1. **Advise Net Control where you are set up and which ARES/RACES personnel are with you.**
2. **Find the Incident Commander at this Facility: Name: _____ Phone:_____**
3. **Have a hospital official complete this initial status assessment. Transmit it to Net Control.**

Date:_____ Time: _____ Your Name: _____ Call Sign: _____

1. HOSPITAL / FACILITY NAME: Check one

	H1	KERN MEDICAL CNTR
	H2	SAN JOAQUIN
	H3	HEART HOSPITAL
	H4	MERCY - TRUXTUN
	H5	MERCY - SOUTHWEST
	H6	MEMORIAL
	H7	GOOD SAMARITAN

	H8	DELANO REGIONAL
	H9	KERN VALLEY
	H10	TEHACHAPI
	H11	RIDGECREST

2. HOSPITAL DISASTER PLAN ACTIVATED?

a. YES	b. LIMITED	c. NO

3. HOSPITAL SERVICE LEVEL NOW?

a. FULL	b. LIMITED	c. NONE

4. ARE YOU ACCEPTING PATIENTS?

a. YES		b. NO

5. IS MASS DECONTAMINATION AVAILABLE?

a. FULL	b. LIMITED	c. NONE

6. ELECTRIC POWER STATUS?

a. NORMAL	b. GEN	c. NONE

7. ER CAPACITY?

	Number
NOW? a.	
WITHIN 30 MINUTES? b.	

8. OR CAPACITY?

	Number
NOW? a.	
WITHIN 60 MINUTES? b.	

9. VACANT BEDS AVAILABLE?

	#			#
a. Adult ICU		**g.** OB/GYN		
b. Med/Surg		**h.** Psychiatric		
c. Telemetry		**i.** Trauma		
d. Pediatric ICU		**j.** Burn		
e. Neonatal ICU		**k.** Airborne infection iso		
f. Pediatrics				

10. DISASTER PATIENTS RECEIVED?

a. BLACK	b. RED	c. YELLOW	d. GREEN
Number?			

11. PATIENT STATUS?

a. ADMIT	b. DISCHG	c. EXPIRED
Number?		

Comments:

Completed by: _____   **HICS Position: _____**

        (Name of hospital official completing this form)   (Hospital ICS position)