

**APPENDIX A: ASSESSMENT FORM
SAMPLE USED IN UNIT 4**

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Health Care Facility Report		Incident:		Reporting Unit: Planning		Form: 003/Rev 07			
Operational Period:			Date/Time of Report:			Prepared by:			
Task/Assignment Number/Name:				<input type="checkbox"/> Assigned		<input type="checkbox"/> Opportunistic			
RNA Team ID:				Team Contact Method & Number:					
1. Report Type:		<input type="checkbox"/> A. Initial		<input type="checkbox"/> B. Follow-up		<input type="checkbox"/> C. Final			
2. Survey Method:		<input type="checkbox"/> A. Aircraft		<input type="checkbox"/> B. Windshield		<input type="checkbox"/> C. Onsite		<input type="checkbox"/> D. Phone/Radio	<input type="checkbox"/> E. Fax
3. Location:		A. Latitude :			B. Longitude				
4. Contact Name:				Title:					
5. Street Address:				City:					
6. Facility Type:		<input type="checkbox"/> A. Hospital - General		<input type="checkbox"/> B. Hospital – Specialty Only		<input type="checkbox"/> C. Hospital – Veteran’s			
		<input type="checkbox"/> D. Hospital – Mental Only		<input type="checkbox"/> E. Hospital - Other		<input type="checkbox"/> F. Day Surgery Center			
		<input type="checkbox"/> G. Hospice		<input type="checkbox"/> H. Dialysis Unit		<input type="checkbox"/> I. Extended Care Facility			
		<input type="checkbox"/> J. Medical Clinic		<input type="checkbox"/> K. Other		<input type="checkbox"/> L. Unknown			
7. Bed Capacity		<input type="checkbox"/> A. <50		<input type="checkbox"/> B. 51-100		<input type="checkbox"/> C. 101-200			
		<input type="checkbox"/> D. 201-400		<input type="checkbox"/> E. 401-600		<input type="checkbox"/> F. >601			
		<input type="checkbox"/> G. Not Applicable		<input type="checkbox"/> H. Unknown					
8. Operational Status		<input type="checkbox"/> A. Fully Operational		<input type="checkbox"/> B. Degraded Major Surgical Capability		<input type="checkbox"/> C. Degraded Minor Surgical Capability			
		<input type="checkbox"/> D. Degraded Medical Imaging Capability		<input type="checkbox"/> E. Degraded Radiology Capability		<input type="checkbox"/> F. Degraded Emergency Room Capability			
		<input type="checkbox"/> G. Degraded Pharmacy Capability		<input type="checkbox"/> H. Degraded Intensive Care Capability		<input type="checkbox"/> I. Degraded Food Service Capability			
		<input type="checkbox"/> J. Degraded General Patient Care Capability		<input type="checkbox"/> K. Unknown					
9. Other like Facilities in Jurisdiction		<input type="checkbox"/> A. None		<input type="checkbox"/> B. 1-3 Undamaged		<input type="checkbox"/> C. 4-10+ Undamaged			
		<input type="checkbox"/> D. 1-3 Damaged		<input type="checkbox"/> E. 4-10+ Damaged		<input type="checkbox"/> F. 1-3 Status Unknown			
		<input type="checkbox"/> G. 4-10+ Status Unknown		<input type="checkbox"/> H. All Info Unknown					

10. Service/Area Community Population:	<input type="checkbox"/> A. <2,500	<input type="checkbox"/> B. 2,501-5,000	<input type="checkbox"/> C. 5,001-10,000
	<input type="checkbox"/> D. 10,001-25,000	<input type="checkbox"/> E. 25,001-50,000	<input type="checkbox"/> F. 50,001-100,000
	<input type="checkbox"/> G. 100,001-150,000	<input type="checkbox"/> H. 150,001-200,000	<input type="checkbox"/> I. 200,001-500,000
	<input type="checkbox"/> J. 500,001-1,000,000	<input type="checkbox"/> K. >1,000,001	<input type="checkbox"/> L. Unknown
11. Community Impacts:	<input type="checkbox"/> A. No Impact on Community	<input type="checkbox"/> B. Minor Impact	<input type="checkbox"/> C. Moderate Impact
	<input type="checkbox"/> D. Major Impact	<input type="checkbox"/> E. Unknown	
12. Current External Hazards:	<input type="checkbox"/> A. None	<input type="checkbox"/> B. Urban/Structural Fire	<input type="checkbox"/> C. Wildfire
	<input type="checkbox"/> D. Flash Flooding	<input type="checkbox"/> E. Riverine Flooding	<input type="checkbox"/> F. Coastal/Tidal/Surge Flood
	<input type="checkbox"/> G. Landslides	<input type="checkbox"/> H. Sinkhole/Subsidence	<input type="checkbox"/> I. Tsunami
	<input type="checkbox"/> J. Hazardous Materials	<input type="checkbox"/> K. Volcanic Ash	<input type="checkbox"/> L. Pyroclastic Flows
	<input type="checkbox"/> M. Aftershocks	<input type="checkbox"/> N. Civil Disturbance	<input type="checkbox"/> O. Adjacent Structure Collapse
	<input type="checkbox"/> P. Snow/Ice	<input type="checkbox"/> Q. High winds/Hail	<input type="checkbox"/> R. Unknown
13. Physical Condition:	<input type="checkbox"/> A. No Damage Visible	<input type="checkbox"/> B. < 30% Window Damage	<input type="checkbox"/> C. 30-60% Window Damage
	<input type="checkbox"/> D. 60%+ Window Damage	<input type="checkbox"/> E. Moderate Roof Damage	<input type="checkbox"/> F. Major Roof Damage
	<input type="checkbox"/> G. Roof Collapse	<input type="checkbox"/> H. Moderate Structural Damage	<input type="checkbox"/> I. Major Structural Damage
	<input type="checkbox"/> J. Destroyed	<input type="checkbox"/> K. Unknown	
14. Damage Source(s):	<input type="checkbox"/> A. Fire	<input type="checkbox"/> B. High winds/Hail/Rain	<input type="checkbox"/> C. Flood
	<input type="checkbox"/> D. Seismic	<input type="checkbox"/> E. Cold/Freezing	<input type="checkbox"/> F. Land Movement
	<input type="checkbox"/> G. Blast/Explosion/Hazmat	<input type="checkbox"/> H. Other	<input type="checkbox"/> I. Unknown
15. Electric Power Status:	<input type="checkbox"/> A. On Full Commercial Power	<input type="checkbox"/> B. On Full Generator Power	<input type="checkbox"/> C. On Partial Generator Power
	<input type="checkbox"/> D. No Power	<input type="checkbox"/> E. Unknown	
16. Generator Fuel Type:	<input type="checkbox"/> A. Gasoline	<input type="checkbox"/> B. Diesel	<input type="checkbox"/> C. JP-4
	<input type="checkbox"/> D. Natural Gas	<input type="checkbox"/> E. Propane	<input type="checkbox"/> F. Other
	<input type="checkbox"/> G. Unknown		
17. Generator Fuel Storage:	<input type="checkbox"/> A. < 24-Hours	<input type="checkbox"/> B. 24-48 Hours	<input type="checkbox"/> C. > 2 Days
18. Communication Systems:	<input type="checkbox"/> A. Fully Operational	<input type="checkbox"/> B. EMS Radio Operational	<input type="checkbox"/> C. EMS Radio Inoperable
	<input type="checkbox"/> D. External Telephone Operational	<input type="checkbox"/> E. External Telephones Inoperable	<input type="checkbox"/> F. Internal Communication Systems Operational
	<input type="checkbox"/> G. Internal Communications Systems Inoperable	<input type="checkbox"/> H. Telemetry Systems Operational	<input type="checkbox"/> I. Telemetry Systems Inoperable
	<input type="checkbox"/> J. External Alert/Notification Systems Operational	<input type="checkbox"/> K. External Alert/Notification systems Inoperable	<input type="checkbox"/> L. Computer Connectivity to Internet Operable
	<input type="checkbox"/> M. Computer Connectivity to Internet Inoperable	<input type="checkbox"/> N. Internal LAN Operable	<input type="checkbox"/> O. Internal LAN Inoperable
19. Air Handling Systems:	<input type="checkbox"/> A. Fully Operational	<input type="checkbox"/> B. Air Movement Systems Functioning Only	<input type="checkbox"/> C. No Cooling Capacity

