DEPARTMENT OF THE ARMY
U.S. Army Medical Department Center and School
Fort Sam Houston, Texas 78234-6100

MEMORANDUM
Number 1-3

22 September 1992

Administration
TRAINING AND SCHEDULING SUPPORT PROCEDURES

1. PURPOSE. To identify responsibilities and prescribe procedures and policies for requesting training/scheduling support at Fort Sam Houston and Camp Bullis.

2. SCOPE. This memorandum applies to all activities within the U.S. Army Medical Department Center and School (AMEDDC&S) requesting support.

3. RESPONSIBILITIES. The Operations Branch, Plans and Operations Division, processes and coordinates support requests to include training/maneuver areas weapons qualification ranges, aircraft, rations/dining facilities, transportation, equipment, personnel, billeting, portable latrines, and ammunition/pyrotechnics. Additional responsibilities include:

a. Coordinating with Camp Bullis Headquarters for assigning training/maneuver areas.

b. Visiting and providing immediate field assistance to AMEDDC&S activities at Camp Bullis.

c. Coordinating with the Support Division, Directorate of Logistics, for updating training schedule and confirming support requests every week.

d. Notifying activities by memorandum upon confirmation of support and resolving training support request problems as necessary.

e. Conducting monthly training support meetings at AMEDDC&S.

f. Representing AMEDDC&S at the weekly Camp Bullis Command and Staff meeting.

4. AMEDDC&S activities are responsible for the following:

a. Submitting FSH Form 2070 (Request for Ranges/Training Areas) and requests for all other types of support to Room 336, Building 2840, at least 180 days prior to the training event (Complete packet shown at Appendix A). Packets not submitted within the 180 day requirement, must be accompanied by a letter of justification for lateness signed by a Colonel (no exception). Plans and Operations encourages submission of requests up to one year in advance. Upon submission of the request, Plans and Operations will review the support request packet to ensure all requests are properly prepared and assign

*Supersedes AHS Memo 1-3, 1 Jun 90

a control number. In the event a packet is not complete, it will be returned to the requester with a return slip stating exactly what type of information was not provided. The corrected packet must be resubmitted within three working days. A copy of the return slip will be forwarded to the appropriate activity liaison.

(1) The training support request will be based on the maximum number of personnel projected. Changes are required immediately once final class strength has been determined. The system is designed to provide the exact amount of equipment per request as possible. The Plans and Operations Division will exhaust all means available in order to acquire training equipment.

(2) Alternate dates for training will be annotated on FSH Form 2070, in the event several requests have been submitted for the same dates.

(3) Requests for bus support will be submitted to the Facilities Scheduling Clerk, Plans and Operations Division, on a memorandum (separate from support packet) at least 4 weeks prior to scheduled movement of personnel. The Plans and Operations Division encourages direct coordination with the scheduling clerk.

(4) Non-tactical vehicle requests will be submitted directly to FSH transportation motor pool.

(5) Activities are required to contact the Plans and Operations Division 30 days prior to training to confirm dining facility support.

b. Submitting FSH Form 2070 for changes as soon as a change to student number, cancellation of training, etc., occurs. Memorandums for each type of request affected will be submitted to Plans and Operations to prevent misutilization of assets. Changes will be submitted at least 90 days prior to training event in order to guarantee all assets previously requested.

c. Utilizing Plans and Operations Division NCO/Officer liaison for coordination. No AMEDDC&S activities are authorized direct access to Camp Bullis Headquarters for conflict resolution or scheduling.

d. Submitting long range training schedule changes as they occur to Plans and Operations NCO liaison. The training schedule will be reviewed and updated by each activity representative at the monthly support meeting. Attendance is mandatory (monthly) for activity representatives regardless of month for actual support being requested. Activity liaisons are encouraged to attend.

e. Ensuring after-action reports are completed and forwarded to Plans and Operations within five working days following training event.

f. Comply with FSH Regulation 350-2 (Camp Bullis Training Regulation).

g. Comply with AMEDDC&S Pamphlet 710-1 (Procedural Handbook for Logistics Operations).

