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

A. Report Type (choose one)	В	. Report Creation D	ate/Time		C. Report Status (choose one)
Initial	1.	Report Date	2. Report Time		Advisory: No Action Required
Final					ALERT: Action Required
Update #:					
D. Contact Information of Person Completing1. First and Last Name	g Report				
I. FIRST and Last Name		2. Position / Title			
3. Direct Phone Number	4. Email Address	1. Email Address			
E. Facility Name F. Facility Type					
E. Facility Name					
G. Current Operational Status (choose one)					
Green: Normal Operations - No assistance from the jurisdiction is required Yellow: Under Control - No assistance from the jurisdiction is required Red: Limited Services - Some assistance from the jurisdiction is required					
Yellow: Under Control - No assistance from the jurisdiction is required Red: Limited Services - Significant assistance from the jurisdiction is required Black: No Services - Unable to care for patients					
Black. No corridos Chable to care los patientes					
II Facility/Organization Canacity					
H. Facility/Organization Capacity1. Capacity Type (choose one →):	Bed	Chair	Patient		Other
		of Occupied (enter		4	Count of Open (enter below)
N/A	o. oouin	er coupled (onto	N/A		N/A
I. Prognosis	l				Managing
No Change	Im	proving			Worsening
J. Situation Summary					
Requested Resources will have the follow	ina bene	efits:			
·	J	Pediatrics	Trauma/Bu	rn	
Sustain normal operations not related to the surge incident					
Increase surgical/operating room capacity					
Allow a facility to remain open					
Support AFN and/or special seeds sector(s)					
Enhance infection control capabilty					
Increase isolation capacity					
Increase decontamination capability					
Support the primary care provider					
Priority of item requested: Emer	gent	Urgent	t Su	ısta	inment