Form Approved
OMB No. 0920-0666
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Critical Infrastructure – Essential Elements of Information Data Form

Instructions for this form are available at: here

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

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	☐ **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 facility within 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

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	☐ **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

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:**

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	☐ 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):	

Description – Immediate Needs

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