TB MED 7

TECHNICAL BULLETIN

MAINTENANCE EXPENDITURE LIMITS FOR MEDICAL MATERIEL

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MAINTENANCE EXPENDITURE LIMITS FOR MEDICAL MATERIEL

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TB MED 7, 22 June 1992, is changed as follows:

1. Remove old pages and insert new pages as indicated below.

Remove pages	Insert pages
B-5 and B-6	B-5 and B-6
B-7 and B-8	B-7 and B-8
B-11 and B-12	B-11 and B-12
B-13 and B-14	B-13 and B-14
B-15 and B-16	B-15 and B-16

2. File this transmittal sheet in front of the publication for reference purposes.

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HEADQUARTERS
DEPARTMENT OF THE ARMY
WASHINGTON, D.C., 22 JUNE 1992

MAINTENANCE EXPENDITURE LIMITS FOR MEDICAL MATERIEL

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***This bulletin supersedes TB 750-8-1, 15 August 1981.**

CHAPTER 1

OVERVIEW

Section I. INTRODUCTION

1-1. Purpose.

This bulletin prescribes procedures to implement maintenance expenditure limits for medical materiel in both retail and wholesale medical materiel maintenance operations as directed by AR 40-61, AR 750-1, and AR 750-2. It also provides requirements and instructions for technical and verification inspections; gives procedures for estimating repair or overhaul costs; lists the life expectancies for medical equipment; and provides instructions to determine eligibility of unserviceable materiel for corrective maintenance services. This bulletin applies to the Active Army, the Army National Guard, and the U.S. Army Reserve.

1-2. References.

See appendix A.

1-3. Explanation of abbreviations and terms.

Abbreviations used in this bulletin are listed in the glossary; special terms are explained below.

a. Maintenance levels. A designation within the medical materiel maintenance system based on the extent of capabilities required for maintenance operations.

b. Maintenance capabilities. The availability of facilities; tools; test, measurement, and diagnostic equipment (TMDE); technical publications; trained maintenance personnel; management support; and repair parts to perform maintenance operations.

c. Retail maintenance. Maintenance performed at the unit, direct support (DS), and general support (GS) levels.

d. Wholesale maintenance. Maintenance performed at the depot level.

e. On-site maintenance. Maintenance performed where the materiel is located.

f. Off-site maintenance. Maintenance performed by DS, GS, and depot level maintenance operations not located on the same installation where the materiel is located.

g. Maintenance expenditure limit (MEL). The maximum expenditure permitted for one-time corrective maintenance of an end item, module, assembly, or reparable component to restore it to fully serviceable condition.

h. Technical inspection (TI). A detailed analysis of the repairability, maintenance effort, and cost to restore medical materiel to serviceable condition. As used in this bulletin, the term TI is not being used for the purpose of assigning a condition code for reporting excess materiel.

i. Verification inspection (VI). An inspection to validate the detailed analysis of a technical inspection when the TI determines an item is uneconomically repairable.

j. Standard materiel. A term used to describe an item with established essential characteristics and approval for use by the Defense Medical Standardization Board (DMSB). Standard materiel is always identified with national stock numbers (NSNs).

k. Nonstandard materiel. A term used to describe an item without DMSB established essential characteristics. Nonstandard materiel may be identified with NSNs.

Section II. GENERAL

1-4. Overview.

Medical materiel is an essential element of the health care delivery system. As such, materiel must operate in accordance with specified criteria and its appearance must reinforce and support the high military standards for patient care. If the appearance of an item of medical materiel used in a patient care or treatment area has deteriorated to the extent that it may have an adverse psychological impact upon patients, the materiel should be refinished. Costs associated with materiel refinishing will be included in repair or overhaul cost estimates.

1-5. Hazardous medical materiel.

Medical materiel declared hazardous will not be repaired unless the hazard can be eliminated by corrective maintenance.

1-6. Clinically undesirable medical materiel.

Medical materiel declared clinically undesirable for patient care and treatment by the DMSB or the Office of The Surgeon General (OTSG) will not be repaired or overhauled.