REQUEST FOR RANGES/TRAINING AREAS

For use of this form, see FSH Reg 350-2; the proponent agency is Camp Bullis Training Site

THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)
AMEDDC&S Plans & Opns Div Directorate of Operations ATTN: HSMC-OPO Ft Sam Houston, TX 78234	Commander Fort Sam Houston AFZG-CB Ft Sam Houston, TX 78234-5000	AMEDD NCO Academy (1) ANCOC 6-8-C40 Ft Sam Houston, TX 78234 TEL: AV/FTS-COMM- 221-2012/2018

SECTION I-GENERAL

Type of Firing/Training Class STX, M16 Zeroing/Qualification	Requested Training Date(s): Primary: 10 - 12 Apr 92 Alternate: 17 - 20 Apr 92
Arrival/Departure Date/Time:	Number of Personnel: 150
ETA Adv Party: 10 Apr 92 - 0600	Off(M): 7
ETA Main Body: 10 Apr 92 - 0700	Off(F): 3
ETD Main Body: 12 Apr 92 - 1600	EM: 90
ETD Rear Det: 12 Apr 92 - 1700	EW: 50

SECTION II-RANGE REQUIREMENTS

(CIRCLE) FBI A B C D E F (M1) M2 FF1 FF2 (RF1) RF2 CPQC EOD MINI MTR HG RNG NBC RNG TEST RNG M203 DEMONSTRATION MULTI PURPOSE MORTAR FIRING POINT

RANGE DATA

Range(s)	Date/Time Drawn	Date/Time Utilized From	Date/Time Utilized To	No. of FP	Name/Rank of OIC
M1	10 Apr - 0600	10 Apr 0700	12 Apr 1700		SFC Jones
RF1	10 Apr - 0600	12 Apr 0700	12 Apr 1700		SFC Jones

SECTION III-MANEUVER AREA/TRAINING AREA

MAs 1a 1b 1c 2a 2b 2c 2d 3a 3b 3c 4a 4b 4c 5a 5b 5c 5d (5e) 6a 6b (7) 8a 8b 10 11a 11b
TAs 1 2 3 4 5 (6) 6a 6b (7) 8 9 10 11 12 13 14 15 16 17 18 19 20

(CIRCLE DESIRED AREA)

MANEUVER/TRAINING AREA DATA

Maneuver/ Tng Area(s)	Date/Time Drawn	Date/Time Utilized From	Date/Time Utilized To	Name/Rank of OIC
(2) TA 6, TA 7	10 Apr - 0600	10 Apr - 0600	12 Apr - 1700	SFC Smith
MA 5E, MA 7	11 Apr - 0600	11 Apr - 0730	12 Apr - 1700	SFC Smith

Type(s) of tng ammo (simulators, pyrotechnics, chemical agents) utilized in tng:

M16 Ball, Tacer, Blank and smoke

FSH FORM 2070 Previous editions obsolete.
1 Dec 89 (CAMP BULLIS)

KEY: 1 - Provide exact course title and number
2 - Request will not be accepted if training/maneuver areas are not annotated on each line

SECTION IV-LOGISTICAL REQUIREMENTS		
Admin Bldgs	Billets 150 personnel	
Chapel	Latrines 2 (1 female, 1 male)	
Messhall	Theater	
Refer	Obstacle Course	PT

OTHER (Specify), i.e.: NOE/Aviation air space, exact time/date of logistical issue, additional requirements.

NOTES:

1. Requester must provide number of personnel utilizing billets.
2. AMEDDC&S activities will annotate logistical support on the detailed training schedule.
3. Request will be dated to reflect initial submission to Plans & Opns Div.

NAME, GRADE & TITLE OF REQUESTOR	SIGNATURE	DATE
JOHN JONES, CPT, MS, Course Advisor		

SECTION V -APPROVAL/DISAPPROVAL

☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL

COMMANDER	SIGNATURE	DATE
WESSIE C. ROGERS, MAJ, MS Chief, Plans & Opns Div		

CAMP BULLIS USE ONLY

☐ APPROVED ☐ DISAPPROVED

REMARKS

NAME, GRADE & TITLE	SIGNATURE	DATE

REQUEST FOR AIRCRAFT USE ON CAMP BULLIS TRAINING SITE

THRU:	TO:	FROM:
DEPTMSEC AVIATION DIVISION ATTN: AFZG-PTM-AVO FT SAM HOUSTON, TX 78234-5000	COMMANDER CAMP BULLIS TNG SITE ATTN: AFZG-CB-OPS FT SAM HOUSTON, TX 78234-5000	Mil Sci Div, AMEDDC&S Ft Sam Houston, TX 78234 TEL: 221-6406/8357 AV:

