



UNITED STATES MARINE CORPS  
COMMAND ELEMENT  
II MARINE EXPEDITIONARY FORCE  
PSC BOX 20080  
CAMP LEJEUNE, NC 28542-0080

II MEFO 4400.3D  
HSS

10 MAR 2015

II MARINE EXPEDITIONARY FORCE ORDER 4400.3D

From: Commanding General  
To: Distribution List

Subj: CLASS VIII MANAGEMENT POLICIES AND PROCEDURES

Ref: (a) MCO 4400.39, War Reserve Materiel Policy  
(b) MCWP 4-11.1, Health Service Support Operations  
(c) COMNAVSURFPACINST/COMNAVSURFLANTINST 6000.1, Shipboard Medical Procedures Manual  
(d) NAVMED P-117, Manual of the Medical Department U.S. Navy  
(e) NAVMC 4000.2, Marine Corps Class VIII Management Handbook  
(f) MCO 6700.5A, Medical and Dental (Class VIII) Materiel Support of the Marine Operational Forces  
(g) MCO P4400.150, Consumer-Level Supply Manual  
(h) BUMEDINST 6710.70A, Guidelines for Controlled Substances Inventory  
(i) MCO 6530.2, Department of the Navy Blood Program

Encl: (1) Authorized Medical Allowance List (AMAL)/Authorized Dental Allowance List (ADAL) Request Example  
(2) Endorsement Letter Example  
(3) Justification for Short Notice Request Example  
(4) Supplemental AMAL Request Example  
(5) Controlled Substances Request Example  
(6) Controlled substances associated with AMAL blocks  
(7) Statement Acknowledging Receipt and Responsibility Form  
(8) NAVMED 6710/5, Perpetual Inventory of Narcotics Alcohol and Controlled Drugs Form  
(9) Nuclear Biological Chemical (NBC)/Geographical Mission (GEO) Request Example

1. Situation. This Order is applicable to all units that request Class VIII support from II Marine Expeditionary Force (II MEF) assets.

2. Cancellation. II MEFO 4400.3C.

3. Mission. To outline II MEF policies and procedures, as set forth in references (a) through (i), for Class VIII (medical/dental) material in order to enhance the readiness of the force.

a. Authorized Medical Allowance List. An AMAL is a list containing the minimum requirements of materiel to establish a specific Health Service Support (HSS) capability during combat/deployed operations per reference (a). Each AMAL type is an approved Headquarters Marine Corps (HQMC) list with an assigned Table of Authorized Material Control Number (TAMCN).

(1) Equipment AMAL. Equipment and reusable materiel required to establish a specific HSS capability, e.g. Battalion Aid Station (BAS), Operating Room, etc.

(2) Consumable AMAL. Expendable materiel required for the associated equipment AMAL to treat a specific number of casualties or perform a specific function.

b. Authorized Dental Allowance List. An ADAL is a list of minimum requirements of equipment to establish a specific dental care capability combined with a list of consumable supplies required to support a predetermined patient care load. Each ADAL type is an approved HQMC list with an assigned TAMCN.

c. Supplemental Class VIII Materiel. Approved medical items determined to be mission essential and are not included in the defined AMAL/ADAL list.

d. Controlled Substances. Alcohol, narcotics, precious metals and any additional substance listed as controlled in the Comprehensive Drug Prevention Act of 1970.

#### 4. Execution

a. Commander's Intent. II MEF provides Class VIII materiel for deploying forces and unit training. Upon redeployment, Medical Logistics Company (MEDLOG) will recover and reconstitute AMALs/ADALs to maintain Class VIII materiel readiness of II MEF for II MEF future operations.

#### b. Concept of Operations

(1) Only AMALs/ADALs rated by the requesting unit, as specified on the unit's Table of Organization and Equipment (TO&E) within the Total Force Structure Management System (TFSMS), will be issued by the MEDLOG.

(2) The II MEF Surgeon will validate and approve all Class VIII supplies. Improper use of assets severely impacts II MEF readiness, and increases the expense of War Reserve Material (WRM) maintenance when such assets are used.

(3) While classified as WRM, AMALs/ADALs can be authorized by the II MEF Surgeon, when warranted, for training purposes. Any equipment that is damaged or lost and/or any consumable materiel used or deemed unreturnable by MEDLOG will be replaced with the using unit's funds.

