



DEOC-9 ALLIED HEALTH STATUS REPORT SHORT FORM

FACILITY NAME:	FACILITY TYPE	DATE:	TIME:
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Contact Name:	Phone #	Fax #
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Other Phone, Fax, Cell Phone, Radio:	Incident Name and Date:
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FACILITY STATUS	CHECK ONE	CHECK ADDITIONAL ATTACHMENTS PROVIDED	Yes/No
GREEN- FULLY FUNCTIONAL		NHICS/ICS ORGANIZATION CHART	
RED- LIMITED SERVICES		DEOC-9A RESOURCE REQUEST FORMS	
BLACK- IMPAIRED/CLOSED		NHICS/ICS STATUS REPORT FORM - STANDARD	

FACILITY CONTACT INFORMATION	NHICS/ICS INCIDENT ACTION PLAN
FACILITY EOC MAIN CONTACT NUMBER	PHONE/COMMUNICATIONS DIRECTORY

FACILITY EOC MAIN CONTACT FAX	GENERAL SUMMARY OF SITUATION/CONDITIONS
FACILITY LIAISON OFFICER NAME: LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH	
FACILITY LIAISON CONTACT NUMBER	
FACILITY INFORMATION OFFICER NAME	
FACILITY INFORMATION OFFICER CONTACT NUMBER	
FACILITY INFORMATION OFFICER CONTACT EMAIL	

IF FACILITY EOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS	CHECK ONE	SNF BED RESOURCE AVAILABILITY	Staffed Bed- M	Staffed Bed-F	Vacant Beds-M	Vacant Bed-F	*Surge #
FACILITY CONTACT NUMBER		SKILLED NURSING					
FACILITY CONTACT EMAIL		ASSISTED LIVING					
FACILITY PATIENT FLOW INFORMATION	TOTAL	SUB-ACUTE					
FACILITY PATIENTS TO EVACUATE		ALZHEIMERS/DIMENTIA					
FACILITY PATIENTS INJURED - MINOR		PEDIATRIC-SUB ACUTE					
FACILITY PATIENTS TRANSFERED OUT OF COUNTY		PSYCHIATRIC					
OTHER FACILITY PATIENT CARE INFORMATION							

DEOC/EOC/DUTY CHIEF USE	*surge number: # of beds in addition to vacant available beds
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AVAILABLE RESOURCES BY FACILITY TYPE	CHAIRS/ ROOMS	VANCANT CHAIRS/ ROOM	FRONT DESK STAFF	MEDICAL SUPPORT STAFF	PROVIDER STAFF
DIALYSIS					
SURGICAL					
CLINIC					
HOMEHEALTH					
ADULT DAY CENTER					

Please follow instructions received from email/phone/CAHAN on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) Use the RESOURCE REQUEST FORM to request resources.