



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 6750.5 CH-1  
BUMED-64A  
6 Jun 96

BUMED INSTRUCTION 6750.5 CHANGE TRANSMITTAL 1

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Dental Personnel

Subj: PREPARATION AND SUBMISSION OF DENTAL EQUIPMENT AND  
FACILITIES REPORT, NAVMED 6750/4

1. Purpose. To revise reporting timeframe for NAVMED 6750/4 and to update reporting code. Retain this change transmittal in front of the basic instruction.
2. Action. Make the following pen and ink changes:
  - a. Page 1 of basic instruction, paragraph 3a, line 5: Delete "2 years," and insert "even-numbered year" after "every."
  - b. Page 2 of basic instruction, paragraph 4a, line 3: Change "(MED-643)" to "(MED-64A)."
3. Cancellation. This change transmittal is canceled upon completion of the required action.

  
HAROLD M. KOENIG

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DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY  
WASHINGTON D C 20372-5120

IN REPLY REFER TO

BUMEDINST 6750.5  
BUMED-643  
30 Sep 91

BUMED INSTRUCTION 6750.5

From: Chief, Bureau of Medicine and Surgery  
To: Ships and Stations Having Dental Personnel

Subj: PREPARATION AND SUBMISSION OF DENTAL EQUIPMENT AND  
FACILITIES REPORT, NAVMED 6750/4

Ref: (a) NAVMED P-5132  
(b) NAVCOMPTMAN, Vol. 3, Chapter 6  
(c) SECNAVINST 5214.2B (NOTAL)

Encl: (1) Procedures for Completing NAVMED 6750/4, Dental  
Equipment and Facilities Report  
(2) Sample NAVMED 6750/4

1. Purpose. To implement the policies and procedures for the preparation and submission of the Dental Equipment and Facilities Report, NAVMED 6750/4. References (a) and (b) provide additional guidance regarding plant property equipment condition codes and definitions.

2. Cancellation. NAVMEDCOMINST 6750.1 and report control symbol MED 6750-1.

3. Reporting Responsibility

a. The NAVMED 6750/4 is a biennial report of dental spaces, equipment, dental support spaces, and utilities. Commanding officers, chiefs of dental services, and heads of dental departments at all activities with dental equipment (except field type equipment) must submit a NAVMED 6750/4 every 2 years. Commanding officers of naval dental centers must submit a separate report for each branch clinic, annex, and support building, and one consolidated NAVMED 6750/4 for the entire command.

b. Facilities having only field type equipment are not required to submit a NAVMED 6750/4.

c. When a Fleet Marine Force dental company or similar unit is furnished dental operating facilities, the facility providing the support will make an entry to that effect in part IV, Remarks and Recommendations of the NAVMED 6750/4.

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d. Facilities having operational control of a mobile dental trailer, van, or bus must prepare a separate NAVMED 6750/4 for each unit.

4. Action

a. An original of the NAVMED 6750/4 must be submitted as of 1 January to reach Chief, Bureau of Medicine and Surgery (MED-643), by the 10th day of the month. In addition, each ship must submit one copy to the Naval Medical Logistics Command, Code 321, Building 830, Fort Detrick, Frederick, MD 21702-5015. Enclosure (1) provides detailed instructions for completing the NAVMED 6750/4. A sample format is provided in enclosure (2). The initial report is due by 10 January 1992.

b. When a dental facility undergoes major alterations or new construction, an up-to-date NAVMED 6750/4 must be submitted. Newly constructed facilities must submit a NAVMED 6750/4 and "as built" blueprints or schematic plans at the time it becomes operational.

5. Form. A copy of the NAVMED 6750/4 (Rev. 5-91), Dental Equipment and Facilities Report format disk, written in Wordperfect 5.0 for use with a laser printer only, is available from Bureau of Medicine and Surgery (MED-06).

6. Report Exemption. The requirements contained in paragraph 4 are exempt from reports control per reference (c), part IV, paragraph G8.

  
D. F. HAGEN

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Naval Publications and Forms Directorate  
5801 Tabor Ave.  
Phila., PA 19120-5120

PROCEDURES FOR COMPLETING NAVMED 6750/4  
DENTAL EQUIPMENT AND FACILITIES REPORT

Complete applicable items on the NAVMED 6750/4. Numbered items not described below are self-explanatory.

1. Heading

(a) Date of Report. Enter 1 January and year, or the date of completion of major alterations or new construction.

(b) UIC. Enter the Unit Identification Code (UIC).

(c) Facility. Enter the name of ship and hull number or station, building number, and mailing address.

2. Part I, Dental Facility Spaces

(a) First Column, Space Description.

(b) Second Column, Quantity. Enter total number of rooms.

(c) Third Column C, Approximate Size. Enter length and width in feet (rounded off to nearest foot).

(d) Fourth Column, Remarks. Enter significant information such as, 2 additional planned, 1 not equipped, too small, or the like. If there is insufficient space in this column, continue in part IV.

(e) Line 1, Clinic Unit. For each separate building enter clinic name, overall size, and building number.

For example:

<u>Space Description</u>	<u>Quantity</u>	<u>Approximate Size</u>	<u>Remarks</u>
NTC Clinic 1	01	134' x 160'	Bldg. # 038

(f) Line 2, Dental Treatment Room. Dental treatment room is defined as any room consisting of a dental unit, dental light and dental chair, or surgical table.

(g) Line 18, Other Major Rooms. Enter name of any other room and information required for each column.

3. Part II, Dental Equipment, Section A, Dental Operating Equipment

(a) First Column, Item Description.

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(b) Second Column, Manufacturer and Model. Enter manufacturer name and model number.

(c) Third Column, Quantity. Enter total number on hand, include all items installed and in storage.

(d) Fourth Column, Condition Code. Enter number of items by category and condition code, as listed in reference (a), annex 28.

(e) Line 2, Dental Operating Chair. Indicate, in the second column, which are dental chairs used as x-ray chairs only, actual x-ray chairs, and surgical tables.

(f) Line 6, Sterilizer. Enter all large sterilizers and indicate whether they are steam, gas, or dry heat. Include large portable self-contained units (i.e., magnaclaves).

(g) Line 7, Life Support Equipment. Include only items such as Life-Pak, defibrillator, or electrocardiograph monitor.

(h) Line 8, Other Major Equipment. List additional standard and nonstandard items carried as plant property class three, as defined by reference (b). If there is insufficient space, list items in part IV.

4. Part II, Dental Equipment, Section B, Prosthetic Laboratory Equipment

(a) Line 1, Automatic Casting Machine. List all automatic casting machines.

(b) Line 4, Other Prosthetic Equipment. List additional standard and nonstandard items carried as plant property class three, as defined by reference (b).

5. Part II, Dental Equipment, Section C, Dental X-ray Equipment

(a) Second Column, Manufacturer and Model. Enter manufacturer name and model number and provide the date item was manufactured.

(b) Fifth Column, Radiation Survey. Enter the date of the last radiation survey completed.

6. Part III, Utilities

7. Part IV, Remarks and Recommendations

(a) In addition to providing the data required by this instruction in parts I through III, list all projects that have been submitted for inclusion in planned changes to spaces, special projects, military construction programs, or problem areas. Indicate the priority and status of each project. Ships are to provide a listing of equipment programmed for replacement and indicate the programmed fiscal year.

(b) Confine remarks and recommendations to equipment and facilities.

SAMPLE NAVMED 6750/4

**DENTAL EQUIPMENT AND FACILITIES REPORT**

DATE OF REPORT	1 January 1992	UIC	02030
FACILITY	Naval Dental Clinic, Bldg. # 272, Shoreside, CA 92001		
<b>PART-I DENTAL FACILITY SPACES</b>			
SPACE DESCRIPTION	QUANTITY	APPROX. SIZE	REMARKS
1. CLINIC UNIT NTC Clinic 1	1	134' x 160'	Bldg. # 272
2. DENTAL TREATMENT ROOM	6 4	12' x 11' 12' x 12'	
3. STERILIZATION ROOM	1	12' x 18'	
4. X-RAY EXPOSURE ROOM	1	10' x 12'	
5. DARKROOM	1	7' x 10'	
6. PROSTHETIC LAB	1	14' x 20'	
7. STOREROOM/ SUPPLY ROOM	1 1	6' x 8' 10' x 12'	
8. CONFERENCE ROOM	1	12' x 16'	Too Small
9. ADMINISTRATIVE OFFICE	1	10' x 12'	Too Small
10. DENTAL OFFICER'S OFFICE	2 2	10' x 12' 8' x 10'	Too Small

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11. DENTAL REPAIR SHOP	1	16' x 20'		
12. PATIENT WAITING AREA	1	16' x 16'		
13. RECORDS CONTROL OFFICE	1	10' x 14'		
14. LOCKER ROOM (MALE)	1	18' x 20'		
15. LOCKER ROOM (FEMALE)	1	16' x 20'		
16. TOILET FACILITY (MALE)	2 1	8' x 8' 7' x 8'	CO's suite	
17. TOILET FACILITY (FEMALE)	2	8' x 10'		
18. OTHER MAJOR ROOMS Equipment room	1	20' x 22'		
Copy room	1	10' x 10'		
<b>PART II - DENTAL EQUIPMENT</b>				
<b>SECTION A - DENTAL OPERATING EQUIPMENT</b>				
ITEM DESCRIPTION	MANUFACTURER AND MODEL		QUANTITY	CONDITION CODE
1. DENTAL OPERATING UNIT	Proma 507-05-02		6	(5) A4
	Proma 431-00		4	(1) A5 (4) A4
2. DENTAL OPERATING CHAIR	Royal 16		6	(6) A4
	Boyd S-610/5 (O.S.)		4	(4) A4
	Boyd E-505 (X-ray)		1	(1) A5

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3. DENTAL OPERATING LIGHT	Pelton Crane LFII Pelton Crane LFTII	6 4	(6) A4 (4) A4
4. CENTRAL VACUUM SYSTEM	Den-tal-ez MC-201 Den-tal-ez CD-207	2 1	(2) A4 (1) A4
5. AIR COMPRESSOR DEHYDRATOR	Air Technique Air Star 7	2	(1) A4 (1) A5
6. STERILIZER	Amsco 2021 (S) Pelton Crane Magnaclave (E)	1 1	(1) A4 (1) A5
7. LIFE SUPPORT EQUIPMENT	Physio-Control LIFEPAK 10	1	(1) A4
8. OTHER MAJOR EQUIPMENT	None		
<b>SECTION B - PROSTHETIC LAB EQUIPMENT</b>			
ITEM DESCRIPTION	MANUFACTURER AND MODEL	QUANTITY	CONDITION CODE
1. AUTOMATIC CASTING MACHINE	Ticonium Ticomatic	1	(1) A5
2. VACUUM PORCELAIN FURNACE	Jelenko Flagship Unitek 500	2 1	(2) A4 (1) A6
3. BURNOUT OVEN	Jelenko Accu-Therm 250	2	(2) A5
4. OTHER PROSTHETIC EQUIPMENT	Dentsply Triad Denture System	1	(1) A4