(4) Requesting units will submit all supplemental requests and AMAL/ADAL replenishment/replacement requests via their chain of command to the Major Subordinate Command (MSC) Medical Planner for validation. Once the request is approved the MSC Medical Planner will forward the request to the II MEF Surgeon's office for review and final approval. After the II MEF Surgeon has validated the request, it will be forwarded to MEDLOG for procurement. The II MEF Comptroller will transfer funds from the requesting unit to MEDLOG. Requesting units shall obtain a Job Order Number (JON) or Special Interest Code (SIC) associated with a line of accounting from their respective S-4 to cover all costs associated with Class VIII support for exercises or operations.

(5) Sick Call Support

(a) When embarked aboard a U.S. Naval vessel, per references (b) and (c), Operational Force (OPFOR) medical personnel will augment the ship medical department and provide care to embarked personnel utilizing the ship's company medical facilities and supplies. Landing force Class VIII equipment and supplies will not be used onboard ship unless authorized by the Marine Air Ground Task Force (MAGTF) Commander in support of an overwhelming emergency.

(b) Per reference (d), in garrison medical support required above the BAS level is the responsibility of the local supporting Medical Treatment Facility (MTF). Usage of AMALs/ADALs for in garrison medical and dental care is not authorized.

5. Administration and Logisticsa. Administration

(1) The requesting unit shall initiate and begin routing the AMAL/ADAL request 90 days in advance of the desired delivery date. Enclosure (1) contains a sample format for the AMAL/ADAL request letter. The routing order is via the immediate chain of command, to include Immediate Superior in Command (ISIC) if applicable, to 2d Supply Battalion. These requests will be signed by either the Commanding Officer, or an officer with "Acting" authority; "By direction" signatures will not be accepted. However, supporting endorsements, enclosure (2), may be signed with "By direction" authority.

(2) Per reference (e), the requesting unit shall provide the original approved and validated AMAL/ADAL request a minimum of 45 days prior to the required date of pickup. For pre-coordination, a draft copy of the AMAL/ADAL request will be provided directly to MEDLOG at the time of initial submission. If the original approved Class VIII request is less than 45 days prior to the required date of pickup, then the requesting unit shall provide a Justification for Short Notice Letter, enclosure (3), as an enclosure with their request. A requesting unit's failure to plan appropriately, route/track requests in an expeditious manner, or provide administrative tracking and oversight are not valid justifications and will not be accepted.

(3) The requesting unit shall provide the original approved AMAL/ADAL request with all supporting endorsements to MEDLOG prior to the release of Class VIII materiel.

(4) Task-organized units (i.e., Marine Expeditionary Unit (MEU) or Special Purpose Marine Air Ground Task Force (SPMAGTF)) shall submit requests via the Command Element.

(5) All AMALs/ADALs will deploy in their entirety, unless II MEF HSS, in accordance with references (e) and (f) grants approval. Partial issue of AMAL/ADAL blocks is not authorized.

(6) Prior to approved mission essential training evolutions, using units are strongly encouraged to contact MEDLOG and review the consumable block line item listing and remove those items that are not required for a training environment. This will ensure a rapid and smooth Joint Limited Technical Inspection (JLTI) prior to picking up the AMAL/ADAL.

(7) During the post JLTIs, per reference (e), all partially consumed or damaged line items are considered expended and will be replaced using the provided JON or SIC line of accounting from the original AMAL/ADAL request letter. Certain medications are deemed non-returnable due to leaving the climate controlled storage of MEDLOG. These items will be replaced via the using unit's funds. Medications and other expiring materiel labelled with manufacturer's storage recommendations. These include temperature ranges, light exposure and humidity restrictions. These items will be charged to the using unit's upon completion of the post-JLTI as they cannot be returned to the working stock at MEDLOG for re-issue. If items that cannot be returned have not expired, using units can remove them and utilize in their BAS.

(8) Per reference (e), each AMAL/ADAL request shall list a Responsible Officer (RO), who shall be E-6 or above, from the requesting unit and be available for pre/post-JLTIs as per reference (g).

