

Facility/MHOAC Situation Report

DO NOT USE THIS FORM TO REQUEST RESOURCES. USE THE RESOURCE REQUEST FORM TO REQUEST RESOURCES

A. Report Type (choose one)
Initial Final Update #:

B. Report Creation Date/Time	
1. Report Date	2. Report Time

C. Report Status (choose one)
Advisory: No Action Required ALERT: Action Required

D. Contact Information of Person Completing Report	
1. First and Last Name	2. Position / Title
3. Direct Phone Number	4. Email Address

E. Facility Name

F. Facility Type

G. Current Operational Status (choose one)	
Green: Normal operations	Red: Modified operations; need assistance
Yellow: Modified operations; using internal corporate resources	Black: Significantly impaired or non-functional; MAJOR assistance

H. Facility/Organization Capacity			
1. Capacity Type (choose one →):	Bed	Chair	Patient
			Other _____
2. Count of Impacted (enter below)	3. Count of Occupied (enter below)		4. Count of Open (enter below)
N/A <input type="checkbox"/>	N/A <input type="checkbox"/>		N/A <input type="checkbox"/>

I. Prognosis		
No Change	Improving	Worsening

J. Situation Summary