

**INTERSERVICE TRAINING REVIEW ORGANIZATION
PROCEDURES MANUAL**

APPENDIX A

LIST OF ITRO FORMS

TRAINING TASK/SKILL REQUIREMENTS LISTING (ITRO FORM 1)

TRAINING TASK/SKILL REQUIREMENTS COMPARISON (ITRO FORM 1A)

COURSE DATA (ITRO FORM 2).....

MANPOWER REQUIREMENTS CHECKLIST (ITRO FORM 3).....

FACILITY QUESTIONNAIRE (ITRO FORM 4)

CURRENT FACILITY CONFIGURATION OR SPACE AVAILABLE (ITRO FORM 5)

PROPOSED FACILITY CONSOLIDATED OR COLLOCATED CONFIGURATION (ITRO FORM 6)

12 QUESTION FORM (ITRO FORM 7).....
Instructions for ITRO Form 7

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MANPOWER REQUIREMENTS CHECKLIST (ITRO FORM 3)			
Option (Number and Details):			
From Notional POI:			
	Course Number:		
	Max Class Size:		
	Student to Instructor Ratio:		
	Lecture:		
	Practical Application:		
	Lab:		
	Testing:		
	Syllabus Hours:		
	Consolidated:		Collocated:
	Lecture:		Lecture:
	Practical Application:		Practical Application:
	Lab:		Lab:
	Testing:		Testing:
Training Support/School Overhead Requirements:			
	Maintenance:		
	Curriculum Development:		
	Academic Records:		
	Other:		
Detachments:			
	Existing Detachment/Support by Service:		
	Unique Requirements by Service:		
	List of Required Collocated Courses:		
	Remarks:		

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FACILITY ANALYSIS QUESTIONNAIRE (ITRO FORM 4)

DATE: _____

STUDY TITLE: _____

OPTION/LOCATION: _____/_____

PREPARED BY: _____ PHONE: _____

1.a. What is the projected average daily excess capacity in all bachelors housing for the fiscal year being studied? (This includes TAD/TDY, PCS, NPs and all other bachelor quarters on installation).

	ENLISTED		OFFICER
	MODULES	PERSONNEL	
1 + 0			
2 + 0			
1 + 1 (Min 115 NSF/PN)			
2 + 2 (Min 90 NSF/PN)			
Other (Please Define)			
Officer (250 NSF/PN)			
TOTAL			

Bachelor Housing POCs :Name _____ Phone _____

Name _____ Phone _____

1.b. Provide current student AOB/ADSL by pay grade (Only personnel who are part of the study).

E1 - E4 _____ E5 - Above _____ W1-02 _____

1.c. Any additional facilities, which could be converted into adequate billeting assets (If "yes," attach description)?

2. Describe ability for local economy to support increased load. Attach latest installation housing survey.

3. Provide dining facilities data in persons (PN)

a. Seating Capacity _____ PN

b. Average number of persons (E4/Below) served per meal _____ PN

(Use meal with heaviest load)

4. What are the class sizes for the POI in this study?

CLASS NAME SIZE

Consolidated Classes _____

Collocated Classes _____

Service Unique Classes _____

5. Provide documentation for all programmed projects associated with the training being studied.

6. Provide BRAC initiatives impacting study.

7. Complete a CURRENT CONFIGURATION form showing space used for this training.

Complete a second form for any other available training space. Include in the notes section: (1) the type of construction and condition of each building, (2) indicate the number of classrooms and labs by relative size: (i.e., classrooms – 2 @ 400 SF; 4 @ 500 SF; labs –1 @ 1200 SF; 2 @ 1800 SF, etc)

8. Complete a PROPOSED CONFIGURATION form for your Service's portion of the consolidated training and a second form for any collocated training. Be prepared to complete a combined PROPOSED CONFIGURATION form in conjunction with other Services to reflect minimum requirements by eliminating duplicate or excess space.

1. PROVIDE BASE MAP SHOWING ALL FACILITIES INVOLVED IN THIS ITRO STUDY.

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CURRENT FACILITY CONFIGURATION OR SPACE AVAILABLE (ITRO FORM 5)				
			DATE: _____	
STUDY: _____		LOCATION: _____		
PREPARED BY: _____		PHONE: _____		
NET SPACE AVAILABLE (SF)				
TRAINING SPACE	BLDG	BLDG	BLDG	BLDG
CLASSROOM	_____	_____	_____	_____
LAB/SHOP	_____	_____	_____	_____
HIGHBAY AREA	_____	_____	_____	_____
OTHER (____)	_____	_____	_____	_____
OTHER (____)	_____	_____	_____	_____
SUPPORT SPACE				
ADMINISTRATIVE	_____	_____	_____	_____
INSTRUCTOR	_____	_____	_____	_____
INSTRUCTOR LOUNGE	_____	_____	_____	_____
CONTRACTOR	_____	_____	_____	_____
CONFERENCE ROOM	_____	_____	_____	_____
COMPUTER	_____	_____	_____	_____
BREAK-ROOM	_____	_____	_____	_____
OTHER (____)	_____	_____	_____	_____
OTHER (____)	_____	_____	_____	_____
OTHER (____)	_____	_____	_____	_____
TOTAL NET AREA				

