HEALTH FACILITY STATUS REPORT

Instructions for use on the back

• Save a copy for your records and submit to the County EOC, Office of Emergency Management, local health, regional NYSDOH, or other requesters by the method instructed. Once initially requested, please submit any updates on this form as instructed or as a result of significant changes in your status.
• The point of contact identified must be reachable and able to answer follow-up questions.
• If transmitting via radio, ensure sender and receiver use same version of form.

Facility Name: ______________________________________________________________________________
Facility Address: ____________________________________________________________________________
Event: ____________________________________________________________________________________
County: ______________  Point of Contact: ____________________________________________________
Phone: ________________ Cell Phone _______________ Email ____________________________________

Circle Level of Activation: [ ] None/Normal [ ] Monitoring [ ] Partial [ ] Full

All facilities: please add comments for any checked box with an asterisk *

Are you currently on generator power? [ ] YES  [ ] NO  How many hours of Fuel? _____________
Are all services functioning normally? [ ] YES  [ ] NO*  Type of fuel? _______________________
Are all utilities functioning normally? [ ] YES  [ ] NO*  
Do you have any supply or staffing needs? [ ] YES*  [ ] NO

Off Campus sites: please submit to hospital

Are you planning to close? [ ] YES*  [ ] NO
Can you send staff to main campus? [ ] YES*  [ ] NO  [ ] NA

*Comments. Please add details.
This report form is appropriate to share with Local Health Departments, County, Regional and/or State Offices of Emergency Management, Hospital Command Centers, offsite facilities, community agencies, etc.

Health Facility includes all health care coalition facilities including offices, clinics, urgent care centers, surgicenters, dialysis centers, acute care hospitals, nursing homes, long term care facilities, etc.

- Complete all lines and answer all questions.
- Comment Section: Indicate current or upcoming issues.
- Send form by fax, electronic or radio as determined by requester.
- Send updates as status changes.