**Completed On:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** |  | **Time:** |  |
| **Complete By:** |  |

|  |  |
| --- | --- |
| **Facility/Agency** |  |
| **Command Center Number** |  |
| **VIPER** |  |
| **Primary Point of Contact** |  |
| **Cell #** |  |
| **Email** |  |
| **Secondary POC** |  |
| **Cell #** |  |
| **Email** |  |

***Please put an X in the box next to your current status, and then provide any comments.***

**Facility/Operations**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NORMAL |  | IMPACTED |  | CLOSED |
| Comments: |

**EOC**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | INACTIVE |  | ON ALERT |  | ACTIVE |
| Comments: |

**On Generator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | NO |  | YES |  |  |
| Comments: |

**Staffing**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ADEQUATE |  | INSUFFICIENT |  |  |
| Comments: |

**Supplies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | ADEQUATE |  | INSUFFICIENT |  |  |
| Comments: |

**Hospitals:** What is your current overall facility bed status? (What percent of your staffed beds are occupied)

|  |
| --- |
|  |

**Hospitals:** What is your surge capacity of the next 12 hours for the following patient types

|  |  |
| --- | --- |
| Red |  |
| Yellow |  |
| Green |  |
| Other Facility Evacuees |  |
| Comments: |

**EMS:** Do you have the ability to support the deployment of an Ambulance Strike Team with 1 ALS Unit deployable from your on-duty staff within 30-60mins of request if?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Yes |  | No |   |   |
| Comments: |

**ALL: Please provide information on any potential gaps or resources needs you have now, or that you may face over the next 12-24hours. (This doesn’t constitute a request for resources, but will help us gage needs across the region).**