



**Use Adobe Acrobat. Other programs may not save data or support the Email Now function.**

**REPORT INFORMATION**

THIS IS A DRILL

THIS IS NOT A DRILL

<b>Date:</b>	<b>Time:</b>	<b>Incident Name:</b>
<b>Report Type (Check One)</b>		<b>Report Status (Check One)</b>
<input type="checkbox"/> Initial <input type="checkbox"/> Update # _____ <input type="checkbox"/> Final		<input type="checkbox"/> Advisory: <i>No Action Required</i> <input type="checkbox"/> Alert: <i>Action Required</i>

**CONTACT INFORMATION**

<b>Facility Type</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> SNF <input type="checkbox"/> LTCF <input type="checkbox"/> Other	<b>Report Creator Name:</b> (First, Last)
<b>Sending Facility (Name):</b>	<b>Title/Position:</b>
<b>Fax:</b>	<b>Email:</b>
<b>(Clinics only) Current Hours:</b> _____ to _____	<b>Phone:</b>

**FACILITY SYSTEM STATUS**

<input type="checkbox"/> <b>Green -</b> <i>Normal Operations</i>	<input type="checkbox"/> <b>Yellow -</b> <i>Under Control</i>	<input type="checkbox"/> <b>Orange -</b> <i>Modified Services</i>	<input type="checkbox"/> <b>Red -</b> <i>Limited Services</i>	<input type="checkbox"/> <b>Black -</b> <i>Impaired / Closed Services</i>
<b>Check the box that best describes the current functionality of your facility's utility systems:</b>				
<input type="checkbox"/> Fully Functional	<input type="checkbox"/> Partially Functional	<input type="checkbox"/> Non-Functional	<b>List Non-Functional Systems:</b>	

**SUMMARY OF IMPACT** (Number of patients you have as a result of this event for this reporting period)  No Report/Not Assessed

<b>1.</b>	Fatalities		<b>3.</b>	Injured – Delayed		<b>5.</b>	Transferred out of the County	
<b>2.</b>	Injured		<b>4.</b>	Injured – Minor				

**SITUATION STATUS** (Use forms PH DOC 02 and PH DOC 03 for resource requests.)

**Current Situation:** *(Provide description of situation and immediate needs as well as current priorities and critical issues or actions taken):*

**BED / EQUIPMENT STATUS REPORT**

Type of Bed (Hospitals Only)	# Available			Type of Bed (Hospitals Only)	# Available			Type of Resources (SNF/LTCF/Other)	# Available
	Vacant	Staffed	Surge*		Vacant	Staffed	Surge*		
Adult ICU				Operating Rooms				SNF/LTCF Beds	
Pediatric ICU				Acute Psychiatric				Other Beds	
NICU				Medical/ Surgical				(Clinic)	
Telemetry / Monitored				Airborne Infection Isolation				Exam Rooms	
Labor/Delivery				Ventilators (Adult)			N/A	Providers	
Pediatrics				Ventilators (Peds)			N/A	*beds in addition to vacant available beds	

Instructions: During a DOC Activation, e-mail this form to [hsadoc@santacruzcounty.us](mailto:hsadoc@santacruzcounty.us) or fax to 831-454-5068.  
 During DOC activation, if you would like to contact someone by phone, dial 831-454-4444  
 Additional forms are located at <http://www.santacruzhealth.org/hepc/> (rev. 3/22/2017)

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**FACILITY NAME:** \_\_\_\_\_

**Report Date and Time:** \_\_\_\_\_

**SITUATION STATUS Continued** (Complete, print, and fax this page only if needed)

***Current Situation: (Provide description of situation and immediate needs as well as current priorities and critical issues or actions taken):***