

# Sacramento County Health Facility Status Report

**Submit initial report ASAP after an incident and at least once per Operational Period or more frequently, as appropriate.**

Date/Time: <input style="width: 90%;" type="text"/>	Facility Name: <input style="width: 90%;" type="text"/>
Initial Report or Update: <input style="width: 90%;" type="text"/>	Facility Liaison: <input style="width: 90%;" type="text"/>

### Facility Situation Status

Operational Status	Check One	Evacuation	Yes	No				
Fully Functional		Can this facility continue to accept and treat incoming patients?						
Partially Functional		Have you evacuated any patients:						
Not Functional		Do you need help with evacuation?						
Damage Assessment	Check One							
Total Collapse		• # Sent to Hospital						
Partial Collapse		• # Sent to SNF						
Some Structural Damage		• # Sent to Shelter						
No Structural Damage		• # Sent to Family/Caregiver						
Utilities Functioning?	Yes	No	Clinical and Support Services			Functioning?		
Natural Gas Supply								
Power								
On emergency power?								
Water and Sewer								
Telephone								
Facility Information								
Internet			Facility Incident Commander Name:					
Medical Gases			Command Center Phone Number:					
<b>Casualty Information</b>	<b>Number</b>	Command Center Fax Number:						
# of pre-event patients		Provide a description of the impact to your facility due to the current event:						
# of disaster patients								
# Treated and released								
# Admitted								
# Waiting								
# of deaths								
# of Staff Injured								

**Situation Status Report MUST accompany all resource requests.**

Submit form to Sacramento County MHOAC by one of the following:

- E-Mail: [MHOAC@Saccounty.net](mailto:MHOAC@Saccounty.net)
- Fax: 916-874-9211