(9) Per reference (e), the requesting unit must fund, source, and procure through MEDLOG all supplemental Class VIII materiel. Prior to the II MEF Surgeon validating supplemental orders fulfilled by MEDLOG, the MSC Medical Planner will review, approve and sign all such requests, via DD Form 1149 or 1348. Requests lacking the MSC Medical Planner's and II MEF Surgeon's validation and signatures will not be processed by MEDLOG. When applicable, the MSC Comptroller and the II MEF Budget Officer will coordinate reimbursement to MEDLOG. Enclosure (4) contains a sample format for Supplemental AMAL requests.

(10) Controlled Substances

(a) The Commanding Officer of MEDLOG via his/her Primary Controlled Substance Custodian, will requisition, maintain and account for all authorized AMAL/ADAL controlled substance allowances.

(b) Requests for controlled substances will be submitted under a separate letter in conjunction with the associated AMAL/ADAL request. The Controlled Substance request must include a valid JON issued by the unit's comptroller and as enclosures, the RO appointment letter and the Controlled Substance Inventory Board (CSIB) Member appointment letters. Enclosure (5) contains a sample format for the Controlled Substance request letter and Enclosure (6) contains all authorized controlled substances associated with AMALs.

(c) The requesting unit's Commanding Officer or the designated individual in an "Acting" capacity must sign the Controlled Substance request letter. "By direction" signatures will not be accepted. Supporting endorsements may be signed with "By direction" authority.

(d) Per reference (g), the Commanding Officer must assign a RO in writing, to assume direct responsibility and full time chain of custody for controlled substances. Per reference (d), the RO must be a commissioned officer, but cannot be a prescribing medical provider. The RO cited on the approved AMAL/ADAL request must receive the cited controlled substances from MEDLOG utilizing Enclosure (7). If the RO is separated from the assets under his or her control for any reasons, a new RO is to be appointed per reference (g) and a complete turnover will be conducted. A formal chain of custody will be maintained by the RO.

1. Reference (g) establishes the guidelines for assigning a Bulk Stock Custodian and Working Stock Custodians. Assignment of a Bulk or Working Stock Custodian is not mandatory.

2. Custodians may be necessary in the event that the RO requires a Bulk Stock Custodian to maintain the inventory in bulk and Working Stock Custodians to maintain controlled substances individually, ready for issue at different locations.

(e) All units with controlled substance shall maintain control and account for controlled substances in accordance with reference (d) Chapter 21. Units will utilize NAVMED 6710/5 Perpetual Inventory of Narcotics Alcohol and Controlled Drugs, enclosure (8), to maintain accountability of all controlled substances.

(f) Per references (d) and (h), all units and detachments in receipt of controlled substances must establish a CSIB. Duties and responsibilities of the CSIB shall be carried out in full accordance with the references. The CSIB must have three members, at least one being a commissioned officer. Senior enlisted, E-7 through E-9, may serve as members. If available, at least one officer should be a Medical Department Officer, but cannot be a prescribing provider, i.e. the medical planner. CSIB members shall not be directly responsible for inventorying substances.

(g) Controlled substance inventory discrepancies must be reported detailing the investigation, disposition, and follow on-conclusions. The report shall be submitted to the unit Commanding Officer, II MEF Surgeon and the Controlled Substance Custodian at MEDLOG.

(h) Upon return, the RO must provide enclosure (8) with signatures of all inventories completed to MEDLOG, official destruction letters for any controlled substances destroyed, and copies of all patient medical records documenting any expended or consumed controlled substances associated with the deployment. MEDLOG will use these records to audit and account for consumed/dispensed controlled substances.

(i) The RO will return any unopened controlled substances to MEDLOG for final disposition. Partially consumed or opened controlled substances will be destroyed and documented by the RO and CSIB of the using unit.

(11) Requests for GEO AMALs; Cold Weather, Hot weather, NBC Unit, and NBC individual line items will be submitted under a separate letter delineating specific mission requirements. Enclosure (9) contains a sample format for the GEO Mission AMAL request letter.

#### b. Logistics

(1) Class VIIIB (Blood and Blood Products). Per references (b) and (i), Class VIIIB blood and blood products are supplied by the Armed Services Blood Program via designated blood supply units that supply products for medical units assigned to the Marine Corps. MEDLOG does not provide Class VIIIB products.

