



HICS 251 – FACILITY SYSTEM STATUS REPORT

Department Use

1. Incident Name		2. Time Completed: (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
3. Name of Department/ Unit Reporting Status Below		Contact Number:	
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.	
Power Routine and emergency	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Sewage / Toilets	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Medical Gases / Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Communications IT systems, telephones, pagers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)			
8. Prepared by		PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____	



Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Material Tracking Managers, and the Documentation Unit Leader

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1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____	
3. Name of Facility / Building Reporting Status Below		
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.
COMMUNICATIONS		
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Information Technology System Email, registration, patient records, time card system	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Overhead Paging	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Paging System Code teams, standard paging	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Radio Equipment Facility handheld, 2-way radios, antennas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Radio Equipment EMS, local health department, other external partner	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Radio Equipment Amateur radio	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Satellite Phones	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



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Telephone System Primary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Telephone System Proprietary	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Telephone System Back-up	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Internet	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Video-Television Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
INFRASTRUCTURE		
Campus Access Roadways, sidewalks, bridge	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fire Detection System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fire Suppression System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



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Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Structural Components Building integrity	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note cracked walls, loose masonry, hanging light fixtures, broken windows)
PATIENT CARE		
Decontamination System Including containment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Digital Radiography System, Routine Diagnostics PACS, CT, MRI, other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Steam/Chemical Sterilizers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Isolation Rooms Positive/negative air	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
SECURITY		
Facility Lockdown Systems Door/key card access	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Campus Security External panic alarms	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Campus Security Surveillance cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Campus Security Traffic controls	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



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Campus Security Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Panic Alarms Internal and other reporting devices	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
UTILITIES		
Electrical Power Primary service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Electrical Power Backup generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fuel Storage	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note amount on hand)
Sanitation Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Natural Gas/Propane	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



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Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note bulk, H tanks, E tanks, Reserve supply status)
Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Note reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Steam Boiler	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Sump Pump	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Vacuum(for patientuse)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Water Heater and Circulators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



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External Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
External Storage Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
External Storage Vehicles	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Parking Structures, Lots	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	(Power, panic alarms, access, egress, lighting)
Landing Zone Pads, lighting, fuel source	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)		
8. Prepared by PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____		



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