1-7. Federal supply groups and classes.

This bulletin is applicable to medical materiel (Class VIII) listed in table 1-1.

NOTE

The majority of medical materiel is contained in Federal supply groups 65 and 66.

Table 1-1. Federal supply groups and classes.

Federal supply group	*Federal supply class*
35	3540
41	4110
43	4310, 4330
46	4610
49	4940
61	6110
65	6515, 6520, 6525, 6530, 6540, 6545
66	6620, 6625, 6630, 6640, 6645 ,6650, 6670, 6680, 6695
71	7105
79	7910

CHAPTER 2

INSPECTIONS

Section I. RETAIL MAINTENANCE (UNIT, DS, AND GS LEVELS)

2-1. Inspection requirements.

Two types of inspections, technical and verification, apply to retail maintenance operations. Inspection requirements are as follows:

a. Technical inspection.

(1) Perform a complete TI on each medical end item, assembly, module, printed circuit board (PCB), or other reparable component requiring corrective maintenance.

NOTE

Materiel requiring minor corrective maintenance (e.g., replacing an electrical connector or power cord) that will not approach the MEL does not require a TI.

(2) Perform a partial TI on each medical item that cannot be provided corrective maintenance at the unit, DS, or GS levels because of capability limitations. A partial inspection includes all procedures listed in paragraph 2-2a except that troubleshooting and/or disassembly will be limited to assembly/module level.

NOTE

You must receive approval from your support maintenance activity before you ship nonstandard materiel for repair. If you receive approval, ship with the materiel the manufacturer's operational and service manuals, as well as routine maintenance request and TI information.

b. Verification inspection. Perform a VI on each medical item that costs $5,000 or more and is determined to be uneconomically repairable by the TI.

NOTE

The individual performing the TI on an item is not authorized to perform the VI.

2-2. Inspection procedures.

a. Medical end items. If appropriate or applicable, the TI or VI will include—

(1) performing preventive maintenance checks and services (PMCS) on each item using its technical manual (TM), TM 8-6500-001-10-PMCS, or by completing equivalent checks and services using the manufacturer's manuals;

(2) operational testing of the equipment;

(3) troubleshooting the equipment to determine the extent of defective assemblies, modules, or parts;

(4) electrical safety testing;

(5) calibrating the equipment (if critical to determine corrective maintenance cost data);

(6) performing an inventory of accessories (components of end item or basic issue items) required to operate the equipment; and

NOTE

Consumable operating supplies are not usually considered accessories.

(7) determining if unserviceable materiel was rendered unserviceable due to fair wear and tear (FWT).

b. Assemblies, modules, PCBs, or other reparable components. Using the procedures in the preceding subparagraph, perform the TI or VI on these items when you inspect the end item. If you are unable to complete a TI, do a partial inspection, completing as many procedures as possible.

NOTE

Do not perform a TI prior to shipping assemblies, modules, PCBs, dental handpieces, surgical handpieces, x-ray tubes, etc., that are routinely exchanged or rebuilt at wholesale maintenance operations. These items are periodically identified in the SB 8-75 series.

2-3. Documentation and forms.

a. Documentation for a TI or VI will include information on malfunctions; a listing of defective assemblies, modules, PCBs, or parts; missing or unserviceable accessories; and other pertinent information for the subsequent determination of corrective maintenance costs. Documentation will also include the identification of the TI and/or VI inspector.

b. Forms are prescribed in TB 38-750-2 and/or ADSM 18-HL3-RPB-IBM-UM (The Army Medical Department Property Accounting System (AMEDDPAS)).

2-4. Inspection personnel.

a. Personnel authorized to perform and validate a TI or VI on medical materiel will be limited to—

(1) Health Services Maintenance Technicians,

(2) military Medical Equipment Repairers, and

(3) DOD civilians trained in the maintenance of medical materiel.

b. Personnel authorized to perform a TI are listed below. The results of the TI will subsequently be reviewed and/or validated by personnel listed in the preceding subparagraph 2-4a.

