**Department Use**

|  |  |
| --- | --- |
| 1. Incident Name | 2. Time Completed: (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TIME: FROM: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** TO: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3. Name of Department / Unit Reporting Status Below** | **Contact 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. |
| **Power**Routine and emergency | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **Lighting** | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **Water** | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **Sewage / Toilets** | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **Nurse Call System** | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **Medical Gases / Oxygen** | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **Communications**IT systems, telephones, pagers | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **7. Remarks** (Cracked walls, broken glass, falling light fixtures, etc.) |
| **8. Prepared by** | PRINT NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** DATE/TIME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   | SIGNATURE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**facility: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| 1. Incident Name | 2. Operational Period (# )  DATE: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME: FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Name of Facility / Building Reporting Status Below**  |
| **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  |
| Fax | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Information Technology System Email, registration, patient records,time card system | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Nurse Call System | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Overhead Paging  | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Paging SystemCode teams, standard paging | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Radio EquipmentFacility handheld, 2-way radios, antennas | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Radio Equipment EMS, local health department, other external partner | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Radio EquipmentAmateur radio | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Satellite Phones | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |

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| Telephone SystemPrimary | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Telephone SystemProprietary | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Telephone SystemBack-up | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Internet | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Video-TelevisionCable | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Infrastructure |
| Campus AccessRoadways, sidewalks, bridge | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Fire Detection System | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Fire Suppression System | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Food Preparation Equipment | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Ice Machines | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |

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| --- | --- | --- |
| Laundry/Linen Service Equipment | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Structural Components Building integrity | □ Fully functional□ Partially functional□ Nonfunctional□ N/A | (Note cracked walls, loose masonry, hanging light fixtures, broken windows) |
| **PATIENT CARE** |
| Decontamination System Including containment | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Digital Radiography System, Routine DiagnosticsPACS, CT, MRI, other | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Steam/Chemical Sterilizers | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Isolation Rooms Positive/negative air | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **SECURITY** |
| Facility Lockdown Systems Door/key card access | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Campus SecurityExternal panic alarms | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Campus SecuritySurveillance cameras | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Campus SecurityTraffic controls | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |

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| Campus SecurityLighting | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Panic AlarmsInternal and other reporting devices | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Utilities |
| Electrical PowerPrimary service | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Electrical Power Backup generator | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Fuel Storage | □ Fully functional□ Partially functional□ Nonfunctional□ N/A | (Note amount on hand) |
| Sanitation Systems  | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Water | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Natural Gas/Propane | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Air Compressor | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Elevators/Escalators | □ Fully functional□ Partially functional□ Nonfunctional□ N/A | **HICS 251** | Page 4 of 6  |
| Hazardous Waste Containment System | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Heating, Ventilation, and Air Conditioning (HVAC) | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Oxygen  | □ Fully functional□ Partially functional□ Nonfunctional□ N/A | (Note bulk, H tanks, E tanks, Reserve supply status) |
| Medical Gases, Other | □ Fully functional□ Partially functional□ Nonfunctional□ N/A | (Note reserve supply status) |
| Pneumatic Tube | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Steam Boiler | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Sump Pump | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Well Water System | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Vacuum (for patient use) | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Water Heater and Circulators | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |

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| External Lighting | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| External StorageEquipment | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| External StorageVehicles | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| Parking Structures, Lots | □ Fully functional□ Partially functional□ Nonfunctional□ N/A | (Power, panic alarms, access, egress, lighting) |
| Landing Zone Pads, lighting, fuel source | □ Fully functional□ Partially functional□ Nonfunctional□ N/A |  |
| **7. Remarks** (Cracked walls, broken glass, falling light fixtures, etc.) |
| **8. Prepared by** | PRINT NAME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  DATE/TIME: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   | SIGNATURE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  facility: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**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.

**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 and repaginate as needed. 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 (m/d/y) 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. |
| **7** | **Remarks** | Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc. |
| **8** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |