

HEALTH FACILITY STATUS REPORT

Exercise?	YES	NO
DO YOU NEED ASSISTANCE?	YES	NO

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.

Date & Time of Report: _____

Facility Name: _____

Facility Address: _____

Event: _____

County: _____ Point of Contact: _____

Phone: _____ Cell Phone _____ Email _____

Circle Level of Activation:	None/Normal	Monitoring	Partial	Full
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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.

HEALTH FACILITY STATUS REPORT

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.