(1) Manufacturer's service personnel.

(2) Trained and certified service personnel or third-party contractors.

Section II. WHOLESALE MAINTENANCE (DEPOT LEVEL)

2-5. Inspection requirements.

Two types of inspections, technical and verification, apply to wholesale maintenance operations. Inspection requirements are as follows:

a. Technical inspection.

(1) Complete the TI initiated at retail maintenance operations.

(2) Perform a TI on each medical end item, assembly, module, PCB, or other reparable component requiring corrective maintenance, upgrade, modification, or overhaul.

NOTE

Materiel requiring minor corrective maintenance (e.g., replacing an electrical connector or power cord) that will not approach the MEL does not require a TI.

(3) Perform a TI on each assembly, module, PCB, dental or surgical handpiece, x-ray tube, etc., that is routinely exchanged or rebuilt for retail maintenance operations. (Refer to the note in para 2-2b.)

b. Verification inspection.

(1) Perform a VI on each medical item that costs $5,000 or more and shipped from a retail maintenance operation when the TI determines that the item is uneconomically repairable.

(2) Perform a VI on each medical item that costs $5,000 or more and classified as uneconomically repairable by a TI initiated at a wholesale maintenance operation.

NOTE

The individual performing the TI on an item is not authorized to perform the VI.

2-6. Inspection procedures.

a. Medical end items. If appropriate or applicable, the TI or VI will include—

(1) performing PMCS on each item using its TM, TM 8-6500-001-10-PMCS, or by completing equivalent checks and services using the manufacturer's manuals;

(2) operating the item as required;

(3) troubleshooting the item to determine the extent of defective assemblies, modules, PCBs, or parts;

(4) testing the item with special test devices, as applicable;

(5) validating compliance of standard medical materiel with published essential characteristics;

(6) performing an electrical safety test;

(7) calibrating the item (if critical to determine corrective maintenance costs);

(8) inventorying accessories; and

(9) determining if unserviceable materiel was rendered unserviceable due to FWT.

NOTE

Inventory accessories and/or operating supplies received from retail maintenance operations. Document this information on their maintenance request.

b. Assemblies, modules, PCBs, or other repairable components. The TI or VI will include—

(1) performing PMCS on each item using the applicable TM, TM 8-6500-001-10-PMCS, or by completing equivalent checks and services using the manufacturer's manuals;

(2) testing the item with special test devices, as applicable;

(3) troubleshooting the item to determine the extent of defective subassemblies or parts;

(4) validating compliance of standard materiel with published essential characteristics; and

(5) calibrating the item (if critical to determine corrective maintenance costs).

2-7. Documentation and forms.

Documentation for a TI or VI will include information on malfunctions; a listing of defective assemblies, modules, PCBs, or parts; missing or unserviceable accessories; and other pertinent information for the subsequent determination of corrective maintenance costs. Documentation will also include the identification of the TI and/or VI inspector.

2-8. Inspection personnel.

a. Personnel authorized to perform and validate a TI or VI on medical materiel will be limited to—

(1) Health Services Maintenance Technicians,

(2) military Medical Equipment Repairers, and

(3) DOD civilians trained in the maintenance of medical materiel.

b. Personnel authorized to perform a TI are listed below. The results of the TI will subsequently be reviewed and/or validated by personnel listed in the preceding subparagraph 2-8a.

(1) Manufacturer's service personnel.

(2) Trained and certified service personnel or third-party contractors.

CHAPTER 3

COST ESTIMATES

Section I. RETAIL MAINTENANCE (UNIT, DS, AND GS LEVELS)

3-1. General.

a. Required corrective maintenance will neither be broken into separate cost estimates nor performed to bring the item to less than fully serviceable condition to bypass prescribed MELs.

b. The man-hours required to complete materiel alterations, modifications, or special application upgrades are not chargeable as corrective maintenance.

c. The applicable direct labor rate is computed in accordance with AR 40-61, AR 750-1, AR 750-2, and Army Medical Command or Command Surgeon directives and procedures.

