TAB

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ATTACHMENT B

1. On Thursday, 31 October, an on-site inspection of the Automatic Pneumatic Tube System at the National Institute of Health complex was achieved. All information and a detailed tour of the system was provided by Mr. Alexander Orban, Chief, Maintenance and Engineering; Mr. Arthur Bonnet, Chief Mechanical Engineer; and Mr. Walter Shaw, Chief, Elevator and Pneumatic Tube Sections. The NIH automatic system was installed by the Lamson Corporation, Syracuse, New York and automatically services nine separate buildings and four sub buildings. It employs a 4 inch round carrier with three dial code rings and is directly comparable to the type in service in our Headquarters Building. Transfer is accomplished via four monitor units similar to, although smaller than, the monitors within our Headquarters. Each NIH monitor also has its own reject station. All component parts are comparable to our system. The NIH main dissemination center, the "ACD", is a conversion unit designed by Lamson Corporation to eliminate the outmoded manual hand transfer of some 3 dozen incoming to 6 dozen outgoing transmission lines. It is a combination conveyor-pneumatic tube monitor unlike any of ours; however, the ACD is the only major component within the total NIH automatic pneumatic tube system that is unrelated. All other components/parts are either duplicates or universally adoptable.

2. The NIH system consists of 3,000 carriers, 12 exhausters, and 140 stations within one complete inter-connected pneumatic tube system. The volume of traffic through some 90 miles of tubing is estimated to approach 15,000 per week. Although the NIH mechanics state that the reject percentage is minimal, there is no detailed information currently available to confirm that fact. The NIH system operates continuously with major usage occuring from 0830 to 1700 on normal workdays. The NIH pneumatic tube annual compensation for wages approximates $85,000 per year, of which $55,000 is allocated for normal service and $30,000 for overtime costs.

3. The TO for the NIH pneumatic tube maintenance is one supervisor (WS11) and four mechanics (WG10, WG10, WG8, and WG5). There is limited technical assistance from the C/ME and the ME for the Maintenance and Engineering Division.

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Access to the various trade shops within NIH for repair assistance is on a time available basis. Some in-house modifications are performed, but carrier repair is only experimental at this time. NIH performs regularly scheduled PM on their Exhausters, ACD, Monitors, Stations, Upper Valves, Brush Blocks, Vertical and Horizontal Selectors. It was noted that the five monitoring stations were not manned.

4. The NIH pneumatic tube system is roughly three times larger than that of CIA, but it carries only 45 percent of our traffic. The total budget for the NIH pneumatic tube system approximates $115,000. Total annual costs associated with CIA Carrier Maintenance section is over $175,000. However, all maintenance and modifications at CIA are accomplished in-house. The NIH monitors handle one transmission every 10 seconds. The CIA systems are capable of accepting three transmissions every 10 seconds. The systems of both agencies can be modified by changing their operating cams to increase or decrease the reading speed of the monitors. The closure of the NIH carriers is accomplished with a velcroe covered end flap and is reported to be relatively trouble free.

5. On Wednesday, 6 October, the representatives of NIH inspected our pneumatic tube system and maintenance shop area. An exchange of relative information and opinions provided the opportunity for mutual benefit. We obtained from NIH a detailed set of specifications for the component parts of its pneumatic tube carriers. These specifications are being evaluated to determine if they can provide the information necessary for the Procurement Division to order whatever parts are necessary in the future. It was suggested to the NIH representatives that the number of carriers that they have in service is too great relative to the actual volume of their traffic. Thus, by reducing the amount of carriers at their stations, an immediate source of spare parts becomes available. The representatives of NIH were also shown how thousands of dollars could be saved annually by repairing their own carriers and obtaining replacement parts from sundry suppliers. Because CIA and NIH have similar pneumatic tube systems (but perhaps unique in the pneumatic field), it is anticipated that common bargaining could provide a greater vantage point in negotiating with various suppliers.