra copies of the specification may be obtained from the contracting officer.

APPENDIX J (Continued)

Table I - CLASSIFICATION OF CASKET DEFECTS

Examine	Defect	Classification	
		Major	Minor
Primer			
Outside of bottom and inside of shell.	No primer on outside of bottom or inside of shell.....	X	
Finish			
All exterior metal surfaces exposed to view, including surfaces that are exposed when casket is opened (not applicable to bottom).	Not within specified range of color.....	X	
	Orange peel or texture.....	X	
	Area of no film.....	X	
	Gritty surface or over-spray that is rough to touch.....		X
	Wet or tacky surface.....	X	
	Any permanent stain or blemish...	X	
Paint on gasket.....			X
	Finish dirty, e.g., oil, glue, or other nonpermanent stain.....		X
Construction and workmanship			
(metal, rubber, and vinyl component, general) (unless otherwise classified herein).	Any functioning assembly that is inoperative, e.g., lid locks will not operate as intended..	X	
	Any part loose, e.g., fixed bar is loosely fitted to lug or corner, but bar is adequately retained or swing out bar bent or fails to swing out smoothly		X
	Any functioning assembly that requires abnormal pressure to operate.....		X
Welding			
	Not welded where required or not specified type of welding.....	X	
	Weld burned through, not free from pits, holes, or fissures.....	X	
	Outside flash not stripped.....	X	
	Exposed welded joints not ground and sanded flush to original surface.....		X

APPENDIX J (Continued)

Examine	Defect	Classification	
		Major	Minor
Metal fasteners (screws, bolts, nuts, etc.).	Any missing, stripped, not sealed, improper length, or otherwise damaged.....	X	
	Any fastener cocked.....	X	
	Not specified type fastener....	X	
Upholstery	Any component missing or stained	X	
	Any open seam, tear, or material defect.....		X
	Waving or pleating crushed or matted down.....		X
	Lining pulled away where it should be affixed.....		X
Assembly	Lid not properly centered on body, i.e., no clearance between top molding and lid angle (check with lid secured in place).....		X
	Evidence of no gasket compression when lids are securely fastened to body.....		X
	Any part perceptibly out of square or not symmetrical...		X
	Casket rocks more than 1/2" (1.25 cm) when placed on a level surface (check with lid secured in place).....		X

APPENDIX J (Continued)

PART III

OUTER SHIPPING CONTAINERS FOR CASKETS
(Air Tray or Equivalent)

8.1 Outer shipping containers are authorized for shipment of standard and oversized caskets.

8.2 Outer shipping containers furnished by contractors will conform to the Performance Test Specification requirements of the air carriers and subsequent connecting carriers.

8.3 For overseas shipment, the contractor will provide an outer shipping container for caskets that meet the requirements of the air carriers and countries involved.

APPENDIX J (Continued)

ARMED SERVICES SPECIFICATION
CARE OF REMAINS OF DECEASED PERSONNEL
(PORT OF ENTRY REQUIREMENTS)

PART IV INFANT AND CHILD CASKETS AND SHIPPING CASES

1. CLASSIFICATION

1.1 Caskets and shipping cases covered by this specification will be of the following types and sizes.

1.1.1 Infant Caskets, Polystyrene: Sizes (outside length) not less than 23" (57.5 cm) nor more than 27" (67.5 cm).

1.1.2 Child Caskets, Wood, Cloth Covered: Sizes 2' 6" (75.0 cm), 3' (0.9 m), and 4' (1.2 m).

1.1.3 Shipping Cases: Suitable outer shipping case for casket sizes indicated in clauses 1.1.1 and 1.1.2.

2. APPLICABLE DOCUMENTS

2.1 There are no documents applicable to this part of this specification.

3. CONSTRUCTION AND DESIGN

3.1 Infant Casket: Casket will be fabricated from high density polystyrene or equivalent, having no welds, seams, or joints. The casket will be constructed to form a tight seal when the casket lid is closed. Casket exterior will be finished white in color. Pillow and mattress fill will be cellu down or equivalent. Interior lining will be backed with cotton or equivalent. Pillow and mattress outer covering and the casket interior lining will be finished (lined) in white crepe material. The casket will be furnished with a suitable outer shipping case.

3.2 Child Casket: Casket will be of a seasoned wood, standard to the casket industry. The casket's outer covering will be lambskin or equivalent, white in color. The hardware will be common to the casket industry. Casket interior lining will be backed with cotton or equivalent. The pillow and mattress fill will be of cellu down or equivalent. The pillow and mattress outer covering and casket interior lining will be finished in white crepe material. The casket will be furnished with a suitable outer shipping case.

4. DEFECTS

4.1 Infant and child caskets will be free of all defects (materials and workmanship) affecting their appearance and serviceability.

5. INTENDED USE

5.1 The standards covered by this specification are intended to be used in conjunction with Schedule of Contract for Care of Remains of Deceased Personnel, Port of Entry Requirements.

APPENDIX K

AIR FORCE AND ARMY ACCOUNTING DATA

1. Air Force. Air Force Centrally Managed Account (CMA) funds are available for citation by naval activities furnishing services to personnel eligible for services under the Air Force's Mortuary Affairs Program. Appropriate accounting data will be furnished by the local Air Force coordinating activity or by Headquarters, AFESC/DEHM, Tyndall Air Force Base, FL 32403-6001, telephone - Autovon 523-6757 - Commercial - (904) 283-6757 (chapter 15 refers).
2. Army. Contact the mortuary affairs office at the nearest Army military installation for open allotment account classification for disposition of remains funds.