(2) HSS Requirements and Sustainment. Recognizing that health care requirements are influenced by a variety of factors, AMALs and ADALs are designed to facilitate the phasing of equipment into a combat environment.

Under this concept, per references (f) and (g), II MEF will maintain a minimum of 15 days of supply (DOS) on-hand for Class VIII materiel. The surge requirement, consisting of 16-60 DOS are registered through HQMC portion of the Medical Contingency File (MCF) and submitted to the Defense Logistics Agency (DLA). Requisitions against these pre-planned requirements are submitted by MEDLOG to DLA via Defense Medical Logistics Standard Support (DMLSS). DLA (Troop Support) fills the requests through contingency contracts or traditional support. From day 60, Class VIII sustainment support is provided by the Theater Lead Agent for Medical Materiel (TLAMM) or the Medical Supply Chain Network.

6. Command and Signal

a. Command. This Order is applicable to all II MEF Forces and supported commands as directed.

b. Signal. This Order is effective upon signature.

  
G. S. JOHNSTON  
Chief of Staff

DISTRIBUTION: A



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer  
To: Commanding Officer, Medical Logistics Company, 2d Supply Battalion, 2d Marine Logistics Group

Via: (1) Regimental Commander of Unit's Regiment (if applicable)  
(2) Commanding General of Unit's Major Subordinate Command  
(3) Commanding General, II Marine Expeditionary Force (Attn: Surgeon)  
(4) Commanding General, 2d Marine Logistics Group (Attn: HSSE)

Subj: REQUEST FOR AMAL(s)/ADAL(s) IN SUPPORT OF {EXERCISE}

Ref: (a) II MEFO 4400.3D

1. Per reference (a), it is requested that the following AMAL(s)/ADAL(s), pharmaceutical, and consumable lists be provided in support of {exercise} from {dd-mm-yy to dd-mm-yy}.

Nomenclature	QTY
Block, Designate AMAL/ADAL	01
(e.g. 699, Sickcall)	

2. The following additional information is provided:

- a. Responsible Officer (RO): Rank, Last, First, MI.
- b. Date of inventory / LTI: DD-MMM-YYYY  
(Note: Date required for completion of approval letters equal 45 days prior to pickup. Date requests are initiated will be 90 days prior to pick up.)
- c. Date of pick up: DD-MMM-YYYY
- d. Estimated date of return: DD-MMM-YYYY
- e. Job Order Number (JON)/Special Interest Code (SIC): {JON/SIC associated with line of accounting to fund request}
- f. Reporting Unit/Unit Identification Code (RUC/UIC): M11111

3. Point of contact for this request is Rank, Last, First, MI, Phone, and Email.

4. An advance copy of this request was sent to Medical Logistics Company on DD-MMM-YYYY.

I. M. MARINE

Enclosure (1)



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer, Your command  
To: Company Commander, 2d Medical Logistics Company

Via: (1) Commanding Officer, Regimental Commander  
(2) Commanding General, Unit's Major Subordinate Command  
(3) Commanding General, II Marine Expeditionary Force (ATTN: Surgeon)  
(4) Commanding General, 2d Marine Logistics Group, (ATTN: HSSE/G3)

Subj: REQUEST FOR AMAL(s)/ADAL(s) IN SUPPORT OF {EXERCISE}

Ref: (a) II MEFO 4400.3D

1. Forwarded, recommending approval.
2. Point of contact at this command is Rank, Last, First, MI, Phone, Email.

I. M. MARINE  
By direction



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

FIRST ENDORSEMENT on CO, {Requesting Unit} ltr 4400 SER of {Date}

From: Regimental Commander of Unit's Regiment  
To: Commanding Officer, Medical Logistics Company, 2d Supply Battalion, 2d  
Marine Logistics Group

Via: (1) Commanding General of Unit's Major Subordinate Command  
(2) Commanding General, II Marine Expeditionary Force (Attn: Surgeon)  
(3) Commanding General, 2d Marine Logistics Group (Attn: HSSE)

Subj: JUSTIFICATION FOR SHORT NOTICE REQUEST

Ref: (a) II MEFO 4400.3D  
(b) NAVMC 4400.2

1. In accordance with the references, request for Authorized Medical Allowance List (AMAL) should be initiated a minimum of 90 days prior to the event, exercise, or deployment and approved a minimum of 45 days prior.
2. The request was unable to be initiated and approved in these time-frames due to {Insert reason}.
3. Point of contact is HM1 Best Sailor at 910-451-1234 or via e-mail at best.sailor@usmc.mil.