SUPPORTING A/C UNIT DESIGNATION AND HOME STATION:	# CREW 4
POC/TELE # FOR INFO: LFE PI: CPT Hubert 16406/18357	# PERSONNEL SUPPORTED (PARACHUT DROPS RAPELLERS TRANSPORTED) 180 Officer students for transport
ETA (DATE): 16 Oct 91 / 1000	
ETD (DATE): 17 Oct 91 / 1800	# ON GROUND CREW 1 radio operator

AIRSPACE REQUESTED

TYPE OF AIRCRAFT	NUMBER OF AIRCRAFT	TYPE OF MISSION	DATE	HOURS FROM	HOURS TO
UH1H	2	Transport	16 Oct 91	1000	1800
UH1H	2	Transport	17 Oct 91	1000	1800

REMARKS ON TYPE OF TRAINING (LIST SPECIFIC TTF AREA/ROUTES, USE OF NVG, ETC.)

TTF AREA W&X, Transport for LFE MEDEVAC around TA 11 NH 389896 & NH 404898

MANEUVER/TRAINING REQUESTED

MANEUVER TNG AREA(S)	# OF FLIGHTS PLANNED	UNITS SUPPORTED BY A/C ASSETS	DATE	HOURS FROM	HOURS TO
MA1ABC, TA 11	12	Mil Sci Div	16/17 Oct	1000	1400
CB Heli-pad	Same as above	same as above	16/17 Oct	1600	1800

REMARKS ON UNIT SUPPORT OR GROUND ACTIVITIES: (TO INCLUDE ANY TERRAIN NEEDED TO LAND A/C I.E., LZ'S, DZ, HELIPADS, CALS)

Need Bullis pad area to land aircraft for rest stop

OTHER SUPPORT REQUIRED: (CRASH TRUCK, PARK AREA FOR REFUEL, MEDIC, ETC.)

FSH FORM 2070-1
1 Oct 88 (CP BULLIS)

FSH FORM 2070-1
1 OCT 88 (Camp Bullis)

NAME, GRADE, & TITLE OF REQUESTOR	SIGNATURE	DATE
FORREST L. OGLE, MAJ, MS C, Opns Br, Mil Sci Div		

DEPTMSEC RECOMMEND APPROVAL/DISAPPROVAL

RECOMMEND APPROVAL RECOMMEND DISAPPROVAL

COMMANDER/SIG BLOCK	SIGNATURE	DATE

CAMP BULLIS USE ONLY

APPROVED DISAPPROVED

REMARKS

APPROVED FOR USE OF THE FOLLOWING:

NAME, GRADE, & TITLE	SIGNATURE	DATE

7

DETAILED AIRCRAFT REQUEST

TO: HQ, FSH, ATTN: AFZG-PTM-AV

FROM: C, P&O Div, Ops Br

REQUIRED DATE	NR OF ACFT BY TYPE	LANDING AREA	STATE HOURS ETA	STATE HOURS ETD	DEPARTMENT	NAME OF INSTRUCTOR	COURSE NUMBER	CLASS NUMBER	NATURE OF INSTRUCTION AND SUBJECT
4 - 5 Mar 92	UH1V (1)	Day time NH406822	1300	1530	Military Science Division	MAJ LOTHERY Radio frequency:	6H-600A (BAS)	(001) 92	MEDICAL PLATOON LEADERS EXERCISE: (67B TRK)
4 - 5 Mar 92	"	Night time NH405857	2000	2330	Mil Sci Div	32.95	"	" "	There are 2 BAS's (usually) requiring MEDEVAC missions Aircraft should land at NH 406822 (daytime) for coordination with P. I. After each BAS is established, they will contact the controller on 34.55 for MEDEVAC. Controller will forward request to aircraft. BAS DAYTIME LOCATIONS (APPROXIMATE): 1. (1-81) NH391823 2. (1-82) NH399829 3. (1-4) NH403824 Command and control Site: NH402816 BAS NIGHTTIME LOCATIONS: 1. (1-81) NH397879 2. (-82) NH398884 3. (1-4) NH401882 Command and Control Site: NH405857 (For coordination of nighttime missions.