APPENDIX L

Form Approved
OMH No. 76-R0711

APPLICATION FOR REIMBURSEMENT OF HEADSTONE OR MARKER EXPENSES						
1. FIRST NAME-MIDDLE NAME-LAST NAME OF DECEASED VETERAN John A. Doe, Jr.			2. SOCIAL SECURITY NO. 222-22-2222		3. VA FILE NO. XC-000000	
4. DATE OF BIRTH 9 Nov 55	5. PLACE OF BIRTH New York, New York		6. DATE OF DEATH 20 Nov 85		7. PLACE OF DEATH Guam	
8. DATE OF BURIAL 25 Nov 85	9. PLACE OF BURIAL OR MEMORIAL (Name and location) Memorial Gardens, Brooklyn, New York				10. WAS VETERAN BURIED OR MEMORIALIZED IN A NATIONAL CEMETERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
11. SERVICE INFORMATION						
A. ENTERED SERVICE		B. SERVICE NUMBER	C. SEPARATION FROM SERVICE		D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE	
DATE	PLACE	NUMBER	DATE	PLACE		
July 77	New York	222-22-2222	20 Nov 85	Guam	HMC U. S. Navy	
12. FIRST NAME-MIDDLE NAME-LAST NAME OF CLAIMANT John A. Doe, Sr.			13. MAILING ADDRESS OF CLAIMANT 333 Harlin Way New York, New York 33111			
14. RELATIONSHIP TO VETERAN Father	15. AMOUNT PAID FOR HEADSTONE \$250.00	16. DATE HEADSTONE PURCHASED 23 Nov 85		FOR VA USE ONLY		
I CERTIFY THAT the foregoing statements made in connection with this application on account of the named veteran are true and correct to the best of my knowledge and belief and that I have NOT filed a separate application for a headstone.	The above application has been received and is pending payment.					
17. SIGNATURE OF CLAIMANT /s/ John A. Doe, Sr.			18. DATE 27 Nov 85		DATE RECEIVED	DATE FORWARDED
					RO NO.	

VA FORM 21-8834
FEB 1979

(SUBMIT BOTH COPIES TO THE VA)

CLAIMS FILE

APPENDIX M

IMPORTANT: Read the General Information sheet before completing this form. Type or print in this space your signature. Form Approved (MIL) No. 26-718-100

1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (CHECKNAME NOT AUTHORIZED) <input type="checkbox"/> CHECK IF REMAINS NONRECOVERABLE			12. APPLICANT'S NAME AND ADDRESS (No. and street, city, state and ZIP CODE)		
FIRST (Or initial) John	MIDDLE (Or initial) A.	LAST Doe, Jr.	John A. Doe, Sr. 333 Harlin Way New York, New York 22222		
NOTE - Shaded blocks are optional inscription items. See Inscription Information					
2. HIGHEST RANK ATTAINED HMC	3. BRANCH OF SERVICE U. S. Navy	4. WAS DECEASED AWARDED MEDAL OF HONOR* <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. AREA CODE AND PHONE NO. (212) 431-1234	14. RELATIONSHIP TO DECEASED Father
5. WAR SERVICE <input type="checkbox"/> WWI <input type="checkbox"/> WWII <input type="checkbox"/> KOREA <input type="checkbox"/> VIETNAM <input type="checkbox"/> OTHER (Specify in Item 24) <input type="checkbox"/> NONE			15. I accept responsibility for installing the headstone or marker at the expense of the Government. I certify that all statements made are true and correct to the best of my knowledge.		
6. YEAR OF BIRTH* 1955		7. YEAR OF DEATH* 1985		16. SIGNATURE OF APPLICANT /s/ John A. Doe, Sr.	
8. SERVICE NO., SOCIAL SECURITY NO., OR VA CLAIM NO. OR DISCHARGE NO. 222-22-2222			17. NAME AND ADDRESS OF PERSON, CEMETERY OR FIRM OR INDIVIDUAL WHO WILL ACCEPT PREPAID DELIVERY (No. and street, city, state and ZIP CODE)		18. AREA CODE AND PHONE NO. A/C 212 432-4412
9. SERVICE INFORMATION (Last period of active duty)					
A. DATE ENTERED (Month, day, year) October 3, 1969		B. DATE RELEASED (Month, day, year) November 20, 1985			
10. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one) <input type="checkbox"/> UPRIGHT MARBLE <input type="checkbox"/> FLAT MARBLE <input checked="" type="checkbox"/> GRANITE <input type="checkbox"/> FLAT SLATE <input type="checkbox"/> FLAT BRONZE					
11. DESIRED EMBLEM OF RELIGION OR NON-RELIGIOUS BELIEF (Check one) <input checked="" type="checkbox"/> CROSS (Christian) <input type="checkbox"/> DAVID (Jewish) <input type="checkbox"/> WHEEL OF RIGHT-SOURDNES (Buddhist) <input type="checkbox"/> OTHER (Specify in Item 24) <input type="checkbox"/> NONE					
FOR USE OF VETERANS ADMINISTRATION			19. I agree to accept headstone or marker on behalf of applicant.		
INSCRIPTION DATA			19. SIGNATURE OF PERSON TO ACCEPT DELIVERY 20. DATE		
ORDER NO.	DATE ORDERED	CONTRACTOR	21. NAME AND LOCATION OF CEMETERY (City and State) Memorial Gardens, New York, New York		
			The headstone or marker of the type checked in item 10 will be permitted on the unmarked plot or grave of the named deceased.		
			22. SIGNATURE OF CEMETERY OFFICIAL		23. DATE

