**Critical Infrastructure – Essential Elements of Information Data Form**

Instructions for this form are available at: [here](https://cdc.sharepoint.com/:w:/r/teams/NCEZID-DHQP_SB_Chief/Shared%20Documents/ASPR%20NHSN%20EMER%20Preparedness%20All%20Hazards%20Workgroup/EEI%20TOI%20Form/All-hazards%20critical%20infrastructure%20Data%20Form%20-%20webform%20TOI%20Draft%20EEIs%20rev%206_10_2024.docx?d=w21055611be894346b2da35d0c3d2e8ce&csf=1&web=1&e=6yNczf)

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| Page 1 of 2 | |  |
| **Facility Information** |  | |
| Facility ID Number: |  | |
| Event Date: Month/Year: \_\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_ | | |
| **Status Indicator – Facility Operational Status** | | |
| 1a.Check the appropriate **facility operational status\*:** | | |
| □ normal, routine operational, conventional state: facility **NOT impacted** | | |
| □ contingency state: facility operations **partially impacted**, or managed on alternate power source  □ emergency state: facility operations **fully impacted** | | |
| **Note**:   * If facility reports normal / routine / conventional state in place – **do not complete this form**. However, complete once operational status changes. * If either contingency or emergency sate reported proceed to complete this form. | | |
| **1.Essential Elements of Information (EEIs) – Please complete all fields – do not leave blank.** | | |
| 1b. Is the facility **structural status** impacted? | | **Check one:**  □ Yes  □ No |
| 1c. Is the facility **power system** impacted? | | **Check one:**  □ Yes  □ No |
| 1d.Is the facility **water system** impacted? | | **Check One:**  □ Yes  □ No |
| 1e.Is the facility **sewer system** impacted? | | **Check One:**  □ Yes  □ No |
| **2.Essential Elements of Information (EEI) – Structural Damage** | | |
| 2a.Select the option that best represents the integrity of the facility: | | **Select only One Option**:  **□ No damage**: facility sustained no damages  □ **Affected**: facility with minimal damage to the exterior and or contents of the facility  □ **Minor**: encompasses a wide range of damage that does not affect the structural integrity of the facility  □ **Destroyed:** the facility is a total loss, or damaged to such an extent that repair is not feasible |
| **Essential Elements of Information (EEI) – Facility Evacuation Status. Please note the evacuation process applies ONLY to patients** | | |
| 3a.Select the option which best describe the facility evacuation status: | | **Select only one option**  **□ Planning**: preparing to evacuate from the facilitywithin the next 12 hours  **□ Departure in progress:** currently evacuating the facility  **□ Fully evacuated:** facility evacuated all patients  **□ Not applicable:** did not evacuate |
| **Essential Elements of Information (EEI) – Evacuation Status. Please note the evacuation process applies ONLY to patients** | | |
| 3b.Select the option which best represents the evacuation type of the facility: | | **Select only one option**  **□ Normal operations:** facility did not evacuate or shelter-in-place (unaffected)  **□ Full evacuation:** facility evacuated all patients  **□ Partial evacuation:** select patients evacuated to other facilities (note: decompression by discharge is not included in partial evacuation)  **□ Shelter-in-place:** facility did not evacuate and is weathering the storm |
| **Essential Elements of Information (EEI) – Evacuation Start Time and End Time. Please note the evacuation process applies ONLY to patients** | | |
| 3c.\*Enter Evacuation Start time  \*Note: Only complete if your facility evacuated | | **Enter the time the evacuation started, using format.**  \_\_\_ : \_\_\_\_  hh mm |
| 3d\*Enter Evacuation End time  **\***Note: only complete if your facility evacuated and evacuation completed. | | **Enter the time the evacuation ended, using format**:  \_\_\_ : \_\_\_\_  hh mm |
| **Essential Elements of Information (EEI) – Re-entry Status** | | |
| 3e.Select the option which best represents the re-entry status of the facility: | | **Select only one option**  **□ Planning:** preparing to re-enter the facility  **□ Re-entry in progress**: implementing re-entry process into the facility  **□ Re-entry complete:** all required elements to re-enter the facility completed  **□ Not applicable:** did not evacuate |
| **Essential Elements of Information (EEI) – Generator Power Status, Generator Fuel Status, Generator Fuel Type** | | |
| 4a.Generator Power Status  Select the option which best describes the type of power the facility is currently using: | | **Select Only One option**  **□ Commercial power:** sold by utility company  **□ Generator power:** device convert mechanical energy into electrical power  **□ Mixed commercial and generator power:** both commercial and mechanical energy  **□ No power**: facility is without commercial and generator power |

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| Page 2 of 2 | |
| **Essential Elements of Information (EEI) – Generator, Power Status, Generator Fuel Status, Generator Fuel Type, HVAC Generator Status** | |
| 4c.Generator Fuel Status  Specify how may hours of fuel the generator has for the facility | **Select Only One option**  **□** 28 – 48 hours  □ 48 – 72 hours  □ 72 – 96 hours  □ > 96 hours |
| 4c.Generator Fuel Type  Select the type of fuel the facility generator needs for operation | **Select Only One option**  □ Diesel  □ Gasoline  □ Natural gas  □ Dual fuel system (both liquid fuel and natural gas)  □ Unknown |
| 4d. HVAC Generator Status  Is the facility HVAC\* system on generator backup power?  \**Heating, ventilation, and air conditioning (HVAC)* | **Check One:**  **□** Yes  □ No |
| **Essential Elements of Information (EEI) – Water System** | |
| 5a.Normal Water Supply  Select the option which best represents the water supply for your facility? | **Check One:**  **□** Usual water supply  □ Secondary water supply  □ Unknown |
| 5b.Dialysis Reliable Water Supply  Do you have a water source to dialyze patients? | **Check One:**  □ Yes  □ No  □ Unknown |
| **Essential Elements of Information (EEI) – Sewer System** | |
| 6a.Sewer Status  Is the facility sewer system functioning (e.g., are toilets flushing)? | **Check One:**  □ Yes  □ No  □ Unknown |
| **Essential Elements of Information - Other** | |
| 7a.Immediate Needs\*  Does the facility have ANY immediate needs impacting its ability to receive or care for patients to the capacity needed that is not being met by the normal request process?  \*Note: Please contact your local/state emergency manager or ESF8 contact to complete a resource request. | **Check One:**  □ Yes  □ No  □ Not Applicable |
| 7b. If yes, to Immediate Needs  Describe facility immediate needs (Field cannot contain more than 2000 characters): | |

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| **Description – Immediate Needs** |
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