FOR THE COMMANDANT:

for Thomas West

TIMOTHY I. MCCARTHY
MAJ, MS
Director of Operations

CAMP BULLIS TRAINING SCHEDULE

313-91P10 FTX

24 - 31 JAN 92

(1) Advisor: SFC Mitchell (19876/19865)

(2) TIME/DATE	(3) LOCATION	EVENT	(4) REMARKS	(5) LOG SUPPORT
0645-0700 24 JAN	Bldg 1530	2 M1008 to Bldg 4200		
0700	Bldg 4200	Load Rad Equipment	Trans to BJV	(2)2.5 Ton Trucks w/Drivers
0730	Motor Pool	Disp Cmd&Ctl Vehicles		(3) 1008s, (1) 1009
0800-0845	En Route	Bus to BJV		
0900	BJV	Deliver Equipment		5 GPM, 1 GPS, 50 Cots, 4 Lab Tables, 6 PRC 77s, 150 M16s, 1 Light Set, 5 Space Heaters
0900-1000	BJV	Establish BJV		
1000	BJV	Troop Transportation	Trans to TA17 (70 Troops)	(5)2.5 Ton Trucks w/Drivers
1115-1130	En Route	Movement to Dining Fac		
1630	BJV	Pick-up Equipment	Trans to FSH	(2)2.5 Ton Trucks w/Drivers
1700	Motor Pool	Cmd&Ctl Veh Turn-in		

NOTES:

1. **Deviation from the detailed training schedule illustrated above will not be accepted.**

KEY:

1 - List only the POC for this course.
2 - Provide only one specific time for equipment pick-up and turn-in (include command and control vehicles). Receipt and turn-in times for all equipment will be annotated on the training schedule.
3 - Provide building number/exact location as possible.
4 - Provide the transportation destination and number of personnel. POC for hand receipts may be included in the remarks column.
5 - List only the support provided by the Support Division to include: tents, troop transportation, cots, field tables, lab tables, litters, 5 gallon fuel cans, space heaters, light sets, Battalion Aid Stations, tactical radios, switchboards, field telephones, tactical vehicles, generators, water trailers, weapons, pyrotechnics, NBC masks, NBC suits, etc.

(Office Symbol) (MARKS) (Date)

MEMORANDUM THRU Plans and Operations Division, Directorate of Operations, AMEDDC&S, Fort Sam Houston, TX 78234

FOR Directorate of Logistics, Services Branch, Food Services Office, ATTN: AFZG-DL-SSFS, Fort Sam Houston, TX 78234

SUBJECT: Request for Subsistence Support (50 or Less)

1. Request that _____ (A Rations, MREs) be provided to support _____.

2. Date(s) and meal(s) required. _____

3. Total number of meals needed to support this requirement

4. Categories of dinners.

USA	USAR _____	Others (specify)
CASH	ARNG _____	GRAND TOTAL

5. Name, grade, meal card number or BAS designation of each individual who will consume meal(s).

Name/Grade	Meal Card # or BAS Designation	Name/Grade	Meal Card # or BAS Designation
1.		18.	
2.		19.	
3.		20.	
4.		21.	
5.		22.	
6.		23.	
7.		24.	
8.		25.	
9.		26.	
10.		27.	
11.		28.	
12.		29.	
13.		30.	
14.		31.	
15.		32.	
16.		33.	
17.		34.	

AMEDDC&S Memo 1-3

(Office Symbol)
SUBJECT: Request for Subsistence Support (50 or less)

Name/Grade	Meal Card # or BAS Designation	Name/Grade	Meal Card # or BAS Designation
35.		43.	
36.		44.	
37.		45.	
38.		46.	
39.		47.	
40.		48.	
41.		49.	
42.		50.	