APPENDIX O

RECORD OF PREPARATION AND DISPOSITION OF REMAINS (OUTSIDE CONUS)				REPORT NUMBER G-111-87		Reports Control Symbol A17-666					
1. THRU: (Recipient(s) & Address Authorized Distribution) Naval Medical Command NWREG Oakland, CA 94627-5025		2. TO: (Recipient(s) & Address Authorized Distribution) Naval Medical Command Washington, DC 20372-5120		3. FROM: Naval Hospital Guam							
DECEDENT DATA											
4. REMAINS OF (Last Name, First, MI) DOE, John A. Jr.				5. GRADE/RANK HMC		8. SSN 222-22-2222					
7. BRANCH OF SERVICE <input type="checkbox"/> ARMY <input checked="" type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> OTHER (Specify)											
8. CAUSE OF DEATH Cardiac Arrest				9. PLACE OF DEATH Guam							
10. DATE OF DEATH (YYMMDD) 21 Nov 86		11. MEANS OF IDENTIFICATION (Complete and attach appropriate documentation) Personal Recognition									
MORTUARY DATA											
12. REMAINS RECEIVED AT MORTUARY		13. EMBALMING STARTED		14. EMBALMING COMPLETED							
DATE (YYMMDD) 22 Nov 86	HOUR 1450	DATE (YYMMDD) 22 Nov 86	HOUR 1600	DATE (YYMMDD) 22 Nov 86	HOUR 2100						
15. EXPLAIN ANY DELAY IN RECOVERY, AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS none											
16. TYPE OF CASE <input type="checkbox"/> NOT AUTOPSIED <input checked="" type="checkbox"/> AUTOPSIED <input type="checkbox"/> MUTILATED <input type="checkbox"/> VIEWABLE <input type="checkbox"/> NON-VIEWABLE <input checked="" type="checkbox"/> VIEWING QUESTIONABLE <input type="checkbox"/> OTHER (Specify)											
EMBALMING TREATMENT AND RESULTS											
17a. ARTERIES INJECTED		R	L	ARTERIES (Con't)		R	L	b. VEINS DRAINED	a	L	c. FLUID DILUTIONS
CAROTID		X	X	ILIAC				JUGULAR	X	X	Index of concentrated arterial fluid
SUBCLAVIAN		X	X	FEMORAL		X	X	AXILLARY	X	X	Index of concentrated arterial fluid
AXILLARY				RADIAL				ILIAC	X	X	Preinjection fluid: oz gal
BRACHIAL				ULNAR				FEMORAL			1st Injection 32 oz 2 gal
				Rt & Lt Ant Tibial		Rt & Lt Post Tibial					2nd Injection 32 oz 2 gal
d. HARDENING COMPOUND USED (lbs) 10		e. DRAINAGE <input type="checkbox"/> CONTINUOUS <input checked="" type="checkbox"/> RESTRICTED								3rd Injection 32 oz 2 gal	
										4th Injection oz gal	
18. AREAS HYPODERMICALLY EMBALMED Back, shoulders, buttocks, thoracic & abdominal walls										f. Total concentrated fluid used (oz)	
										Arterial: 96 Preinjection:	
19. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED See item 18 - supplemented with cavity pack										Cavity: 128 Humectant:	
										Other:	
20. RESTORATION TREATMENT (Describe, state reason if treatment not restored) none											
21a. TYPED NAME OF PREPARING EMPALMER JOHN BRISKLEY		b. SIGNATURE /s/ John Briskley		c. LICENSE NUMBER 8840		d. STATE FI.					
SHIPMENT DATA											
22. SHIPPING PROCEDURES COMPLETED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Explain) <input checked="" type="checkbox"/> UNIFORM FURNISHED <input type="checkbox"/> CIVILIAN CLOTHING <input type="checkbox"/> INCOMPLETE UNIFORM/CLOTHING <input type="checkbox"/> NO UNIFORM/CLOTHING FURNISHED				23. METHOD OF SHIPMENT <input checked="" type="checkbox"/> AIR <input type="checkbox"/> WATER <input type="checkbox"/> OVERLAND							
24. TYPE OF CASSET USED (When applicable) not applicable		25. TRANSFER CASE NUMBER Guam A		26. SEAL NUMBER (When applicable) Head: A 5678 Foot: 67890							
27. DATE SHIPPED FROM PREPARING MORTUARY 23 Nov 86		28. PORT OF ENTRY OR PLACE OF FINAL DESTINATION (If other than US Port of Entry) Mortuary Officer, Oakland Army Base, CA									
29. DATE OF DEPARTURE FROM OR RELEASE IN COMMAND 23 Nov 86		30. CHECK ONE IF RELEASED IN COMMAND (Remains will be fully dressed and cosmetized) <input type="checkbox"/> LOCAL INTERMENT (Indicate City, Town and Country in Item 28)				<input type="checkbox"/> PRIVATE COMMERCIAL SHIPMENT					
REIMBURSEMENT DATA											
31. TOTAL AMOUNT OF REIMBURSEMENT not applicable				32. NAME OF SPONSOR not applicable							
33. DATE REIMBURSEMENT EFFECTED (If action taken to obtain reimbursement) not applicable											
34a. TYPED NAME OF MORTUARY OFFICER (If other responsible person) JOHN BRISKLEY, GS-12, Mortuary Officer				b. SIGNATURE /s/ John Briskley							

APPENDIX O (Continued)

36 PORT OF ENTRY Oakland Army Base, Oakland, CA		36 DATE RECEIVED AT PORT OF ENTRY (YYMMDD) 25 Nov 86	
37 REMARKS OF PROCESSING EMBALMER AT POE (Cite deficiencies, recommendations for corrective action, and/or favorable comments as condition of remains)			
38. CASKET	<input checked="" type="checkbox"/> STANDARD	<input type="checkbox"/> OVERSIZE	c. NAME OF MANUFACTURER Pacific
39. CONTRACTOR'S CERTIFICATION (As applicable) I certify that the supplies and services furnished meet the terms and specifications of the contract; and the remains and supplies should be in a satisfactory condition at final destination.			
a. TYPED NAME OF PORT CONTRACT FUNERAL DIRECTOR Sneed Funeral Home		b. SIGNATURE /s/ Terry Sneed	c. LICENSE NO. 0202
			d. STATE CA
40. CHECK APPROPRIATE BLOCKS FOR ITEMS LISTED BELOW. IF BLOCKS CHECKED INDICATE AN IRREGULARITY, GIVE REASONS FOR SUCH IN BLOCK 37.			YES NO N/A
a. Condition of remains upon receipt at port			
(1) Condition of transfer case or shipping container and casket satisfactory			X
(2) Remains properly wrapped			X
(3) Clothing, decorations and pertinent documents complete			X
(4) Remains bathed to present a clean appearance			X
(5) Face shaven, moustache, if any, and hair protruding from ears and nose trimmed			X
(6) Facial features and hands arranged to present a natural appearance			X
(7) Fingernails clean and trimmed			X
(8) All orifices, abrasions, mutilations and incisions sealed to prevent drainage and leakage			X
(9) Remains adequately preserved and disinfected			X
(10) Identification tags with remains			X
b. Reprocessing of remains at port			
(1) Cosmetics applied to present a natural appearance of hands and face			X
(2) Eyelashes, eyebrows and hair free from cosmetics			X
(3) Hair styled (for female personnel)			X
(4) Restorative work appears natural			X
(5) Proper underclothing placed on remains			X
(6) Entire uniform clean, pressed and satisfactory in appearance and fit			X
(7) Shoulder ends under collar, tie in place, buttons and fasteners properly fastened and decorations correctly placed			X
(8) Remains present an appearance of repose in casket			X
(9) Clearance between head and end of casket adequate			X
(10) Non-viewable remains properly wrapped and secured in position			X
(11) Uniform placed over non-viewable wrapped remains			X
(12) Recommend that family be allowed to view remains			X
(13) Casket meets specifications, interior and exterior are clean and unmarred			X
(14) Casket properly closed and sealed			X
(15) Shipping container			X
41a <input checked="" type="checkbox"/> I CERTIFY THAT THE REMAINS WERE INSPECTED AFTER REPROCESSING		b <input type="checkbox"/> AFTER REMAINS WERE CLOTHED AND PLACED IN THE CASKET	
c. TYPED NAME J. B. MORTNEY		d. GRADE GS-11	e. INSTALLATION OF DEPARTMENT REPRESENTATIVE Mortuary Officer, Oakland, CA
f. SIGNATURE /s/ J. B. Mortney		g. DATE (YYMMDD) 25 Nov 86	
42 DATE SHIPPED TO CONSIGNEE (YYMMDD): 26 Nov 86			
43 REMARKS (Indicate item reference number when applicable) Identification tags checked. Incisions re-sealed. Sealed lips and eyes. Dressed in uniform & placed in casket. Remains Viewable.			

APPENDIX P

RECORD OF PREPARATION AND DISPOSITION OF REMAINS (Within CONUS)		Form Approved OMB No 0702 0014 Expires Nov 30, 1989	
1. TO (Recipients and address authorized distribution) Naval Medical Command Washington, DC 20372-5120		2. NAME OF AUTHORITY ARRANGING PREPARATION Naval Hospital, San Diego, CA 92134-7000	
		3. RECEIVING FUNERAL DIRECTOR	
		a NAME Jones Mortuary	
		b ADDRESS 3115 Broadway Chicago, IL 60088-5252	
4. REMAINS OF			
a. NAME (Last, First, Middle Initial) WRIGHT, Hugo NMI	b. GRADE/RANK HMC	c. SSN 222-00-3131	d. BRANCH OF SERVICE U. S. Navy
e. ORGANIZATION	f. NAME OF PERSON DIRECTING DISPOSITION OF REMAINS Mrs. Myrtle Wright	g. ADDRESS OF PERSON DIRECTING DISPOSITION 10030 Sunnyview Boulevard Chicago, IL 60088-5050	
h. RELATIONSHIP OF PERSON DIRECTING DISPOSITION Wife		i. DATE OF DEATH (YYMMDD) 29 Nov 86	j. HOUR OF DEATH 1420
k. CAUSE OF DEATH Homicide		l. PLACE OF DEATH San Diego, CA	
MORTUARY DATA			
5.a. REMAINS RECEIVED AT MORTUARY		b. EMBALMING STARTED	
(1) Date (YYMMDD) 30 Nov 86	(2) Hour 1300	(1) Date (YYMMDD) 30 Nov 86	(2) Hour 1500
d. TYPE OF CASE <input type="checkbox"/> (1) Not Autopsied <input type="checkbox"/> (4) Other (Specify)		e. RECOMMEND FAMILY VIEW REMAINS (X one) <input checked="" type="checkbox"/> (1) Yes <input type="checkbox"/> (2) No	
f. ARTERIES INJECTED		g. VEINS DRAINED	
(1) Carotid	R L f (Continued)	(1) Jugular	R L
(2) Subclavian		(2) Axillary	
(3) Axillary		(3) Iliac	
(4) Brachial		(4) Femoral	
i. HARDENING COMPOUND USED (Lbs.) 3 lbs		j. DRAINAGE <input checked="" type="checkbox"/> (1) Continuous <input type="checkbox"/> (2) Intermittent <input type="checkbox"/> (3) Restricted	
6. AREAS HYPODERMICALLY EMBALMED None		k. TOTAL CONCENTRATED FLUID USED (Oz.)	
7. PARTS RECEIVING POOR CIRCULATION AND HOW TREATED None		(1) Arterial	
		(2) Cavity 64	
		(3) Perinection	
		(4) Humectant	
		(5) Other	
8. RESTORATION TREATMENT (Describe, state reason if features not restored) None			
9. EXPLAIN ANY DELAY IN RECOVERY, AUTOPSY, PREPARATION, INSPECTION OR SHIPMENT OF REMAINS None			
EXPENSE DATA			
10.a. EXPENSE AT PLACE OF DEATH			
PREPARATION SERVICE OBTAINED BY (X one) <input checked="" type="checkbox"/> ANNUAL CONTRACT <input type="checkbox"/> ONE-TIME CONTRACT			
(1) Recovery of Remains	\$	(6) Cremation	\$
(2) Metal Casket <input checked="" type="checkbox"/> (a) Standard <input type="checkbox"/> (b) Oversize (To include preparation of remains, hearse and related services)	\$ 715.00	(7) Transportation of Remains (a) Shipping Container \$ (b) Air \$456.00 (c) Hearse \$ (d) Rail \$	\$ 456.00
(3) Name of Casket Manufacturer Commerce Casket Company		(8) Transportation of Escort (a) Air \$890.00 (b) Rail \$ (c) Bus \$ (d) Per Diem \$215.00	\$ 1105.00
(4) Clothing	\$ n/a	(9) Complete Total	\$2290.00
(5) Flag	\$ 14.95		