NOTE

The direct labor rate may be combined with the indirect labor rate for a composite labor rate.

d. A corrective maintenance cost estimate includes the following cost elements:

(1) Direct labor.

(2) Direct materiel.

(3) Indirect labor and materiel (overhead).

(4) Packaging and freight.

(5) Miscellaneous.

3-2. Direct labor cost estimate.

Compute the direct labor cost estimate by multiplying the chargeable man-hours required to perform corrective maintenance, as determined by a TI, with the applicable direct labor rate. Significant criteria in the determination of a direct labor rate are listed below:

a. Chargeable man-hours include that labor (military or civilian) which can be specifically identified to the corrective maintenance.

b. Non-chargeable man-hours include the TI and all other labor that is classified as indirect labor (para 3-4).

3-3. Direct materiel cost estimate.

Determine the direct materiel cost estimate by identifying all chargeable materiel costs required to perform the corrective maintenance, as determined by a TI.

a. Chargeable materiel includes the following:

(1) Repaired, rebuilt, or replacement assemblies, modules, or PCBs.

(2) Repair parts.

b. Non-chargeable materiel examples include—

(1) recording charts and paper;

(2) common filters typically replaced by operator personnel;

(3) electrodes;

(4) dental drills, burs, handpieces, etc.;

(5) light bulbs;

(6) batteries (rechargeable or not rechargeable);

(7) radiographic/fluoroscopic tubes;

(8) common hardware;

(9) materiel associated with equipment installation;

(10) materiel associated with equipment alteration, modifications, or special applications; and

(11) other materials consumed during operation of the equipment.

NOTE

Non-chargeable material includes items which are expected to be used up during the operation of equipment.

c. Standard materiel is costed at the current price listed in the appropriate supply manual or the Army Master Data File (AMDF). Nonstandard materiel will be costed at the current replacement cost.

3-4. Indirect labor and materiel cost estimate.

Compute the indirect or overhead cost estimate by multiplying the chargeable man-hours required to perform the corrective maintenance, as identified by a TI, with the applicable indirect rate.

a. Chargeable indirect costs include the following:

(1) Maintenance operations expenses identifiable to a work center or the maintenance shop performing the corrective maintenance, although not identifiable to a specific job.

(2) General and administrative expenses.

(3) Supervisory and administrative man-hours.

b. Non-chargeable indirect costs include the following:

(1) Replacement of basic issue list items.

(2) The labor or materiel expenses for applying alterations or modifications.

(3) Operating expense items.

3-5. Freight and packaging cost estimate.

a. Freight will not be included as an element of cost when the maintenance materiel to be repaired is located in CONUS. When the materiel to be repaired is located overseas and no local capability exists, the cost of freight to CONUS will be included as an element of cost. The cost of freight includes all transportation and handling cost from point of use or storage to the designated CONUS point of repair.

b. When materiel cannot be repaired on-site, and costs are incurred to prepare the materiel for shipment, such costs (including materials) will be included in the cost estimate regardless of origin or destination.

3-6. Miscellaneous cost estimate.

Determine the miscellaneous cost estimate by identifying all chargeable contractual services acquired incidental to, and identifiable with a specific corrective maintenance action.

3-7. Corrective maintenance cost estimate.

Determine the total corrective maintenance cost estimate by combining the estimated costs for each of the five cost elements.

Section II. WHOLESALE MAINTENANCE (DEPOT LEVEL)

3-8. General.

A corrective maintenance cost estimate includes the following cost elements:

a. Direct labor.

b. Direct materiel.

c. Indirect labor and materiel (overhead).

d. Packaging and freight (contractual corrective maintenance only).

e. Miscellaneous.

3-9. Direct labor.

Determine the chargeable direct labor man-hours, required to perform corrective maintenance, as determined by a TI.

a. Chargeable man-hours include that labor (military or civilian) which can be specifically identified to the corrective maintenance.

b. Non-chargeable man-hours include the TI and all other labor that is classified as indirect labor.

