

# HOSPITAL STATUS REPORT SHORT FORM

|  |              |  |                     |                |
|--|--------------|--|---------------------|----------------|
| <b>FACILITY NAME:</b>  |              | <b>DATE:</b>                                   | <b>TIME:</b>        |                |
| <b>Contact Name:</b>   |              | <b>Phone #</b>                                 | <b>Fax #</b>        |                |
| <b>Other Phone, Fax, Cell Phone, Radio:</b>                              |              |  |                     |                |
| <b>HOSPITAL EOC STATUS</b>   |              | <b>ATTACHMENTS PROVIDED</b>                    |                     |                |
| <input type="checkbox"/> ONE   |              |  |                     |                |
| NOT ACTIVATED  |              | HICS ORGANIZATION CHART                        |                     |                |
| LIMITED ACTIVATION   |              | DEOC RESOURCE REQUEST FORMS                    |                     |                |
| FULL ACTIVATION  |              | DEOC HOSPITAL STATUS REPORT FORM - STANDARD    |                     |                |
| <b>CONTACT INFORMATION</b>   |              | INCIDENT ACTION PLAN                           |                     |                |
| HEOC MAIN CONTACT NUMBER   |              | PHONE/COMMUNICATIONS DIRECTORY                 |                     |                |
| HEOC MAIN CONTACT FAX  |              | <b>GENERAL SUMMARY OF SITUATION/CONDITIONS</b> |                     |                |
| NAME LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH                      |              |  |                     |                |
| CONTACT NUMBER   |              |  |                     |                |
| INFORMATION OFFICER NAME   |              |  |                     |                |
| CONTACT NUMBER   |              |  |                     |                |
| CONTACT EMAIL  |              |  |                     |                |
| IF HEOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS |              |  |                     |                |
| CONTACT NUMBER   |              | <b>8 Hrs.</b>                                  | <b>✓ if Staffed</b> | <b>24 Hrs.</b> |
| CONTACT EMAIL  |              | CRITICAL CARE BEDS (ADULT)                     |                     |                |
|  |              | MEDICAL BEDS                                   |                     |                |
|  |              | SURGICAL BEDS                                  |                     |                |
|  |              | OB/GYN BEDS                                    |                     |                |
|  |              | BURN BEDS                                      |                     |                |
|  |              | PEDIATRIC BEDS (INCLUDING NICU/PICU)           |                     |                |
|  |              | PSYCHIATRIC BEDS                               |                     |                |
| <b>PATIENT FLOW INFORMATION</b>  |              | <b>DEOC/EOC/DUTY CHIEF USE</b>                 |                     |                |
|  | <b>TOTAL</b> |  |                     |                |
| AMBULATORY PATIENTS TO EVACUATE  |              |  |                     |                |
| NON-AMBULATORY PATIENTS TO EVACUATE                                      |              |  |                     |                |
| PATIENTS TREATED AND RELEASED  |              |  |                     |                |
| PATIENTS ADMITTED (LAST 12 HOURS)  |              |  |                     |                |
| PATIENTS NOT YET SEEN  |              |  |                     |                |
| OTHER PATIENT CARE INFORMATION :   |              |  |                     |                |
|  |              |  |                     |                |
|  |              |  |                     |                |
|  |              |  |                     |                |

Send this form to the DEOC at **FAX # 408-794-0735**. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) to reach the DEOC at **408-794-0700**. Use the PROBLEM REPORT/RESOURCE REQUEST FORM to request resources.