I. M. NCHARGE

Enclosure (3)



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

6700  
SER  
Date

From: Commanding Officer,  
To: Commanding Officer, Medical Logistics Company, 2d supply Battalion,  
2d Marine Logistics Group

Via: (1) Regimental Commander of Unit's Regiment (if applicable)  
(2) Commanding General of Unit's Major Subordinate Command  
(3) Commanding General, II Marine Expeditionary Force (Attn: Surgeon)  
(4) Commanding General, 2d Marine Logistics Group (Attn: HSSE)

Subj: REQUEST FOR SUPPLEMENTAL ITEMS IN SUPPORT OF {EXERCISE}

Ref: (a) II MEFO 4400.3D

Encl: (1) DD 1348

1. Per reference (a) it is requested the following supplemental items be provided in support of {exercise} from {DD-MMM-YY to DD-MMM-YY}

a. Class VIII Supplies Requested

NSN	NOMENCLATURE	U/I	QTY	PRICE

2. The following additional information is provided:

- a. Responsible Officer (RO): Rank, Last, First, MI.
- b. Date of inventory / LTI: DD-MMM-YYYY
- c. Date of pick up: DD-MMM-YYYY
- d. Job Order Number (JON)/Special Interest Code (SIC): {JON/SIC associated with line of accounting to fund request}
- e. Reporting Unit/Unit Identification Code (RUC/UIC):

3. Point of contact for this request is Rank, Last, First, MI, Phone, Email.

4. An advance copy of this request was sent to Medical Logistics on DD-MMM-YYYY.

I. M. COMMANDING

Enclosure (4)

USE ☐ TYPEWRITER OR BALL POINT PRESS HERE TO ASSURE LEGIBILITY ON ALL COPIES ☐ PEN

DO FORM 1318, JUL 91 DOD SINGLE LINE ITEM REQUISITION SYSTEM DOCUMENT (MANUAL)

SEND TO:

REQUISITION IS FROM:

ITEM NO.	QUANTITY	UNIT	DESCRIPTION	PRICE	TOTAL
1	1	EA	...	...	...
2	1	EA	...	...	...
3	1	EA	...	...	...
4	1	EA	...	...	...
5	1	EA	...	...	...
6	1	EA	...	...	...
7	1	EA	...	...	...
8	1	EA	...	...	...
9	1	EA	...	...	...
10	1	EA	...	...	...
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PREVIOUS EDITIONS MAY BE USED



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer  
To: Commanding Officer, Medical Logistics Company, 2d Supply Battalion, 2d Marine Logistics Group

Via: (1) Regimental Commander of Unit's Regiment (if applicable)  
(2) Commanding General of Unit's Major Subordinate Command  
(3) Commanding General, II Marine Expeditionary Force (Attn: Surgeon)  
(4) Commanding General, 2d Marine Logistics Group (Attn: HSSE)

Subj: REQUEST FOR CONTROLLED SUBSTANCES ASSOCIATED WITH AMAL(s) IN SUPPORT OF {EXERCISE}

Ref: (a) II MEFO 4400.3D

Encl: (1) Responsible Officer Appointment Letter  
(2) Controlled Substance Inventory Board Officer/Member Appointment Letters

1. Per reference (a), it is requested the controlled substances for the following AMALs be provided in support of {exercise}.

Part of AMAL	NSN	Nomenclature	U/I	QTY
636	9999-99-999-9999	Hydrocodone Bitartrate and Acetaminophen tablets 5MG/500MG, 100 tablets per bottle	BT	01
636	9999-99-999-9999	Diazepam Injection USP 5MG/ML, 2ML Carpuject, 10 per package	PG	02

2. The following additional information is provided:

- a. Responsible Officer (RO): Rank, Last, First, MI.
- b. Date of inventory / LTI: DD-MMM-YYYY
- c. Date of pick up: DD-MMM-YYYY
- d. Estimated date of return: DD-MMM-YYYY
- e. Job Order Number (JON)/Special Interest Code (SIC): {JON/SIC associated with line of accounting to fund request}
- f. Reporting Unit/Unit Identification Code (RUC/UIC): M11111