NOTE

The man-hours required to complete equipment alterations, modifications, or special application upgrades are not chargeable as corrective maintenance.

3-10. Direct materiel cost estimate.

a. Chargeable materiel includes the following:

(1) Repaired, rebuilt, or replacement assemblies, modules, or PCBs.

(2) Repair parts.

(3) Accessories and operating supplies when required by DMSB essential characteristics for corrective maintenance of wholesale supply system materiel.

b. Non-chargeable materiel examples include—

(1) recording charts and paper;

(2) common filters typically replaced by operator personnel;

(3) electrodes;

(4) dental drills, burs, handpieces, etc.;

(5) light bulbs;

(6) batteries (rechargeable or not rechargeable);

(7) radiographic/fluoroscopic tubes;

(8) common hardware;

(9) materiel associated with equipment installation; and

(10) materiel associated with equipment alteration, modifications, or special applications.

c. Standard materiel is costed at the current price listed in the appropriate supply manual or the AMDF. Nonstandard materiel will be costed at the current replacement cost. The cost of fabricated items will be based on actual cost, when possible.

NOTE

Although costs for items such as dental/surgical handpieces and radiographic/fluoroscopic tubes are non-chargeable for corrective maintenance of an end item, the materiel costs for the maintenance of these items are chargeable.

3-11. Indirect labor and materiel.

All indirect labor and materiel is a chargeable cost.

3-12. Packaging and freight cost estimate.

A packaging and freight cost estimate only applies when an item must be shipped to a manufacturer or a third-party contractor for corrective maintenance. Chargeable costs include all packaging, handling, and freight expenses from the wholesale maintenance operation to the manufacturer or contractor.

3-13. Composite cost estimate.

Compute a composite cost estimate by multiplying the chargeable man-hours required to perform a corrective maintenance, as determined by a TI, with the direct labor, indirect labor, and indirect materiel rates. The composite rate is computed in accordance with AR 37-55, AR 37-60, AR 37-110, AR 40-61, AR 750-1, AR 750-2, and U.S. Army Medical Materiel Agency (USAMMA) directives and procedures.

3-14. Miscellaneous cost estimate.

Determine the miscellaneous cost estimate by identifying all chargeable contractual services acquired incidental to, and identifiable with a specific corrective maintenance action.

3-15. Corrective maintenance cost estimate.

Determine the total corrective maintenance cost estimate by combining the direct materiel cost; the packing and freight cost; and the composite cost.

Section III. PECUNIARY LIABILITY

3-16. Estimated cost of damages (ECOD).

a. An ECOD will be prepared when a TI supports an investigation of pecuniary liability and actual cost cannot be determined.

b. Basic policy for an ECOD in support of a report of survey is contained in AR 735-5.

CHAPTER 4

LIFE EXPECTANCIES

Section I. MATERIEL CLASSIFICATIONS

4-1. General.

Three basic classifications of medical materiel are established to control corrective maintenance expenditures. The classifications are indefinite life, definite life, and exempt materiel. Only definite life materiel has life expectancies.

4-2. Indefinite life materiel.

This classification of materiel is divided into three subclassifications.

a. Hospital furniture. This subclassification of materiel is characterized by infrequent replacement because of slow deterioration and wear out. Hospital furniture includes narcotics and/or medicine cabinets, surgical stands, mechanical beds, etc.

b. Basic electrical, mechanical, or electromechanical items. These items include patient lamps, sphygmomanometers, basic otoscopes/ophthalmoscopes, stethoscopes, and other low cost materiel. This subclassification is characterized by frequent replacement because of fast wear out due to high use and industrial or technological obsolescence.

c. Special purpose items. These items include a wide range of assemblies/modules such as x-ray tubes, dental/surgical handpieces, PCBs, etc. These items are characterized by interchangeability between equipment and replacement because of industrial obsolescence.

4-3. Definite life materiel.

This classification of materiel is characterized by—

a. deterioration and wear out with use and age,

b. declining MELs based on life expectancies,

c. regular replacement based upon economic considerations, and

d. replacement by exception based on other factors. These factors include the following:

(1) Long term requirement for the materiel which must be available on a continuous basis.

(2) Nonavailability of like or replacement materiel.

(3) Lengthy acquisition timeframes.

(4) Industrial obsolescence, including industry's inability to provide satisfactory repair parts support.

(5) Nonavailability of funds for replacement materiel.

(6) Technological obsolescence, including the availability of more clinically and/or logistically effective replacements.

4-4. Exempt materiel.

Exempt materiel is selected end items, assemblies, modules, PCBs, and other repairable components which may be excluded from MEL control by the Army Service Item Control Center (SICC). Selected exclusions may be granted by the SICC or OTSG to wholesale maintenance operations to retain items in service regardless of cost to meet critical operational requirements.

Section II. MATERIEL LIFE EXPECTANCIES

4-5. Indefinite life materiel.

Indefinite life materiel has no fixed life expectancies.

4-6. Definite life materiel.

a. Life expectancies for a wide range of medical end items are provided in alphabetical sequence in Appendix B. Items with varying nomenclatures are listed with their common variations. The life expectancies are expressed in years.

b. Life expectancies for medical end items not listed in appendix B should be based on analyzes of similar items coupled with the manufacturers' recommendations and/or USAMMA determinations.

4-7. Exempt materiel.

Medical materiel, when excluded from MEL control, is granted indefinite life.

Section III. LIFE EXPECTANCY ADJUSTMENTS

4-8. Materiel in service.

All medical materiel is considered in service (use) when ready for clinical or nonclinical use in the care and treatment of patients. The in-service date starts the life expectancy of materiel.

4-9. Adjustments.

a. Retail maintenance.

(1) Adjustments to life expectancies may be approved by Army Medical Commands for abnormal or subnormal use and for materiel overhauled at DS/GS levels of maintenance or overhauled through contractual services.

(2) Adjustments to life expectancies for materiel modification, alteration, or upgrade, if required, will be established by the directing authority.

b. Wholesale maintenance. Adjustments to life expectancies for materiel overhauled or rebuilt will be provided by USAMMA.

CHAPTER 5

MAINTENANCE EXPENDITURE LIMITS

Section I. INTRODUCTION

5-1. General.

a. This chapter provides the MEL that applies to each corrective maintenance action for medical materiel. The MEL is to ensure economic and operational effectiveness of both retail and wholesale maintenance operations. An MEL also ensures that it is more economical and operationally effective to perform corrective maintenance than to replace the materiel.

b. The current replacement (acquisition) cost is used for an MEL determination.

c. The MEL is a mandatory one-time expenditure limit unless the materiel is exempt (para 4-4 and para 4-7) or granted a waiver (para 5-6).

d. The MEL computation factors are provided in subsequent paragraphs for each materiel classification.

5-2. Computation procedures.

The computation of an MEL consists of multiplying the MEL factor by the current replacement cost.

Section II. INDEFINITE LIFE MATERIEL

5-3. Indefinite life MEL factors.

The MEL factors for indefinite life materiel subclassifications are listed in table 5-1.

Table 5-1. MEL factors.

Hospital furniture	80 percent
Basic electrical, mechanical, or electromechanical materiel	80 percent
Special purpose items	90 percent

Section III. DEFINITE LIFE MATERIEL

5-4. Definite life MEL factors.

a. The MEL factors for definite life materiel are provided in figure 5-1 and table 5-2.

b. The MEL for materiel which has reached or exceeded its life expectancy will be 10 percent. This percent will remain constant as long as the materiel is in use, regardless of its age.