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PROPOSED FACILITY CONSOLIDATED OR COLLOCATED CONFIGURATION (ITRO FORM 6)	
STUDY: _____	DATE: _____
PREPARED BY: _____	LOCATION: _____
	PHONE: _____
	NET SPACE AVAILABLE (SF)
TRAINING SPACE	TOTAL
CLASSROOM	_____
LAB/SHOP	_____
HIGHBAY AREA	_____
OTHER (____)	_____
OTHER (____)	_____
SUPPORT SPACE	
CONTRACTOR	_____
CONFERENCE ROOM	_____
COMPUTER	_____
STORAGE	_____
OTHER (____)	_____
OTHER (____)	_____
OTHER (____)	_____
ITEMS TO BE COMPLETED BY FACILITY COMMITTEE	
ADMINISTRATIVE	_____
INSTRUCTOR	_____
INSTRUCTOR LOUNGE	_____
BREAK ROOM	_____
TOTAL NET AREA	

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**COST ANALYSIS DATA REQUIREMENTS FORM (ITRO FORM 7)
12 QUESTION FORM**

(TO BE COMPLETED BY EACH SERVICE FOR EACH OPTION)

1. Option Number & Description
2. Course Number and Title
3. Current Location:
4. Proposed Location
5. Course Length in weeks (All ITRO consolidated courses are based on a 40 hour academic week):
 - a. Baseline:
 - b. Proposed
6. Student Input/Entries: Source:
7. Student Status (percentage):
 - a. Pipeline/PCS:
 - b. TDY/TAD
8. Average Student Grade:
9. Travel Information:
 - a. Students: Provide list of sites from which students originate and number (or percentage) of students from each site. If student origins cannot be enumerated, so state.

	Site	Number of Students
	(1)	
	(2)	
	(3)	
 - b. Staff: (See instructions)

No. of Trips	No of People	No. of Days
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 - (1) Implementation:
 - (2) Surveillance:
10. Equipment Cost/Savings: Enter cost in current FY dollars under recurring or one time.

	One-Time	Recurring
a. Procurement:		
b. Maintenance:		
(1) Contract:		
(2) In House:		
c. Operation:		
d. Transfer:		
e. Other (Identify)		
11. Cost Avoidance: Identify any cost avoidance, which would occur as a result of this option
12. POCs: Provide names, office, and phone numbers for persons responsible for course and equipment data.
 - a. Course Data:
 - b. Equipment Data:

Remarks:

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THE FOLLOWING INSTRUCTION APPLY TO EACH OF THE TWELVE ITEMS ON THE COST DATA REQUIREMENTS FORM (ITRO FORM 7):

Option Number. Indicate the option for which the data was developed. Each Service must complete a form for each option in which they are participants.

Course Number and Title. Provide course identification number and complete course title. If multiple courses are involved, list them on separate forms and complete items 5, 6 and 7.

Current Location. Identify school and installation/base, (e.g., Armor School, Ft Knox, KY) where training will be conducted in the baseline year if ITRO were not a consideration. Note: FY00 is probably the baseline year for cost analysis conducted in FY98.

Proposed Location. Identify the location for the proposed consolidation/collocation for this option.

Course Length. Determine the course length for both the baseline (e.g., FY97 without ITRO) and proposed courses. *All ITRO courses are based on a 40-hour academic week.* Identify length in terms of training weeks, with 1 training day equal to 0.2 weeks. See note for item 2 if multiple courses are involved.

Student Input/Entries. State the approved student training input utilizing the latest available Service documentation. Indicate the "as of" date and source document title.

Student Status by Category. Pipeline includes students who are TDY/TAD in conjunction with PCS (e.g., recruit graduates undergoing school training before reporting to unit of assignment). It also includes purely PCS students when the course length exceeds 20 weeks. Students in a TDY/TAD status are, for the most part, those who attend course and return to their parent unit of assignment.

Average Student Grade. Enter the mean pay grade of all students in the course.

Travel Information

a. For student travel, identify each leg of travel within the training community in terms of (1) number of students and (2) base of origin (i.e., BT/RTC, school, etc.). Consider the necessity for students to report to the baseline location for administrative or other purposes before or after training at the relocated site. If students originate from various CONUS/OCONUS sites, making it difficult or impossible to enumerate, so state.

b. For staff travel indicate the number of trips, number of people, and number of days required for all implementation trips necessary to establish the consolidated/collocated training program. Do the same for all surveillance or inspection trips to be conducted after the consolidation/collocation program becomes operational.

Equipment Cost

a. Procurement. If additional equipment is required for the increased load, the host Service should coordinate with the participating Services to determine the availability of that additional equipment. Any additional equipment requirements will be documented with identification, quantity, and cost. That authenticated document will be provided to the Service's cost analyst.

b. Maintenance. Enter only the incremental/decremental maintenance costs resulting from consolidating or collocating training. If maintenance is performed by contract, care should be exercised to ensure there would be no penalty for early termination.

c. Operation. Same as Maintenance.

d. Transfer. The cost of packing, crating, and shipping is the responsibility of the shipping Service. Also include the cost of de-installing and reinstalling equipment that is transferred. Provide equipment list as a separate attachment with authentication of transportation officials.

e. Other. Use this section to identify any other equipment related costs not included in a through d above.

Cost Avoidance is a consideration when programmed procurement or construction can be prevented by consolidation/collocation. Cost avoidance for programmed projects may be offset against one-time costs provided the item has been reviewed and entered into programming documents at the Service level and adequate disclosure is provided

Points of Contact. Self-explanatory.