APPENDIX P (Continued)

10. INTERMENT EXPENSES					
(1) Amount Paid \$1750.00		(2) Payee Jones Mortuary, Chicago, IL			
(3) Date of Payment (YYMMDD) 23 Dec 86		(4) Voucher Number 320-4300	(5) Check Number P555505		
11. IF OVERSIZED CASKET IS USED, INDICATE REASON(S)					
12. PREPARING EMBALMER					
a. TYPED NAME R. W. DIMS		b. SIGNATURE /s/ R. W. Dims	c. LICENSE NO 33490		
d. STATE CA					
e. REMARKS					
13. CONTRACTOR CERTIFICATION					
I certify that the supplies and services furnished meet the terms and specifications of the contract, and the remains and supplies should be in a satisfactory condition at final destination.					
a. TYPED NAME Louis Colony Funeral Home		b. ADDRESS 5130 Onion Street San Diego, CA			
c. SIGNATURE /s/ R. W. Dims		d. DATE SIGNED 4 Dec 86			
14. INSPECTION DATA (Remains, Casket and Shipping Container)					
a. REMAINS (To be completed before remains are clothed)			YES	NO	N/A
(1) Remains bathed to present a clean appearance			X		
(2) Face shaven; moustache, if any, and hairs protruding from ears and nose trimmed			X		
(3) Facial features and hands arranged to present a natural appearance			X		
(4) Fingernails clean and trimmed			X		
(5) Abrasions, wounds and incisions sealed to prevent drainage and leakage (Embalmer Initial)			X		
(6) Remains adequately preserved and disinfected (Embalmer Initial)			X		
b. REMAINS (To be completed during clothing and after casketing remains)					
(1) Identification tags with remains			X		
(2) Cosmetics applied to present a natural appearance of hands and face			X		
(3) Eyelashes, eyebrows and hair free of cosmetics			X		
(4) Hair styled (for female personnel)					X
(5) Restorative work appears natural					X
(6) Proper underclothing placed on remains			X		
(7) Entire uniform clean, pressed and satisfactory in appearance and fit			X		
(8) Epaulet ends under collar, tie in place, buttons and belt properly fastened and decorations correctly placed			X		
(9) Remains present an appearance of repose in casket			X		
(10) Clearance between head and end of casket adequate			X		
(11) Non-viewable remains properly wrapped and secured in position					X
(12) Uniform placed over non-viewable wrapped remains					X
c. CASKET					
(1) Casket meets specifications			X		
(2) Interior and exterior of casket are clean and unmarred			X		
(3) Casket properly closed and/or sealed			X		
d. SHIPPING CONTAINER			X		
15. DATE SHIPPED TO CONSIGNEE (YYMMDD) 5 Dec 86		16. DEPARTMENT REPRESENTATIVE			
c. REMARKS		<input type="checkbox"/> a. I certify that the remains were inspected after embalming and /or reprocessing; and			
		<input checked="" type="checkbox"/> b. after remains were clothed and placed in the casket.			
d. TYPED NAME John Ennis		e. INSTALLATION Naval Hospital, San Diego, CA		f. GRADE HMC	
g. SIGNATURE /s/ John Ennis		h. DATE SIGNED 5 Dec 86			

APPENDIX Q

DISPOSITION OF REMAINS - REIMBURSABLE BASIS		Form Approved JMB No 3100-1010 Feature No 1 1989	
<u>Privacy Act Statement</u>			
AUTHORITY:	10 USC Sections 1481 thru 1488; EO 9397, November 1943 (SSN)		
PRINCIPAL PURPOSES:	To record the sponsor's disposition instructions for the remains. To record cost for necessary services and supplies. To record the name, address and telephone number of a person in CONUS who may be contacted concerning the remains, if necessary.		
ROUTINE USE:	To document disposition instructions, cost data, and CONUS point of contact for the decedent. This information is used by the mortuary officer at the CONUS port of entry.		
DISCLOSURE:	Voluntary; however, failure to furnish the requested information may delay processing and shipment of remains to final destination.		
1. NAME OF DECEASED JOHN T. MORROW		2. RELATIONSHIP TO SPONSOR Dependent Father-in-Law	
3. NAME OF SPONSOR (Individual, Agency or Firm) John A. Doe, Jr.		4. ADDRESS OF SPONSOR (Street, City, State and Zip Code) Detachment 4 FPO NY 09524	
5. GRADE OF SPONSOR HMC	6. SSN OF SPONSOR 222-22-2222		
I, THE UNDERSIGNED, DESIRE THAT DISPOSITION OF REMAINS BE EFFECTED AS INDICATED BELOW: (X applicable option)			
7. OPTION I			
a. Preparation of remains at the Government mortuary and return of remains to a continental United States port of entry in a transfer case. The Port Mortuary will furnish the requested services and supplies at a cost of \$ _____. I have reimbursed the Government in this amount. It is requested that the remains be shipped to the following funeral home:			
b. NAME OF FUNERAL HOME		c. ADDRESS OF FUNERAL HOME (Street, City, State and Zip Code)	
8. OPTION II			
a. Preparation of remains at the Government mortuary and return of remains to a continental United States port of entry in a transfer case. The Port Mortuary Officer is requested to release the remains to the following funeral home:			
b. NAME OF FUNERAL HOME		c. ADDRESS OF FUNERAL HOME (Street, City, State and Zip Code)	
<input checked="" type="checkbox"/> 9. OPTION III			
a. ARRANGEMENTS DESIRED (Other than those described in Options I or II)			
1. Family request encasement of remains in a standard government casket at port of entry. Remains will be consigned to Walters Funeral Home, 853 North Madison, Auburn, MA 01501.			
2. Advise this command any additional expenses incurred at port of entry so that a correct billing can be provided to the next of kin.			
3. Collection will be effected by the overseas command as required.			
b. APPROPRIATION TO WHICH MONEY HAS BEEN DEPOSITED, IF APPLICABLE Not applicable at this time; pending collection from sponsor			
10. RELATIVE OF DECEASED (for other person) IN CONUS WHO MAY BE CONTACTED, IF NECESSARY			
a. NAME Mary A. Morrow		b. ADDRESS (Street, City, State and Zip Code) 23 Command Drive Springfield, MA 01525	
c. RELATIONSHIP Sister	d. TELEPHONE NO. (include area code)		
e. DATE SIGNED 23 May 87	f. SIGNATURE OF SPONSOR /s/ John A. Doe, Jr.		

