

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 state 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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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Rd., MS H21-8, Atlanta, GA 30333, ATTN: PRA (0920-0666).



- ☐ **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 describes 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

Enter the time the evacuation started, using format.

*Note: Only complete if your facility evacuated

__ : __
hh mm

3d. *Enter Evacuation End time

Enter the time the evacuation ended, using format:

*Note: only complete if your facility evacuated and evacuation completed.

__ : __
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

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Essential Elements of Information (EEI) – Generator, Power Status, Generator Fuel Status, Generator Fuel Type, HVAC Generator Status
4c. Generator Fuel Status

Specify how many 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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