HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION rev.6

1. Incident Name	Internal External Both	2. Operational Period

1. Incident Name — Internal / External / Both

2. Operational Period

DATE: FROM: _____ mm/dd/yy   TO: _____ mm/dd/yy

3. Name of Facility / Building Reporting Status Below

TIME: FROM: _____ hh:mm (24 hr clock)   TO: _____ hh:mm (24 hr clock)

Contact Phone Number:

4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.
COMMUNICATIONS		
7.1 Fax	Fully functional Partially functional Nonfunctional N/A	
7.2 Information Technology System Email, registration, patient records, time card system	Fully functional Partially functional Nonfunctional N/A	
7.3 Business Services Systems Payment Processing	Fully functional Partially functional Nonfunctional N/A	
7.4 Nurse Call System	Fully functional Partially functional Nonfunctional N/A	
7.5 Overhead Paging	Fully functional Partially functional Nonfunctional N/A	
7.6 Paging System Code teams, standard paging	Fully functional Partially functional Nonfunctional N/A	
7.7 Radio Equipment Facility handheld, 2-way radios, antennas	Fully functional Partially functional Nonfunctional N/A	
7.8 Radio Equipment EMS, local health department (BROWN NET) , other external partner	Fully functional Partially functional Nonfunctional N/A	
7.9 Radio Equipment Amateur radio	Fully functional Partially functional Nonfunctional N/A	

7.10 Satellite Phones	Fully functional Partially functional Nonfunctional N/A	
7.11 Telephone System Primary	Fully functional Partially functional Nonfunctional N/A	
7.12 Telephone System Proprietary	Fully functional Partially functional Nonfunctional N/A	
7.13 Telephone System Back-up Satellite Phone	Fully functional Partially functional Nonfunctional N/A	
7.14 Internet	Fully functional Partially functional Nonfunctional N/A	
7.15 Video-Television Cable	Fully functional Partially functional Nonfunctional N/A	
INFRASTRUCTURE		
7.16 Campus Access Roadways, sidewalks, bridge	Fully functional Partially functional Nonfunctional N/A	
7.17 Fire Detection System	Fully functional Partially functional Nonfunctional N/A	
7.18 Fire Suppression System	Fully functional Partially functional Nonfunctional N/A	
7.19 Food Service (Supplies, Preparation, Equipment, Refrigeration)	Fully functional Partially functional Nonfunctional N/A	
7.20 Ice Machines	Fully functional Partially functional Nonfunctional N/A	

Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief,
            Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

Page **2** of **8**

7.21 Logistics Consumables	Have on hand Requested Need N/A	Describe specific items of concern
7.22 Logistics Durable goods / equipment	Have on hand Requested Need N/A	Describe specific items of concern
7.23 Laundry/Linen Service Equipment	Fully functional Partially functional Nonfunctional N/A	
7.24 Structural Components Building integrity	Fully functional Partially functional Nonfunctional N/A	(Note cracked walls, loose masonry, hanging light fixtures, broken windows)
7.25 Morgue status / capacity	Fully functional Partially functional Nonfunctional N/A	Indicate number of morgue spaces available _____ Indicate number of temporary morgue spaces available (if mass fatality incident): ____
PATIENT CARE		
7.26 Decontamination System Including containment	Fully functional Partially functional Nonfunctional N/A	
7.27 Digital Radiography System, Routine Diagnostics PACS, CT, MRI, other	Fully functional Partially functional Nonfunctional N/A	
7.28 Laboratory	Fully functional Partially functional Nonfunctional N/A	
7.29 Pharmacy Services Computer systems	Fully functional Partially functional Nonfunctional N/A	
7.30 Pharmacy Services Resupply of pharmaceuticals	Have on hand Requested Need N/A	Describe specific items of concern

7.31 Steam/Chemical Sterilizers	Fully functional Partially functional Nonfunctional N/A	
7.32 Isolation Rooms Positive/negative air	Fully functional Partially functional Nonfunctional N/A	
SECURITY		
7.33 Facility Lockdown Systems Door/key card access	Fully functional Partially functional Nonfunctional N/A	
7.34 Campus Security External panic alarms	Fully functional Partially functional Nonfunctional N/A	
7.35 Campus Security Surveillance cameras	Fully functional Partially functional Nonfunctional N/A	
7.36 Campus Security Traffic controls	Fully functional Partially functional Nonfunctional N/A	
7.37 Campus Security Lighting	Fully functional Partially functional Nonfunctional N/A	
7.38 Panic Alarms Internal and other reporting devices	Fully functional Partially functional Nonfunctional N/A	
UTILITIES		
7.39 Electrical Power Primary service	Fully functional Partially functional Nonfunctional N/A	
7.40 Electrical Power Backup generator	Fully functional Partially functional Nonfunctional N/A	

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

Page **4** of **8**

7.41 Fuel Storage	Fully functional Partially functional Nonfunctional N/A	Note amount on hand
7.42 Sanitation Systems	Fully functional Partially functional Nonfunctional N/A	
7.43 Potable Water	Fully functional Partially functional Nonfunctional N/A	
7.44 Natural Gas/Propane	Fully functional Partially functional Nonfunctional N/A	
7.45 Air Compressor	Fully functional Partially functional Nonfunctional N/A	
7.46 Elevators/Escalators	Fully functional Partially functional Nonfunctional N/A	
7.47 Hazardous Waste Containment System	Fully functional Partially functional Nonfunctional N/A	
7.48 Heating, Ventilation, and Air Conditioning (HVAC)	Fully functional Partially functional Nonfunctional N/A	
7.49 Oxygen	Fully functional Partially functional Nonfunctional N/A	(Note bulk supply, H cylinders, E cylinders, Reserve supply status)
7.50 Medical Gases, Other	Fully functional Partially functional Nonfunctional N/A	(Note reserve supply status)
7.51 Pneumatic Tube	Fully functional Partially functional Nonfunctional N/A	

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

Page **5** of **8**

7.52 Steam Boiler	Fully functional Partially functional Nonfunctional N/A	
7.53 Sump Pump	Fully functional Partially functional Nonfunctional N/A	
7.54 Well Water System	Fully functional Partially functional Nonfunctional N/A	
7.55 Vacuum (for patient use)	Fully functional Partially functional Nonfunctional N/A	
7.56 Water Heater and Circulators	Fully functional Partially functional Nonfunctional N/A	
7.57 Internal Lighting	Fully functional Partially functional Nonfunctional N/A	
7.58 External Lighting	Fully functional Partially functional Nonfunctional N/A	
7.59 External Storage Equipment	Fully functional Partially functional Nonfunctional N/A	
7.60 External Storage Vehicles	Fully functional Partially functional Nonfunctional N/A	
7.61 Parking Structures, Lots	Fully functional Partially functional Nonfunctional N/A	(Power, panic alarms, access, egress, lighting)
7.62 Landing Zone Pads, lighting, fuel source	Fully functional Partially functional Nonfunctional N/A	

HOSPITAL INCIDENT COMMAND SYSTEM

Purpose: Determine facility operating status
Origination: Infrastructure Branch Director
Copies to: Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Manager, and Documentation Unit Leader

PERSONNEL ISSUES		
7.63 Injuries to Staff	YES NO N/A	
7.64 Injuries to Patients	YES NO N/A	
7.65 Staff Availability		

LICENSING & CERTIFICATION ISSUES		
7.66 Notifications to CDPH	Completed In process To be done N/A	
7.67 Requests for program flexes RN / Patient Ratio	YES NO N/A	Describe the specific requests made to CDPH
7.68 Use of tents (also notify local FD)		

SUMMARY	
7.69 Service Suspensions	
7.70 Critical Actions Taken	
7.71 Critical Priorities / 24 Hour Projection	
7.72 Social & Political Issues	

8. Remarks

9. Prepared by

PRINT NAME: _____   SIGNATURE: _____

DATE: _____   PHONE NUMBER_____

mm/dd/yy   hh:mm (24 hour format)

HICS 251 – FACILITY SYSTEM STATUS REPORT – SLO COUNTY VERSION

PURPOSE: The HICS 251-Facility System Status Report is used to record the status of various critical facility systems and infrastructure. The HICS 251 provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.

ORIGINATION: Completed by the Operations Section Infrastructure Branch Director with input from facility personnel.

COPIES TO: Delivered to the Situation Unit Leader, with copies to the Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader. Situation Unit Leader will share with partner organizations / agencies, including the San Luis Obispo County Medical Health Operational Area Coordinator (MHOAC)

NOTES: The Infrastructure Branch conducts the survey and correlates results. Individual department managers may also be tasked to complete an assessment of their areas and provide the information to the Infrastructure Branch. If additional pages are needed, use a blank HICS 251. a. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	**Incident Name**	Enter the name assigned to the incident.
2	**Operational Period**	Enter the start date (mm/dd/yy) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	**Name of Facility Reporting Status**	Enter the name of the facility.
4	**System**	System type listed in form.
5	**Status**	**Fully functional:** 100% operable with no limitations **Partially functional:** Operable or somewhat operable with limitations **Nonfunctional:** Out of commission **N/A:** Not applicable, do not have
6	**Comments**	Comment on location, reason, and estimates for necessary repair of any system that is not fully operational. If inspection is completed by someone other than as defined by policy or procedure, identify that person in the comments.
8	**Remarks**	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
9	**Prepared by**	Enter the name and signature of the person preparing the form. Enter date (mm/dd/yy), time prepared (24-hour clock), and facility.