APPENDIX R

CASUALTY ASSISTANCE CALLS AND
FUNERAL HONORS SUPPORT (CAC/FHS) PROGRAM COORDINATORS

Per OPNAVINST 5400.24D, the realignment of CNO area representative functions is complete. CAC/FHS program coordinators and their areas of responsibility are reflected in the following:

The 48 Contiguous United States and Alaska

<u>Zone</u>	<u>Area of Responsibility</u>	<u>CAC/FHS Program Coordinator</u>
Northeast	Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Ohio, Michigan, Indiana and the Canadian provinces of Quebec, New Brunswick, Ontario, and Nova Scotia	COMNAVBASE, Philadelphia, PA 19112-5098
Mid-Atlantic	West Virginia; Kentucky; and Virginia less Arlington, Fairfax, Stafford, King George, Prince William and Westmoreland counties	COMNAVBASE, Norfolk, VA 23511-6002
Naval District Washington	The District of Columbia, Maryland, and the countries of Arlington, Fairfax, Stafford, King George, Prince William, and Westmoreland in Virginia	COMNAVDIST, Washington, DC 20374-2002
Southeast	South Carolina, Georgia, Florida, Alabama, Tennessee, Mississippi, and North Carolina	COMNAVBASE, Charleston, SC 29408-5100
Mid-West	Louisiana, Arkansas, Oklahoma, Texas, Kansas, Missouri, Iowa, Illinois, Minnesota, and Wisconsin	COMNAVRESFOR, New Orleans, LA
Southwest	Arizona, Nevada, Utah, New Mexico, Colorado, the California counties of Santa Cruz, Inyo, San Benito, Fresno, Madera, and all other counties of California south thereof	COMNAVBASE, San Diego, CA 92132-5100
Mid-Pacific	Counties of San Mateo, Merced, Santa Clara, Mariposa, Mono, and all other counties of California north thereof	COMNAVBASE, San Francisco, CA 92132-5100

APPENDIX R (Continued)

CASUALTY ASSISTANCE CALLS AND
FUNERAL HONORS SUPPORT (CAC/FHS) PROGRAM COORDINATORS

Northwest	Wyoming, North Dakota, South Dakota, Idaho, Nebraska, Washington, Oregon, Montana, Alaska including the Aleutians, and Canadian provinces of British Columbia, Alberta, Yukon, and Saskatchewan	COMNAVBASE, Seattle, WA 98115-5012
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Outside the 48 Contiguous United States and Alaska

<u>Area of Responsibility</u>	<u>Program Coordinator</u>
Azores, Bermuda, and Iceland	COMNAVAIRLANT
Bahamas, Cuba, Panama, Puerto Rico, and West Indies	COMNAVFORCARIB
Mediterranean Littoral (less Egypt) Portugal	COMFAIRMED
Newfoundland	NAVFAC, Argentia
Japan and Okinawa	COMNAVFORJAPAN
Northern Europe and the United Kingdom	COMNAVACT, United Kingdom
Korea	COMNAVFORKOREA
Hawaii and the Islands of Wake, Midway, Kure, Johnson, Palmyra, and Kingman Reef	COMNAVBASE, Pearl Harbor, HI
Guam, Trust Territory of the Pacific Islands, Australia, New Zealand, and American Samoa	COMNAVFORMARIANAS
Diego Garcia, Hong Kong, Philippines, and Singapore	COMUSNAVPHIL
Africa (less Eastern Littoral States assigned to COMUSNAVCENT)	CINCUSNAVEUR
Middle East, East African States of Egypt, Sudan, Kenya, Ethiopia, Somalia, and Djibouti	COMUSNAVCENT

APPENDIX S

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Ouvre-Mer)				
NAME OF DECEASED (Last, First, Middle) BRAGG, John David		GRADE GS-11	BRANCH OF SERVICE Civilian	SOCIAL SECURITY NUMBER 111-11-1111
ORGANIZATION OICC, SW Pacific Manila, RP		NATION (U.S., United States) United States	DATE OF BIRTH 12 June 1930	SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE <input checked="" type="checkbox"/> CAUCASIAN <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER		MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED	RELIGION <input type="checkbox"/> PROTESTANT <input checked="" type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH	
NAME OF NEXT OF KIN John Arthur Bragg		RELATIONSHIP TO DECEASED Father		
STREET ADDRESS 3012-E San Michele		CITY OR TOWN AND STATE San Antonio, Zambales		
MEDICAL STATEMENT				
CAUSE OF DEATH Cardiac due to Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Hypertension		
ANTECEDENT CAUSES		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Hypercholesterolemia		
OTHER SIGNIFICANT CONDITIONS				
MODE OF DEATH	AUTOPSY PERFORMED		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES	
<input checked="" type="checkbox"/> NATURAL	<input checked="" type="checkbox"/> YES			
<input type="checkbox"/> ACCIDENT	MAJOR FINDINGS OF AUTOPSY			
<input type="checkbox"/> SUICIDE	Severe atherosclerotic heart disease; acute myocardial infarction; pulmonary congestion and edema.			
<input type="checkbox"/> HOMICIDE	NAME OF PATHOLOGIST		AVIATION ACCIDENT	
	AVERY RUSH, LCDR, MC, USN		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DATE OF DEATH		PLACE OF DEATH		
1245 27 November 1985		Naval Hospital, Subic Bay, RP		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.				
NAME OF MEDICAL OFFICER		TITLE OF DEGREE		
JEROME ALTER		Medical Officer		
GRADE		INSTALLATION OR ADDRESS		
LT.		Naval Hospital, Subic Bay, RP		
DATE		SIGNATURE		
27 November 1985		/s/ Jerome Alter		
<p><small>1. State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.</small></p> <p><small>2. State conditions contributing to the death, but not related to the immediate cause of death.</small></p> <p><small>3. Precise nature of the disease, of the injury or of the complication, on a general level, not the manner of injury, etc.</small></p> <p><small>4. Precise condition which contributed to the death, but not having causal rapport with the disease or the condition which produced the death.</small></p>				

APPENDIX T

RECEIVING FUNERAL DIRECTOR'S REPORT

To: Mr. Welton Gray
(Name of Funeral Director)

444 Broadway, Brooklyn, New York 11251
(Address - Include Street, City, State and Zip Code)

Remains of: HMC John A. Doe, Jr. 123-45-6789
(Name, Grade or Rate, Social Security Number)

Shipped to: Final Resting Funeral Home
(Name of Funeral Home)

444 Broadway, Brooklyn, New York 11251
(Address - Include Street, City, State and Zip Code)

Condition of Remains on Arrival: Embalming excellent - cosmetics
(To be completed by receiving
too heavily applied to face.
funeral director)

S/WELTON GRAY
(Signature of Receiving Funeral
Director)

ESCORT'S REPORT

I personally viewed the remains and casket at the receiving funeral director's establishment. The condition of remains and casket was as noted above.

S/FLOYD MERCY, HMC, USN
(Signature of Escort)

APPENDIX U

ACRONYMS

ASGRO	Armed Services Graves Registration Office
ATTN:	Attention
BUPERS	Bureau of Naval Personnel (see NAVMILPERSCOM)
CAC	Casualty Assistance Calls
CAC/FHS	Casualty Assistance Calls/Funeral Honors Support
CACO	Casualty Assistance Calls Officer
CACP	Casualty Assistance Calls Program
CINC	Commander in Chief
CINCPAC	Commander in Chief, United States Pacific Fleet
CINCUSNAVEUR	Commander in Chief, United States Naval Forces, Europe
CMC	Commandant of the Marine Corps
CMMI	Civilian Manpower Management Instruction
CNAVRES	Chief, Naval Reserves
CNO	Chief of Naval Operations
CO	Commanding Officer
COMFAIRMED	Commander, Fleet Air, Mediterranean
COMNAVAIRLANT	Commander, Naval Air, Atlantic
COMNAVBASE	Commander, Naval Base
COMNAVFORCARIB	Commander, Naval Forces, Caribbean
COMNAVFORJAPAN	Commander, Naval Forces, Japan
COMNAVFORKOREA	Commander, Naval Forces, Korea
COMNAVFORMARIANAS	Commander, Naval Forces, Marianas
COMNAVMEDCOM	Commander, Naval Medical Command

APPENDIX U (Continued)

COMNAVMILPERSCOM	Commander, Naval Military Personnel Command
COMNAVSUPSYSCOM	Commander, Naval Supply Systems Command
COMSC	Commander, Military Sealift Command
COMUSNAVPHIL	Commander, U.S. Navy, Philippines
CONUS	Continental United States
DA	Department of the Army
DAO	Decedent Affairs Officer
DAP	Decedent Affairs Program
DD	Department of Defense
DOA	Dead on Arrival
DOD	Department of Defense
DUSTWUN	Duty Status - Where Abouts Unknown
ETA	Estimated Time of Arrival
ETD	Estimated Time of Departure
FHS	Funeral Honors Support
FMS	Foreign Military Sales
FSC	Federal Supply Catalog
GR or GRREG	Graves Registration
GTR	Government Transportation Request
JLGMAN	Manual of the Judge Advocate General
MAC	Military Airlift Command
MANMED	Manual of the Medical Department
MARCORCASPROCMA	Marine Corps Casualty Procedures Manual
MARCORPS	Marine Corps

APPENDIX U (Continued)

MCO	Marine Corps Order
MED	Medical
MEDCOM	Medical Command
MILPERSMAN	Military Personnel Manual, Naval
MIN:CONSIDERED	Minimize Considered
MSC	Military Sealift Command
MTF	Medical Treatment Facility
N/A	Not Applicable
NAS	Naval Air Station
NAVCOMPT	Navy Comptroller
NAVFAC	Naval Facility
NAVFINCEN	Navy Finance Center
NAVMC	Navy and Marine Corps
NAVMED	Navy Medical
NAVMEDCOM	Naval Medical Command
NAVPERS	Naval Personnel
NAVPUBFORMCEN	Navy Publications and Forms Center
NAVREGS	U.S. Navy Regulations
NAVSUP	Naval Supply
NCPC	Naval Civilian Personnel Command
NOAA	National Oceanic and Atmospheric Administration
NOK	Next of Kin
NOTAL	Not to All
NSN	National Stock Number

