**Daily Facility Operating Status**

|  |  |  |
| --- | --- | --- |
| Page 1 of 5 | |  |
| **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. | | |
| **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 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 |
| 4b. Generator Fuel Status  Specify 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 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 |
| **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:**  □ Yes  □ No  □ Unknown |
| **Sewer System** | | |
| 6a. Sewer Status  Is 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 Needs  Describe facility immediate needs (Field cannot contain more than 2000 characters): | | |
| **Description – Other Immediate Needs** | | |
|  | | |

|  |
| --- |
|  |