3. Point of contact for this request is Rank, Last, First, MI, Phone, Email.

4. An advance copy of this request was sent to Medical Logistics Company on DD-MMM-YYYY.

I. M. MARINE

Enclosure (5)



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer,  
To: Rank First name MI. Last name EDIPI/MOS USMC

Subj: APPOINTMENT AS RESPONSIBLE OFFICER FOR CONTROLLED SUBSTANCES

Ref: (a) Manual of the Medical Department, Chapter 21  
(b) BUMEDINST 6710.70A  
(c) II MEFO 4400.3D

1. You are hereby appointed as the {exercise/deployment/unit} Responsible Officer. References (a), (b), and (c) will guide you in your duties.
2. You are responsible for receiving, verifying and signing for all controlled substances from 2d Medical Logistics Company or other designated medical supply source while assigned to {your unit}. Upon receipt, you will immediately ensure all controlled substances are secured in an approved safe or container(s) in accordance with reference (a).
3. An inventory report of the controlled medicinal substances will be held by the controlled Substances Inventory Board (CSIB), composed of at least one commissioned Officer and two senior enlisted (E-7 or above), every month and submitted to the Commanding Officer. This report will consist of at a minimum, but not limited to:
  - a. Discrepancies noted in checking all receipt and expenditure vouchers, prescriptions logs, and controlled substance inventories.
  - b. Preparations and prescribed accounting records.
  - c. Damaged and tampered seals or closed vials, bottles, and other containers.
  - d. Combination and key control, current access list, and date combination and keys were last changed.
  - e. List items that show damage, and beyond expiration date, or appear deteriorated as per the reference; then recommend action for items requiring disposal.
5. The point of contact for this appointment is Rank, Last, First, MI, Phone, and Email.

I. M. MARINE



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer,  
To: Rank First name MI. Last name EDIPI/MOS USMC  
Subj: APPOINTMENT AS CONTROLLED SUBSTANCE INVENTORY BOARD SENIOR MEMBER  
Ref: (a) Manual of the Medical Department, Chapter 21  
(b) BUMEDINST 6710.70A  
(c) II MEFO 4400.3D

1. You are hereby appointed as a Member of the {exercise/deployment} Controlled Substance Inventory Board (CSIB). You shall become thoroughly familiar with references (a), (b), and (c) which will guide you in your duties.
2. You will conduct a physical inventory of all narcotics and controlled medicines assigned to {your unit}. The inventory will be conducted as soon as possible after the last day of each month in compliance with the above references. A written report of each inventory conducted shall be promptly submitted to the Commanding Officer.
3. In your report to the Commanding Officer, you will include the following:
  - a. Discrepancies noted in checking all receipt and expenditure vouchers, prescriptions (DD 1289) and NAVMED 6710/5, perpetual inventory forms, showing the expenditure of all drugs inventoried. Losses, thefts, and irreconcilable differences shall be reported in accordance with Article 21-25 per reference (a).
  - b. If seals on vials, bottles, and other containers inspected were damaged or tempered with, or if any items have any signs of damage, expired potency date, or deterioration.
4. This appointment will remain in effect until you are relieved of your responsibilities in writing.
5. The point of contact for this appointment is Rank, Last, First, MI, Phone, and Email.

I. M. MARINE



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer,  
To: Rank First name MI. Last name EDIPI/MOS USMC  
Subj: APPOINTMENT AS CONTROLLED SUBSTANCE INVENTORY BOARD MEMBER  
Ref: (a) Manual of the Medical Department, Chapter 21  
(b) BUMEDINST 6710.70A  
(c) II MEFO 4400.3D

1. You are hereby appointed as a Member of the {exercise/deployment} Controlled Substance Inventory Board (CSIB). You shall become thoroughly familiar with references (a), (b), and (c) which will guide you in your duties.
2. You will conduct a physical inventory of all narcotics and controlled medicines assigned to {your unit}. The inventory will be conducted as soon as possible after the last day of each month in compliance with the above references. A written report of each inventory conducted shall be promptly submitted to the Commanding Officer.
3. In your report to the Commanding Officer, you will include the following:
  - a. Discrepancies noted in checking all receipt and expenditure vouchers, prescriptions (DD 1289) and NAVMED 6710/5, perpetual inventory forms, showing the expenditure of all drugs inventoried. Losses, thefts, and irreconcilable differences shall be reported in accordance with Article 21-25 per reference (a).
  - b. If seals on vials, bottles, and other containers inspected were damaged or tempered with, or if any items have any signs of damage, expired potency date, or deterioration.
4. This appointment will remain in effect until you are relieved of your responsibilities in writing.
5. The point of contact for this appointment is Rank, Last, First, MI, Phone, and Email.