APPENDIX U (Continued)

OMA/NH	Office of Medical Affairs/Naval Hospital with OMA Responsibilities
OPNAV	Naval Operations
OPNAVINST	Naval Operations Instruction, Chief of
PCS	Permanent Change of Station
PNOK	Primary Next of Kin
POE	Port of Entry
PSD	Personnel Support Detachment
SATP	Security Assistance Training Program
SECNAV	Secretary of the Navy
SGLI	Servicemember's Group Life Insurance
SNDL	Standard Navy Distribution List
SNOK	Secondary Next of Kin
SOFA	Status of Forces Agreement
TAD	Temporary Additional Duty
TCMD	Transportation Control and Movement Document
TCND	Transportation Control Number Designator
UIC	Unit Identification Code
USEUCOM	United States European Command
USO	United Services Organization
VA	Veterans Administration
VAB	Veterans Administration Beneficiary

Date: _____

FORMAT FOR INTERMENT ALLOWANCE REVIEW DATA - ANNUAL REPORT

To: Commander, Naval Medical Command (MEDCOM-332)

Report Symbol MED 5360-10

Column 1*	Column 2**	Column 3 Hearse & Limousine Expense	Column 4 Grave Site	Column 5 Opening & Closing Grave	Column 6 Vault or Grave Liner	Column 7 Church and Clergy	Column 8***	Column 9 Expenses not categorized elsewhere - Itemize where possible or provide comments	Column 10 Total Amount Claimed	Column 11 Total Amount Paid

APPENDIX V

Round-off all entries to nearest dollar.

- * Enter abbreviation of State wherein burial occurred and either -
 - 1 - If burial in private cemetery, e.g., Ark-1 or
 - 2 - If remains consigned to funeral director prior to burial in a national cemetery, e.g., Ark-2, or
 - 3 - If remains are consigned directly to a national cemetery, e.g., Ark-3.

- ** Funeral director's professional service fee and use of chapel & equipment (standard charge)
- *** Flowers, obituary notices, telephone calls, telegrams, organist, etc.

APPENDIX W

GEOGRAPHIC NAVAL MEDICAL REGIONS AND AREAS OF RESPONSIBILITY

Geographic Regions

Area of Responsibility

Northeast Region

Mailing Address:
 Commander
 Naval Medical Command
 Northeast Region
 Great Lakes, IL 60088-5203

Connecticut, Delaware,
 Illinois, Indiana, Iowa,
 Kentucky, Maine, Massachu-
 setts, Michigan, Minnesota,
 Missouri, New Hampshire,
 New Jersey, New York, Ohio,
 Pennsylvania, Rhode Island,
 Vermont, Wisconsin, and
 Newfoundland

Message Address:
 COMNAVMEDCOM NEREG GREAT LAKES IL

National Capital Region

Mailing Address:
 Commander
 Naval Medical Command
 National Capital Region
 Bethesda, MD 20814-5000

District of Columbia, Mary-
 land, West Virginia, and the
 northern Virginia counties
 of Arlington, Fairfax,
 Prince William, and Loudoun
 and the Virginia cities of
 Alexandria and Falls Church

Message Address:
 COMNAVMEDCOM NATCAPREG BETHESDA MD

Mid-Atlantic Region

Mailing Address:
 Commander
 Naval Medical Command
 Mid-Atlantic Region
 6500 Hampton Boulevard
 Norfolk, VA 23508-1297

Bermuda, Cuba, North Carol-
 ina, Puerto Rico, South
 Carolina and all counties
 and cities of Virginia
 except those under the
 jurisdiction of the National
 Capital Region

Message Address:
 COMNAVMEDCOM MIDLANTREG NORFOLK VA

Southeast Region

Mailing Address:
 Commander
 Naval Medical Command
 Southeast Region
 Jacksonville, FL 32214-5222

Alabama, Arkansas, Florida,
 Georgia, Louisiana, Mississ-
 ippi, Oklahoma, Tennessee,
 and Texas

Message Address:
 COMNAVMEDCOM SEREG JACKSONVILLE FL

APPENDIX W (Continued)

Geographic Regions

Area of Responsibility

Northwest Region

Mailing Address:

Commander
Naval Medical Command
Northwest Region
Oakland, CA 94627-5025

Message Address:

COMNAVMEDCOM NWREG OAKLAND CA

Alaska, Colorado, Idaho, Kansas, Montana, Nebraska, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming; the California counties of Inyo, Kings, and Tulare and all other counties of California north thereof except the community of Bridgeport, CA (Marine Corps cold-weather training site); and NAS Fallon, Nevada and its immediate area

Southwest Region

Mailing Address:

Commander
Naval Medical Command
Southwest Region
San Diego, CA 92134-7000

Message Address:

COMNAVMEDCOM SWREG SAN DIEGO CA

Arizona, and New Mexico; the California counties of Kern, San Bernadino, San Luis Obispo, Santa Barbara, and all other counties of California south thereof; the community of Bridgeport, CA; and Nevada, except for NAS Fallon and its immediate area

European Region

Mailing Address:

Commander
U.S. Naval Medical Command
European Region
P.O. Box 22
FPO New York 09510

Message Address:

COMNAVMEDCOM EURREG LONDON UK

Europe, Greece, Italy, Spain, the United Kingdom, and the Middle East

APPENDIX W (Continued)

Geographic Regions

Area of Responsibility

Pacific Region

Australia, Guam, Hawaii,
Japan, and the Republic of
the Philippines

Mailing Address:

Commander
Naval Medical Command
Pacific Region
Naval Air Station
Barbers Point, HI 96862-5850

Message Address:

COMNAVMEDCOM PACREG BARBERS PT HI