**Daily Facility Operating Status**

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| **Facility Information** |  |
| Facility ID Number: |  |
| Reporting for Date: Month/Day/Year: \_\_\_\_/\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_; HH:\_\_\_\_\_\_ MM:\_\_\_\_\_\_\_ |
| **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 the remainder of this form**. However, complete once operational status changes.
* If either contingency or emergency state reported proceed to complete this form.
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| **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 |
| **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 |
| **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 |
|  **Evacuation Type. 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 is unaffected and did not evacuate or shelter-in-place**□ 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 |
|  **Evacuation Start Time and End Time. Please note the evacuation process applies ONLY to patients** |
| 3c.\*Enter Evacuation Date and Start time\*Note: Only complete if your facility evacuated | **Enter the date and time the evacuation started, using format:**Month/day/year:\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ : \_\_\_\_hh mm |
| 3d. \*Enter Evacuation Date and End time**\***Note: only complete if your facility evacuated and evacuation completed. | **Enter the date and time the evacuation ended, using format**:Month/day/year: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ : \_\_\_\_hh mm  |
|  **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  |
|  **Generator Power Status Type** |
| 4a. Generator Power StatusSelect 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 |
| 4b. Generator Fuel StatusSpecify how may hours of fuel the generator has for the facility | **Select Only One option****□** 24 – 48 hours□ 48 – 72 hours□ 72 – 96 hours□ > 96 hours |
| 4c. Generator Fuel TypeSelect 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 StatusIs the facility HVAC\* system on generator backup power?\**Heating, ventilation, and air conditioning (HVAC)* | **Check One:****□** Yes □ No  |
|  **Water System** |
| 5a. Normal Water SupplySelect the option which best represents the water supply for your facility? | **Check One:****□** Usual water supply□ Secondary water supply □ Unknown |
| 5b. Dialysis Reliable Water SupplyDo you have a water source to dialyze patients? | **Check One:**□ Yes □ No □ Unknown  |
|  **Sewer System** |
| 6a. Sewer StatusIs the facility sewer system functioning (e.g., are toilets flushing)? | **Check One:**□ Yes □ No □ Unknown |
|  **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 NeedsDescribe facility immediate needs (Field cannot contain more than 2000 characters):  |
| **Description – Other Immediate Needs** |
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