

Healthcare Association of Hawaii  
**FACILITY STATUS REPORT**

r

Line	Data Element	Facility Status			
<b>1</b>	Facility Code or Name:				
<b>2</b>	Date & Time of Report:				
<b>3</b>	Adult ICU: Now:	<b>3A</b>	in 24 hrs:	<b>3B</b>	in 72 hrs:
<b>4</b>	Adult Med-Surg: Now:	<b>4A</b>	in 24 hrs:	<b>4B</b>	in 72 hrs:
<b>5</b>	Burn: Now:	<b>5A</b>	in 24 hrs:	<b>5B</b>	in 72 hrs:
<b>6</b>	Pediatric ICU: Now:	<b>6A</b>	in 24 hrs:	<b>6B</b>	in 72 hrs:
<b>7</b>	Psychiatric: Now:	<b>7A</b>	in 24 hrs:	<b>7B</b>	in 72 hrs:
<b>8</b>	Negative Airflow Iso: Now:	<b>8A</b>	in 24 hrs:	<b>8B</b>	in 72 hrs:
<b>9</b>	Operating Rooms: Now:	<b>9A</b>	in 24 hrs:	<b>9B</b>	in 72 hrs:
<b>10</b>	Available Ventilators: Now:	<b>10A</b>	in 24 hrs:	<b>10B</b>	in 72 hrs:
<b>11</b>	Is the facility operating from Commercial Electricity?	YES	NO		
<b>12</b>	Is the facility operating from Commercial Water?	YES	NO		
<b>13</b>	Casualties received since Midnight:				
<b>14</b>	Status of Facility Systems and Infrastructure:				
<b>15</b>	Status of Patient Services:				
Prepared by and Telephone:					

**AVAILABLE RESOURCES**

Do not use this form to request resources or assistance

**Fax to HAHEOC (845) 839-8356**