NON – HOSPITAL STATUS FORM

Thank you for participating in this exercise. This information contained in this form allows us to provide situational awareness to Emergency Support Function 8 both locally, regionally and the state ESF 8 at the TEMA State Emergency Operations Center. It details information needed during a large scale disaster to expedite assistance to your facility. Any comments provided will be treated in a sensitive manner and all personal information will remain confidential. Please keep comments concise, specific, and constructive.

Please enter your responses in the form field or check box after the appropriate selection.

Agency/Organization: _____

Corporation: _____

Command Center 24-hr Phone Number/Email: _____

_____

Facility Emergency Mgmt 24-hr Contact Name/Phone/Email: _____

_____

HAM Radio Operator Contact Name//Phone/Call Sign:_____

_____

Direct Number: _____

Satellite Phone Number: _____

Public Information Officer Contact Name/Phone: _____

_____

Bed Availability	Bed Needs
_____ Floor Bed Adult	_____ Floor Bed Adult
_____ Step Down	_____ Step Down
_____ Psych Adult	_____ Psych Adult
_____ Psych Pediatric	_____ Psych Pediatric
_____ Other	_____ Other

Provider Information:

Alternate Care Site Location/Address: _____

_____

Shipping Dock Location/Address: _____

_____

Primary Medical Supplier: _____

Primary Food Supplier: _____

Number of days food supply on hand: _____

Primary Fuel Supplier: _____

Primary Medical Gases Supplier: _____

Generator Make/Model: _____

Generator Fuel: ☐ Gasoline ☐ Diesel ☐ Propane

Generator Output in Kilowatts/Phase/Voltage:_____

Generator Fuel Burn Rate: _____

Back-up Water Supply: ☐ Yes ☐ No

Pet Provisions: ☐ Yes ☐ No

Childcare Provisions: ☐ Yes ☐ No

Internal Family Reunification Plan: ☐ Yes ☐ No
External Quick Connect for Additional Generator: ☐ Yes ☐ No

Temporary Air Conditioning/Heat Quick Connect: ☐ Yes ☐ No

Hospital Facility Status:

Facility Damage Assessment: _____

_____

Evacuation: ☐ Full ☐ Partial ☐ Shelter in Place

Alternate Care Site Activated: ☐ Yes ☐ No

Utilities Fully Operational: ☐ Yes ☐ No

Electricity: ☐ Yes ☐ No

Water: ☐ Yes ☐ No

Phone: ☐ Yes ☐ No

Internet: ☐ Yes ☐ No

Medical Gases: ☐ Yes ☐ No

Running Back-Up Generator Power: ☐ Yes ☐ No

Onsite Ham Radio Operator: ☐ Yes ☐ No

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Hospital Resource Needs:

Additional Staffing Request: ☐ Physician ☐ Nurse ☐ EMT ☐ Paramedic

☐ Med Tech ☐ Respiratory Therapist ☐ X Ray Tech ☐ FNP ☐ Physician Assistant

Transportation Assets: ☐ Van ☐ Bus ☐ Ambus

Additional Comments: _____

_____

_____

_____

_____

_____

Thanks for participating and providing us with your input!