I. M. MARINE



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer,  
To: Rank First name MI. Last name EDIPI/MOS USMC

Subj: APPOINTMENT AS CONTROLLED SUBSTANCE INVENTORY BOARD MEMBER

Ref: (a) Manual of the Medical Department, Chapter 21  
(b) BUMEDINST 6710.70A  
(c) II MEFO 4400.3D

1. You are hereby appointed as a Member of the {exercise/deployment} Controlled Substance Inventory Board (CSIB). You shall become thoroughly familiar with references (a), (b), and (c) which will guide you in your duties.
2. You will conduct a physical inventory of all narcotics and controlled medicines assigned to {your unit}. The inventory will be conducted as soon as possible after the last day of each month in compliance with the above references. A written report of each inventory conducted shall be promptly submitted to the Commanding Officer.
3. In your report to the Commanding Officer, you will include the following:
  - a. Discrepancies noted in checking all receipt and expenditure vouchers, prescriptions (DD 1289) and NAVMED 6710/5, perpetual inventory forms, showing the expenditure of all drugs inventoried. Losses, thefts, and irreconcilable differences shall be reported in accordance with Article 21-25 per reference (a).
  - b. If seals on vials, bottles, and other containers inspected were damaged or tempered with, or if any items have any signs of damage, expired potency date, or deterioration.
4. This appointment will remain in effect until you are relieved of your responsibilities in writing.
5. The point of contact for this appointment is Rank, Last, First, MI, Phone, and Email.

I. M. MARINE

CONTROLLED SUBSTANCES ASSOCIATED WITH AMAL BLOCKS

636:

<u>6505-01-302-5530</u>	MORPHINE SULFATE INJECTION USP 10MG AUTOMATIC INJECTOR (NARCOTIC (MORPHINE AUTO INJ 10MG))	100	EA
<u>6505-01-505-3476</u>	DIAZEPAM INJECTION USP 5MG/ML 2 ML UNIT 10 PER PACKAGE (NARCOTIC (VALIUM INJ 5MG 2ML 10'S))	10	EA
<u>6505-01-593-0090</u>	HYDROCODONE BITARTRATE AND ACETAMINOPHEN	1	BT
<u>6505-01-610-9030</u>	MORPHINE SULFATE INJECTION,USP (MORPHINE SULFATE INJECTION 10MG/ML 1ML 10S NARCOTIC)	4	PG

632:

<u>6505-01-239-5492</u>	MIDAZOLAM HYDROCHLORIDE INJ 5MG/ML 10ML MULTI DOSE VIAL 10/PG	2	PG
<u>6505-01-339-1909</u>	KETAMINE HYDROCHLORIDE INJECTION USP 10ML VIAL 10 VIALS/PG (NARCOTIC)	1	PG
<u>6505-01-505-3476</u>	DIAZEPAM INJECTION USP 5MG/ML 2 ML UNIT 10 PER PACKAGE (NARCOTIC (VALIUM INJ 5MG 2ML 10'S))	20	EA
<u>6505-01-505-4693</u>	MEPERIDINE HYDROCHLORIDE INJECTION USP 100MG/ML 1ML UNIT 10/PG (NARCOTIC (DEMEROL))	30	EA
<u>6505-01-578-9755</u>	FENTANYL CITRATE TRANSMUCOSAL LOZENGE 800MCG PER LOZENGE 30 INDI	30	EA
<u>6505-01-593-0090</u>	HYDROCODONE BITARTRATE AND ACETAMINOPHEN	1	BT
<u>6505-01-610-9030</u>	MORPHINE SULFATE INJECTION,USP (MORPHINE SULFATE INJECTION 10MG/ML 1ML 10S NARCOTIC)	8	PG