6. Date and time of pickup at the dining facility.

7. Name and grade of the individual designated to pick up the meal(s).

(Signature Block)

(Office Symbol) (MARKS) (Date)

MEMORANDUM THRU Plans and Operations Division, Directorate of Operations, AMEDDC&S, Fort Sam Houston, TX 78234-6100

FOR Directorate of Logistics, Services Branch, Food Services Office, ATTN: AFZG-DL-SSFS, Fort Sam Houston, TX 78234

SUBJECT: Request for Subsistence Support (More than 50)

1. Request that _____ (A Rations, MREs, LRPR, or Box Lunches) be provided to support _____.

2. Date(s) and meal(s) required

3. Total number of meals needed to support this requirement

4. Categories of Dinners.

USA	USAR	Payroll Deduction
CASH	ARNG	Others (Specify)
		GRAND TOTAL _____

5. Date and time of pickup at the dining facility.

6. Name and grade of the individual designated to pick up the meal (s)

(Signature Block)

AMEDDC&S Memo 1-3

(Office Symbol) (MARKS) (Date)

MEMORANDUM THRU HSMC-OPO

FOR HSMC-LF

SUBJECT: Request for Port-O-Lets

1. Request 2 Port-O-Lets be located at New Jack Village (TA 6A) at Camp Bullis from 0730, 27 Jan - 1500, 31 Jan 92 to support 50 students* in Class 001-92 91S.

2. Account number is ABC1.

3. The POC is SFC Smith at 16543

JOHN A. SMITH
SFC, USA
Class Advisor

* MUST INCLUDE NUMBER OF STUDENTS BEING SUPPORTED.

(Office symbol) (MARKS)

(Date)

MEMORANDUM FOR HSMC-OPO

SUBJECT: Request for Bus Transportation

1. Request approval of the following bus schedule for Officer Basic Course C20-002. Estimated number of students attending the course: 125

DATE/TIME	PICK-UP LOCATION	DROP-OFF LOCATION
7 Jan 92/1015	Bldg # 902	Clothing Sales
7 Jan 92/1155	Clothing Sales	Bldg# 902
7 Jan 92/1715	CIS Bldg# 1461	BOQ Bldg# 1384

2. The POC is the undersigned at 14321/15432

JOHN A. SMITH
1LT, MS
TAC Officer

AMEDDC&S Memo 1-3

(Office Symbol) (MARKS) (Date)

MEMORANDUM FOR HSMC-OPO

SUBJECT: AMEDDC&S Training Support After-Action Report

1. TRAINING EVENT DATA.

Course Supported: _____

Date(s) of Support: _____

Location of Support Received: _____

Class Advisor/OIC/NCOIC & Phone: _____

_____

2. EVALUATION OF TRAINING SUPPORT AREAS.

	EXC	SAT	UNS	N/A		EXC	SAT	UNS	N/A
Tactical Transportation					Water Support				
Generator Support					Communications				
Ammo/Pyro Support	___	___	___	___	Training Aids				
Weapon Support					Equipment				
Other (List)									

3. SPECIFIC COMMENTS. (Must comment on EXC or UNS evaluation)

_____
_____
_____
_____
_____

(Signature Block)

AMEDDC&S Memo 1-3

HSMC-OPO (MARKS) (Date)

MEMORANDUM FOR _____

SUBJECT: Support Request Return Form

1. In accordance with AMEDDC&S Memorandum 1-3, your support request has not been accepted due to nonsubmission or incorrect information as checked below:

Request for Support (FSH Form 2070).

Request for Aircraft (FSH Form 2070-1)

AMEDDC&S Form 40.

Detailed Training Schedule.

Administrative Vehicle/Generator Support.

Rations/Subsistence.

Ammunition/Pyrotechnics.

Portable Latrine.

2. Resubmit required information within three working days. Please request our assistance as needed.

3. Remarks:

WES ROGERS
MAJ, MS
Chief, Plans and Opns Div

cf:
Activity Liaison

(HSMC-O)

FOR THE COMMANDER:

WALTER L. WELLS
COL, MS
Secretary of the General Staff

OFFICIAL:

CLODETH C. FINDLAY
CPT, MS
Adjutant General

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