	<input type="checkbox"/> D. No Heating Capacity	<input type="checkbox"/> E. All Systems Out	<input type="checkbox"/> F. Unknown
20. Fire Suppression	<input type="checkbox"/> A. All Operational	<input type="checkbox"/> B. Sprinklers Operational	<input type="checkbox"/> C. Sprinklers Inoperable
	<input type="checkbox"/> D. Fire Alarms Operable	<input type="checkbox"/> E. Fire Alarms Inoperable	<input type="checkbox"/> F. Unknown
21. Water:	<input type="checkbox"/> A. Normal Potable Water Supply Available	<input type="checkbox"/> B. Non-Potable Water Supply Available	<input type="checkbox"/> C. Bottled Water Available Only
	<input type="checkbox"/> D. No Water Available	<input type="checkbox"/> E. Unknown	
22. Elevators	<input type="checkbox"/> A. All Operational	<input type="checkbox"/> B. Partially Operational	<input type="checkbox"/> C. All Inoperable
	<input type="checkbox"/> D. Unknown		
23. Habitability:	<input type="checkbox"/> A. Habitable	<input type="checkbox"/> B. Partially Habitable	<input type="checkbox"/> C. Uninhabitable
	<input type="checkbox"/> D. Habitability is Improving	<input type="checkbox"/> E. Habitability is Degrading	<input type="checkbox"/> F. Habitability is Stable
	<input type="checkbox"/> G. Unknown		
24. Road Access:	<input type="checkbox"/> A. Unimpeded	<input type="checkbox"/> B. Partial Blockage	<input type="checkbox"/> C. Inaccessible
	<input type="checkbox"/> D. Bridge(s) Damaged	<input type="checkbox"/> E. Bridge(s) Out	<input type="checkbox"/> F. Road/Culvert Damage
	<input type="checkbox"/> G. Road/Culvert Out	<input type="checkbox"/> H. Partial Landslide Blockage	<input type="checkbox"/> I. Full Landslide Blockage
	<input type="checkbox"/> J. Wires Down	<input type="checkbox"/> K. Debris Covered	<input type="checkbox"/> L. Debris Blocked
	<input type="checkbox"/> M. Car/SUV Passable	<input type="checkbox"/> N. Semitrailer Truck Passable	<input type="checkbox"/> O. Unknown
25. Supply Requirements Next 72 hours	<input type="checkbox"/> A. All Requirements Met	<input type="checkbox"/> B. Pharmaceuticals Needed	<input type="checkbox"/> C. Surgical Supplies Needed
	<input type="checkbox"/> D. Food Stocks Required	<input type="checkbox"/> E. Blood Products Required	<input type="checkbox"/> F. Laundry Required
	<input type="checkbox"/> G. Laboratory Supplies Required	<input type="checkbox"/> H. Radiology Supplies Required	<input type="checkbox"/> I. Anesthesia Supplies Required
	<input type="checkbox"/> J. Bulk Oxygen Required	<input type="checkbox"/> K. Bottled Oxygen Required	<input type="checkbox"/> L. General Medical Supplies Required.
	<input type="checkbox"/> M. Cleaning Supplies Required	<input type="checkbox"/> N. General Patient Care Supplies Required	<input type="checkbox"/> O. Unknown

26. Personnel and Staffing Next 72 Hours:	<input type="checkbox"/> A. Physician Shortage	<input type="checkbox"/> B. LPN Shortage	<input type="checkbox"/> C. RN Shortage			
	<input type="checkbox"/> D. Nursing Assist Shortage	<input type="checkbox"/> E. Pharmacist Shortage	<input type="checkbox"/> F. Pharmacy Tech Shortage			
	<input type="checkbox"/> G. Radiology Tech Shortage	<input type="checkbox"/> H. Laboratory Staff Shortage	<input type="checkbox"/> I. Surgical Staff Shortage			
	<input type="checkbox"/> J. Housekeeping Staff Shortage	<input type="checkbox"/> K. Maintenance Staff Shortage	<input type="checkbox"/> L. Administrative Staff Shortage			
	<input type="checkbox"/> M. Other Staff Shortage	<input type="checkbox"/> N. Unknown				
27. Follow-up required	<input type="checkbox"/> A. Yes	<input type="checkbox"/> B. No				
28. Comments & Notes:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">29. Transmitted By:</td> <td style="width: 33%;">Transmitted To:</td> <td style="width: 33%;">Transmission Date/Time:</td> </tr> </table>				29. Transmitted By:	Transmitted To:	Transmission Date/Time:
29. Transmitted By:	Transmitted To:	Transmission Date/Time:				
30. Report Forwarded to:	Local: _____	By:	Date/Time:			
	State	By:	Date:/Time:			
	IOF/JFO	By:	Date:/Time:			
	RRCC	By:	Date/Time:			
	NRCC	By:	Date/Time:			
	Other: _____	By:	Date/Time:			

Printing Instructions: Print pages 1 & 2 back to back, with these instructions if necessary.

