|  |  |  |
| --- | --- | --- |
| **Exercise?** | **YES(\_)** | **NO(\_)** |
| ***DO YOU NEED ASSISTANCE?*** | **YES(\_)** | **NO(\_)** |

*Page 1, Overview and Instructions*

*Submit Responses to:* COUNTY EOC OR OEM

*You have been given this form or you have been instructed to complete it. Do not take more than one hour. This document contains two pages. Save a copy for your records and submit to the County Emergency Operations Center, Office of Emergency Management or the requester via the method as instructed. Once initially requested, please submit any updates on this form as soon as you are aware. The person submitting this form must be reachable and able to answer follow-up questions. Detailed facility information is on page two. If transmitting via radio, ensure sender and receiver use same version of form.*

|  |  |
| --- | --- |
| *Date & Time(24h) of Report:* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Date & Time(24h) of Event:* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Hospital Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report # \_\_\_\_of \_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Submitting & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly Describe Emergency as it relates to your facility, expected needs and current challenges.

|  |  |
| --- | --- |
| **YES**(\_) | **NO**(\_) |

Hospital Command Center Activated?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Level of Activation: | | Normal (\_) | | Monitoring (\_) | | Partial (\_) | | Full (\_) | |
| Conditions Are Currently: | Worsening (\_) | | Improving (\_) | | Stable (\_) | | Unknown (\_) | | Concluded (\_) |
| Conditions Are Expected to: | Worsen (\_) | | Improve (\_) | | Stabilize (\_) | | Unknown (\_) | | Conclude (\_) |

|  |  |
| --- | --- |
| **YES**(\_) | **NO**(\_) |

Are you currently on Generator power? How many hours of Fuel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **YES**(\_) | **NO**(\_) |

Are you currently evacuating or are you planning to evacuate in the next 12 hours?

|  |  |
| --- | --- |
| **YES**(\_) | **NO**(\_) |

Is there any structural damage, flooding, or imminent danger to any facility?

Please continue to page 2.

Page 2, Detailed Facility State

Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Submitting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following. Do not delay the report for this information. If you are unable to obtain information on an area, leave it blank. Any Yellow, Red or Black areas must be explained below. Do not alter the columns, you may add other areas below in the additional rows provided.

*Green: Area is functioning in all aspects and is expected to continue functioning normally.*

*Yellow: Area is functioning at full or degraded level. It may now or soon need support to continue functioning.*

*Red: Area is not functioning. It could possibly be made to function given time or external resource support.*

*Black: Area is destroyed, Non-Functional, and cannot be made to function for the duration of the incident*

*Gray: Not Applicable, This area is not normally supported by this hospital.*

*Blank: Information on this area was not obtained in a timely manner and no information is available.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Status | Green | Yellow | Red | Black | Gray | Status | Green | Yellow | Red | Black | Gray |
| Emergency Dept. |  |  |  |  |  | HVAC |  |  |  |  |  |
| I.C.U. |  |  |  |  |  | Heliport |  |  |  |  |  |
| Operating |  |  |  |  |  | Water |  |  |  |  |  |
| Ambulance Access |  |  |  |  |  | Parking/Access |  |  |  |  |  |
| Nursery/NICU |  |  |  |  |  | Linens |  |  |  |  |  |
| Medical/Surgical |  |  |  |  |  | Medical Supplies |  |  |  |  |  |
| Diagnostic Imaging |  |  |  |  |  | General Supplies |  |  |  |  |  |
| Labs |  |  |  |  |  | Sewage |  |  |  |  |  |
| Pharmacy |  |  |  |  |  | Generators/Fuel |  |  |  |  |  |
| Dialysis |  |  |  |  |  | Medical Gases |  |  |  |  |  |
| Admin/Business |  |  |  |  |  | Communications |  |  |  |  |  |
| Behavioral Health |  |  |  |  |  | Info Tech (IT) |  |  |  |  |  |
| Resp. Therapy |  |  |  |  |  | Housekeeping |  |  |  |  |  |
| Med Practices |  |  |  |  |  | Electrical |  |  |  |  |  |
| Physical Therapy |  |  |  |  |  | Structural |  |  |  |  |  |
| Morgue |  |  |  |  |  | Receiving |  |  |  |  |  |
|  |  |  |  |  |  | Facilities Mgt. |  |  |  |  |  |
|  |  |  |  |  |  | Staffing |  |  |  |  |  |
|  |  |  |  |  |  | Medical Records |  |  |  |  |  |
|  |  |  |  |  |  | Food Services |  |  |  |  |  |

Please Explain: