

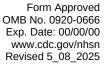




Daily Facility Operating Status

Facility Informatio n						
Facility ID Number:						
Reporting for Date: Month/Day/Year:/	/; HH: MM:					
Status Indicator – Facility Operational Status						
1a. Check the appropriate facility operational sta	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 in	npacted					
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.						
Essential Elements of Information (EEIs) - Plea						
	Check one:					
1b. Is the facility structural status impacted?	☐ Yes					
	□ No					
4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Check one:					
1c. Is the facility power system impacted?	Yes					
	□ No					
	Check One:					
1d. Is the facility water system impacted?						
	☐ Yes					
	□ No					
	Check One:					
1e. Is the facility sewer system impacted?	Yes					
	□ No					
Structural Damage						
2a. Select the option that best represents the	Select only One Option:					
integrity of the facility:	\square No damage : facility sustained no damages					

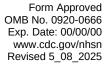
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise 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)).





<u> </u>	T
tional Healthcare fety Network	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
	Select only one option
3a. Select the option which best describe the	☐ Planning : preparing to evacuate from the facility within the next 12 hours
facility evacuation status:	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
	Select only one option
3b. Select the option which best represents the evacuation type of the facility:	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 n	ote the evacuation process applies ONLY to patients
	Enter the date and time the evacuation started, using format:
3c.*Enter Evacuation Date and Start time	Month/day/year:
*Note: Only complete if your facility evacuated	/
Troto: Grilly complete in your lability oraculated	:
	hh mm
	Enter the date and time the evacuation ended, using format:
3d. *Enter Evacuation Date and End time	Month/day/year:
*Note: only complete if your facility evacuated and evacuation completed.	
	hh : mm
Re-entry Status	1111 11111
3e. Select the option which best represents the	Select only one option
oo. Ocicot the option which best represents the	Coloct only one option

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Hanal Healthrara	☐ Planning: preparing to re-enter the facility		
re-entry status of 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			
	Select Only One option		
	Commercial power: sold by utility company		
4a. Generator Power Status Select the option which best describes the	Generator power: device convert mechanical energy into electrical power		
type of power the facility is currently using:	Mixed commercial and generator power: both commercial and mechanical energy		
	No power: facility is without commercial and generator power		
	Select Only One option		
the Community First States	☐ 24 – 48 hours		
4b. Generator Fuel Status Specify how may hours of fuel the generator has for the facility	☐ 48 – 72 hours		
	☐ 72 – 96 hours		
	☐ > 96 hours		
	Select Only One option		
	Diesel		
4c. Generator Fuel Type	Gasoline		
Select the type of fuel the facility generator needs for operation	☐ Natural gas		
	\square Dual fuel system (both liquid fuel and natural gas)		
	Unknown		
4d. HVAC Generator Status	Check One:		
Is the facility HVAC* system on generator backup power?	☐ Yes		
	□ No		
*Heating, ventilation, and air conditioning (HVAC)			
Water System			
5a. Normal Water Supply	Check One:		
Select the option which best represents the water supply for your facility?	☐ Usual water supply		

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tional Healthcare fety Network	☐ Secondary water supply ☐ Unknown				
	Check One:				
5b. Dialysis Reliable Water Supply Do you have a water source to dialyze	☐ Yes				
patients?	□No				
	Unknown				
Sewer System					
	Check One:				
6a. Sewer Status	☐ Yes				
Is the facility sewer system functioning (e.g., are toilets flushing)?	□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?	Check One: Yes No				
*Note: Please contact your local/state emergency manager or ESF8 contact to complete a resource request.	☐ Not Applicable				
7b. If yes, to Immediate Needs Describe facility immediate needs (Field cannot contain more than 2000 characters):					
Description – Other Immediate Needs					

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