Line by Line Instructions & Information

Preamble Information:

Incident Name: Enter the incident name being used to describe the event.

Operational Period: Enter the current Operational Period (Refer to ICS Forms for more information.)

Date/Time of Report: Enter the date and time the report was **completed**.

Prepared by: Enter the name of the person completing the report.

Task Assignment Number/Name: Enter the name of the task or its identification/control number if pre-assigned.

Assigned or Opportunistic: Check whether report was based on a specific assignment or if it was opportunistic.

RNA Team ID: Enter the ID number or Name of the RNA Team that was assigned this facility.

Team Contact Method and Number: Enter the contact method and number for the RNA Team. This could be a radio frequency and identifier or phone number, etc.

Specific Numerical Items

1. **Report Type:** Check whether this report is an initial, follow-up or final report. If follow-up box in Item 24 is checked **No** and this is the only report on this facility check the **Final** box.
2. **Survey Method:** Check the type of survey method used to gather report information.
3. **Location:** Enter the latitude and longitude of the facility obtained from GPS units. Use **NAD 83 datum and decimal degrees**.
4. **Contact Name:** Enter the name and title of person providing report information to you, if appropriate.
5. **Street Address:** Enter the street address of the facility if known. Enter the city or jurisdiction where the facility is located.
6. **Enter the Facility Type:** Enter the facility type. Mixed use facilities may require more than one answer.
7. **Other Like Facilities In Jurisdiction:** Enter the number and status of similar facilities in the jurisdiction.
8. **Service Area:** Enter the service area of the facility being surveyed.
9. **Service Area/Community Population:** Enter the estimated service area or population of the community served by this facility.
10. **Community Impacts:** Provide and estimate on the impact of this facility being damaged on the community or service area as a whole.
11. **Current External Hazards:** Indicate the current (within 24-hours) hazards faced by this facility, if any.

12. **Physical Condition:** Indicate the current physical condition of the facility. More than one box may be checked. **Window damage** is measured by the breakage or failure of the window which exposes the contents of the facility to the weather. Do not report cracked, but intact window damage. **Moderate roof damage** is defined as the removal of roof coverings over more than 25% of the structure or over critical use areas, but roofing under-layments remain intact. **Major roof damage** indicates areas greater than 25% of the building being exposed due to the removal of the roof and under-laying elements or the exposure of critical service areas. **Roof collapse** indicated the collapse of any portion of the roof onto interior structures. **Moderate structural damage** is structural damage to a facility which impedes the use of the facility to a degree but which can be rectified by temporary repairs. **Major structural damage** is damage that greatly impedes the use of the facility and will require repairs lasting weeks or months to rectify. **Destroyed** indicates the facility will require total replacement.
13. **Damage Source(s):** Indicate those events that caused the damage to the facility.
14. **Emergency Vehicles Inoperative:** Indicate the types of emergency vehicles damaged and out of service due to the event(s).
15. **Electric Power Status:** Indicate the electrical power status of the facility. **Do not confuse battery operated equipment and lighting for electrical service indication.**
16. **Generator Fuel Type:** Indicate the type(s) of fuel required by operational generators on site.
17. **Generator Fuel Storage:** Indicate the remaining amount of fuel in storage at the site to run generators or provide critical fuel needs.
18. **Communication Systems:** Indicate the status of communication systems.
19. **Habitability:** Factors that go into this evaluation include the functioning of water and wastewater systems, toilets, drains, air conditioning systems (particularly in closed environments) etc. Indicate whether the situation is stable, getting worse or getting better.
20. **Road Access:** Indicate the status of road systems into the facility and in the surrounding area that would impact the delivery of services and supplies to the site.
21. **Personnel and Staffing:** Indicate the types of staff required to adequately service the area for the next 72 hours. If numbers of staffing can be readily identified, place figures in Line 23, Comments and Notes.
22. **Follow-up Required:** Indicate whether follow-up action is required. **Briefly** state reason for required follow-up actions in Line 23, Comments and Notes.
23. **Comments and Notes:** **Brief** comments and elaboration on any reporting item.
24. **Transmittal Information:** Indicate the name of the person transmitting this information back to a central data collection point, the name of the person receiving the data, and the transmission date and time.
25. **Report Forwarded to:** Indicate the locations that the central data collection point transmits information from this report. Indicate who transmitted the information and the date and time of each relay transmission.