647:

<u>6505-01-073-1316</u>	FENTANYL CITRATE INJECTION USP 0.05MG/ML 5ML AMPUL 10S (NARCOTIC)	10	EA
<u>6505-01-244-4736</u>	MIDAZOLAM HYDROCHLORIDE INJECTION 5MG/ML 1ML VIAL 10/PACKAGE (NARCOTIC (MIDAZOLAM INJ 5MG/ML 1ML 10'S))	20	EA
<u>6505-01-339-1909</u>	KETAMINE HYDROCHLORIDE INJECTION USP 10ML VIAL 10 VIALS/PG (NARCOTIC)	1	PG
<u>6505-01-505-3476</u>	DIAZEPAM INJECTION USP 5MG/ML 2 ML UNIT 10 PER PACKAGE (NARCOTIC (VALIUM INJ 5MG 2ML 10'S))	10	EA
<u>6505-01-610-9030</u>	MORPHINE SULFATE INJECTION,USP (MORPHINE SULFATE INJECTION 10MG/ML 1ML 10S NARCOTIC)	1	PG

**Statement Acknowledging Receipt and Responsibility**  
(Signed when Narcotics are issued)

In signing this form I acknowledge that I have been issued and accept full responsibility of the following narcotic substances issued to me.

\_\_\_\_\_  
(Rank/L Name, F Name of RO)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(MM/DD/YY)

Unit Name: \_\_\_\_\_ Unit RUC: \_\_\_\_\_ Unit JON: \_\_\_\_\_

Item Name	Lot #	Exp Date	U/I	Amount Issued	Issuing Officer

**Statement Acknowledging Receipt and Responsibility**  
(Signed when Narcotics are issued)

In signing this form I acknowledge that I have returned and accept full responsibility of the following narcotic substances that have been expended.

\_\_\_\_\_  
(Rank/L Name, F Name of RO)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(MM/DD/YY)

Unit Name: \_\_\_\_\_ Unit RUC: \_\_\_\_\_ Unit JON: \_\_\_\_\_

\_\_\_\_\_  
(Rank/L Name, F Name of RO)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(MM/DD/YY)

Item Name	Lot #	Exp Date	U/I	Amount Issued	Issuing Officer

PERPETUAL INVENTORY OF NARCOTICS, ALCOHOL AND CONTROLLED DRUGS  
NAVMED 6710/5(4-72) S/N 0105-LF-226-7180

[illegible]

SHEET NO.



UNITED STATES MARINE CORPS  
YOUR COMMAND'S LETTERHEAD

4400  
SER  
Date

From: Commanding Officer  
To: Commanding Officer, Medical Logistics Company, 2d Supply Battalion, 2d Marine Logistics Group

Via: (1) Regimental Commander of Unit's Regiment (if applicable)  
(2) Commanding General of Unit's Major Subordinate Command  
(3) Commanding General, II Marine Expeditionary Force (Attn: Surgeon)  
(4) Commanding General, 2d Marine Logistics Group (Attn: HSSE)

Subj: REQUEST FOR GEOGRAPHICAL MISSION AMAL(S) IN SUPPORT OF {EXERCISE}

Ref: (a) II MEFO 4400.3D

1. Per reference (a) it is requested the following GEO Mission AMALs be provided in support of {exercise}. Unit T/O is {number of personnel}.

Nomenclature	QTY
Block, Designate AMAL/ADAL	300
(e.g. 688, NBC, Individual	{equal to number of personnel})

2. The following additional information is provided:

- a. Responsible Officer (RO): Rank, Last, First, MI.
- b. Date of inventory / LTI: DD-MMM-YYYY
- c. Date of pick up: DD-MMM-YYYY
- d. Estimated date of return: DD-MMM-YYYY
- e. Job Order Number (JON)/Special Interest Code (SIC): {JON/SIC associated with line of accounting to fund request}
- f. Reporting Unit/Unit Identification Code (RUC/UIC):

3. These items are required for the duration of this operation and are mission essential. Items that are not utilized will be returned upon mission completion.

4. Point of contact for this request is Rank, Last, First, MI, Phone, Email.

5. An advance copy of this request was sent to Medical Logistics on DD-MMM-YYYY.

I. M. MARINE

Enclosure (9)