

## 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 <b>facility operational status*</b> :                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                      |
| <input type="checkbox"/> normal, routine operational, conventional state: facility <b>NOT impacted</b>                                                                                                                                                                                                             |                                                                                                                                                                                                                                      |
| <input type="checkbox"/> contingency state: facility operations <b>partially impacted</b> , or managed on alternate power source                                                                                                                                                                                   |                                                                                                                                                                                                                                      |
| <input type="checkbox"/> emergency state: facility operations <b>fully impacted</b>                                                                                                                                                                                                                                |                                                                                                                                                                                                                                      |
| <b>Note:</b> <ul style="list-style-type: none"> <li>If facility reports normal / routine / conventional state in place – <b>do not complete this form</b>. However, complete once operational status changes.</li> <li>If either contingency or emergency state reported proceed to complete this form.</li> </ul> |                                                                                                                                                                                                                                      |
| 1. Essential Elements of Information (EEIs) – Please complete all fields – do not leave blank.                                                                                                                                                                                                                     |                                                                                                                                                                                                                                      |
| 1b. Is the facility <b>structural status</b> impacted?                                                                                                                                                                                                                                                             | <b>Check one:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                     |
| 1c. Is the facility <b>power system</b> impacted?                                                                                                                                                                                                                                                                  | <b>Check one:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                     |
| 1d. Is the facility <b>water system</b> impacted?                                                                                                                                                                                                                                                                  | <b>Check One:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                     |
| 1e. Is the facility <b>sewer system</b> impacted?                                                                                                                                                                                                                                                                  | <b>Check One:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                                                                     |
| 2. Essential Elements of Information (EEI) – Structural Damage                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                      |
| 2a. Select the option that best represents the integrity of the facility:                                                                                                                                                                                                                                          | <b>Select only One Option:</b><br><input type="checkbox"/> <b>No damage:</b> facility sustained no damages<br><input type="checkbox"/> <b>Affected:</b> facility with minimal damage to the exterior and or contents of the facility |

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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).


**NHSN**  
 National Healthcare  
 Safety Network

☐ **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

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 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:**

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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).



|                                                                                                                                                                                                                                                                                                                            |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown                             |
| <b>Essential Elements of Information (EEI) – Sewer System</b>                                                                                                                                                                                                                                                              |                                                                                                                             |
| <b>6a.Sewer Status</b><br>Is the facility sewer system functioning (e.g., are toilets flushing)?                                                                                                                                                                                                                           | <b>Check One:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Unknown        |
| <b>Essential Elements of Information - Other</b>                                                                                                                                                                                                                                                                           |                                                                                                                             |
| <b>7a.Immediate Needs*</b><br>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?<br><br>*Note: Please contact your local/state emergency manager or ESF8 contact to complete a resource request. | <b>Check One:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not Applicable |
| <b>7b. If yes, to Immediate Needs</b><br>Describe facility immediate needs (Field cannot contain more than 2000 characters):                                                                                                                                                                                               |                                                                                                                             |

| Description – Immediate Needs |
|-------------------------------|
|                               |

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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).



Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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).