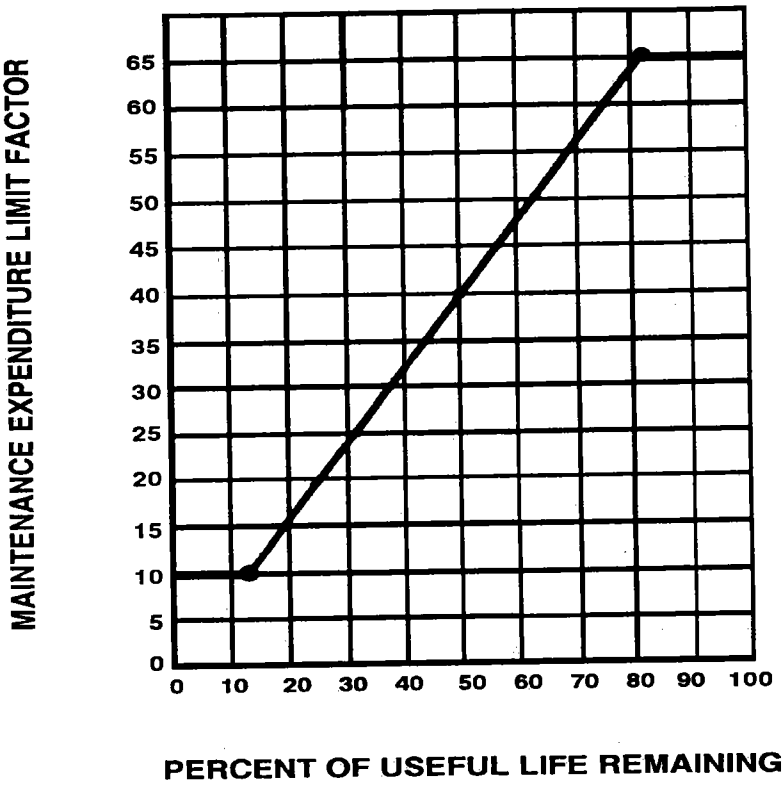

Figure 5-1. MEL factor graph.

c. Graph instructions.

(1) Determine the percent of useful life remaining for each item by applying the following formula. Years should be converted to months for simplicity.

$$\frac{\text{LIFE REMAINING IN MONTHS}}{\text{LIFE EXPECTANCY IN MONTHS}} = \text{PERCENT OF USEFUL LIFE REMAINING}$$

EXAMPLE:

$$\frac{5 \text{ YEARS}}{10 \text{ YEARS}} \quad \text{OR} \quad \frac{60 \text{ MONTHS}}{120 \text{ MONTHS}} = .50 \text{ OR } 50\% \text{ USEFUL LIFE REMAINING}$$

(2) Using figure 5-1 to find the percent of useful life remaining, read up vertically to a point of intersection with the baseline. Then, project a horizontal line to the maintenance expenditure limit factor.

(3) Table 5-2 provides the percent of useful life remaining to help you calculate an MEL factor.

Table 5-2. MEL factor computation.

PERCENT USEFUL LIFE REMAINING	MEL FACTOR
12.50	0-10
13.75	11
15.00	12
16.25	13
17.50	14
18.75	15
20.00	16
21.25	17
22.50	18
23.75	19
25.00	20
26.25	21
27.50	22
28.75	23
30.00	24
31.25	25
32.50	26
33.75	27
35.00	28
36.25	29
37.50	30
38.75	31
40.00	32
41.25	33
42.50	34
43.75	35
45.00	36
46.25	37
47.50	38
48.75	39
50.00	40
51.25	41
52.50	42
53.75	43
55.00	44
56.25	45

Table 5-2. MEL factor computation - continued.

57.50	46
58.75	47
60.00	48
61.25	49
62.50	50
63.75	51
65.00	52
66.25	53
67.50	54
68.75	55
70.00	56
71.25	57
72.50	58
73.75	59
75.00	60
76.25	61
77.50	62
78.75	63
80.00	64
81.25	≥65

Section IV. EXEMPT MATERIEL

5-5. Exempt MEL factor.

No MEL factor applies for exempt materiel.

Section V. WAIVERS

5-6. Policy.

Basic policy for waivers is contained in AR 40-61, AR 750-1, and AR 750-2.

a. Medical treatment facilities. The commander may grant a one-time waiver of an MEL for corrective maintenance of medical materiel. Commanders will ensure that—

(1) the replacement materiel is not available,

(2) an urgent need for the materiel exists to save life or prevent patient distress, and

(3) maintenance capability exists to complete the corrective maintenance prior to the arrival of the replacement materiel.

b. Field medical units. The commander may grant a one-time waiver of an MEL for corrective maintenance of medical materiel only when directed to prepare for deployment. Commanders will ensure that the replacement

materiel is not available from the supply system and maintenance capability exists to complete the corrective maintenance prior to deployment.

c. Army Medical Commands and Command Surgeons. The commander or Command Surgeon may grant a permanent waiver to an MEL provided that replacement materiel is approved and submitted for acquisition.

d. Service Item Control Center. The commander may grant waivers of MELs for corrective maintenance of standard materiel used in field medical units.

5-7. Procedures.

a. Waiver documents should be maintained at unit level maintenance activities for the life of the materiel.

b. Waivers for corrective maintenance of materiel shipped to DS, GS, or depot level support maintenance activities must be provided with the maintenance request.

APPENDIX A

REFERENCES

AR 37-55	Uniform Depot Maintenance Cost Accounting and Production Reporting System
AR 37-60	Pricing for Materiel and Services
AR 37-110	Budgeting, Accounting, Reporting, and Responsibilities for Industrial Funded Installations and Activities
AR 40-61	Medical Logistics Policies and Procedures
AR 735-5	Policies and Procedures for Property Accountability
AR 750-1	Army Materiel Maintenance Policy and Retail Maintenance Operations
AR 750-2	Army Materiel Maintenance Wholesale Operations

Appendix B

LIFE EXPECTANCIES

EQUIPMENT	LIFE EXPECTANCY IN YEARS
Absorptiometer, Dual Photon, X-ray	8
Absorptiometer, Single Photon, X-ray	8
Aerator	12
Air Compressor	15
Air Sampler	10
Alcohol Analyzer	8
Amalgamator	6
Amino Acid Analyzer	8
Analyzer	
Alcohol	8
Amino Acid	8
Antibody Susceptibility	8
Blood Gas/pH	8
BUN	6
Carbon Dioxide	5
Carbon Monoxide	8
Cell	10
Clinical Chemistry	8
Coagulation	5
Defibrillator	8
ECG Monitor	5
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GLOSSARY

AMEDDPAS	Army Medical Department Property Accounting System.
AMDF	Army master data file.
AR	Army regulation.
BUN	Blood, urea, and nitrogen.
CONUS	Continental United States.
CT	Computed tomography.
DA	Department of the Army.
DMSB	Defense Medical Standardization Board.
DOD	Department of Defense.
DS	Direct support.
ECOD	Estimated cost of damages.
ECG	Electrocardiogram.
EEG	Electroencephalogram.
ENT	Ears, nose, and throat.
FO	Fiberoptic.
FWT	Fair wear and tear.
GS	General support.
mA	Milliampere.
MED	Medical.
MEL	Maintenance expenditure limit.
Nd	Neodymium.
NO	Number.
NSN	National stock number.
OTSG	Office of The Surgeon General.
para	Paragraph.
PCB	Printed circuit board.
pH	Potential of hydrogen.
PMCS	Preventive maintenance checks and services.
RF	Radio frequency.
Rh	Rhodium.
SB	Supply bulletin.
SICC	Service Item Control Center.
TB	Technical bulletin.
TI	Technical inspection.
TM	Technical manual.
TMDE	Test, measurement, and diagnostic equipment.

USAMMA	U.S. Army Medical Materiel Agency.
VI	Verification inspection.
YAG	Yttrium-aluminum-garnet.

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By Order of the Secretary of the Army:

GORDON R. SULLIVAN
General, United States Army
Chief of Staff

Official:

MILTON H. HAMILTON
Administrative Assistant to the
Secretary of the Army

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