

SITUATION REPORT QUICKSHEET

DOC USE ONLY: put tracking label here

During DOC open hours – DOC Staff will acknowledge receipt of this SitRep within 15 minutes.

INSTRUCTIONS: 1. Watch for CAHAN or Image Trend alert with Health Dept messages. Watch for Image Trend polls.
2. Submit this QuickSheet within 1 hour of your Command Center activation to MHOAC.

MHOAC Email: MHOAC@sonoma-county.org MHOAC Phone: (877) 311-2008 GUEST CODE: 486636
MHOAC Fax: (707) 744-4609

Report type:

Initial
 Update #
 Final

1. Incident Name	2a. Date	2b. Time : <input type="checkbox"/> AM <input type="checkbox"/> PM
3a. Facility Name	3b. Facility Type <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> SNF <input type="checkbox"/> Other, specify:	
4a. Contact Name	4b. Contact Phone	
4c. Cell Phone	4d. Contact Email Address	

CONDITION	<u>Normal</u>	<u>Modified</u> partially functional - no assistance needed (explain)	<u>Limited</u> partially functional,- Some assistance needed (explain)	<u>Impaired</u> major assistance needed (explain)	<u>Not functional</u> major assistance needed (explain)	<u>Unknown</u>	COMMENTS: If not fully functional, give location, reason, estimated time or resources needed for repair, or other information. Add a page if necessary. Check here if attaching an extra page:
-----------	---------------	--	---	---	---	----------------	--

5. FACILITY OPERATING STATUS							
Check ability to provide essential care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

6. COMMUNICATIONS							
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Landline Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Image Trend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cell Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Satellite Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HealthNet Radio (VHF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ham Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

7. UTILITIES							
Power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sanitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heating/Ventilation/AC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

8. EVACUATION							
Evacuating?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF Yes, evacuation is:	<input type="checkbox"/> Anticipated	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed	
Partial Evacuation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF Yes, evacuation is:	<input type="checkbox"/> Anticipated	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed	
Total Evacuation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF Yes, evacuation is:	<input type="checkbox"/> Anticipated	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed	
Shelter in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF Yes, shelter-in-place is:	<input type="checkbox"/> Anticipated	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed	

9. IMPACT / CASUALTIES – provide estimated numbers and any comments:		
Immediate injuries = Critical care needed	Estimated #	
Delayed injuries = Moderate care needed	Estimated #	
Minor injuries = Care not needed immediately	Estimated #	
Fatalities	Estimated #	

10. ADDITIONAL INFORMATION:		
Internal disaster plan activated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facility Command Center activated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency generator power in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will you send Resource Request within 4 hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO