

# Marin County Operational Area Healthcare Facility Status Report

*Save a copy of this form  
BEFORE filling it out.*

|  |                           |  |   |   |                  |
|--|---------------------------|--|---|---|------------------|
| <b>A. Report Type:</b>   | Initial      Update       | <b>B. Report Created:</b>                    | Date:   | Time:   |                  |
| <b>C. Healthcare Facility Information:</b>   |                           |  |   |   |                  |
| <b>1. Name of Facility:</b>  |                           |  |   |   |                  |
| <b>2. Street Address:</b>  |                           |  |   |   |                  |
| <b>3. City:</b>  |                           |  | <b>4. Command Center Activated (HCC/ICP):</b> Yes      No |   |                  |
| <b>5. Contact Person:</b>  |                           |  | <b>6. HICS/ICS Position:</b>                              |   |                  |
| <b>7. Telephone Number:</b>  |                           |  | <b>8. Fax Number:</b>                                     |   |                  |
| <b>9. Cell/Pager Number:</b>   |                           |  | <b>10. Email:</b>   |   |                  |
| <b>D. Overall Situation Status:</b>  |                           | <b>E. Casualties:</b>                        |   | <b>F. Overall Facility Status:</b>  |                  |
| GREEN:      Normal operations<br>YELLOW:     Under control; NO assistance required<br>ORANGE:    Modified services; assistance from other facilities<br>RED:        Limited services; assistance required<br>BLACK:     Impaired services; MAJOR assistance required<br>GREY:      Unknown |                           | Immediate:<br><br>Delayed:<br><br>Minor:     |   | <p><b>Fully Functional</b> May have minor reductions in patient services but still able to carry out majority of normal operational functions.</p> <p><b>Partially Functional</b> Moderate to significant reductions in patient services (significant building damage, loss of major utilities, inadequate emergency power).</p> <p><b>Not Functional</b> Critically damaged or affected. Unable to continue any services and evacuation may be required.</p> |                  |
| <b>G. Current Situation:</b>   |                           |  |   |   |                  |
|  |                           |  |   |   |                  |
| <b>H. Current Priorities:</b>  |                           |  |   |   |                  |
|  |                           |  |   |   |                  |
| <b>I. Infrastructure Damage:</b> (describe damage and/or disruption to electricity, gas, water, sewer, HVAC, communications systems, etc.)   |                           |  |   |   |                  |
|  |                           |  |   |   |                  |
| <b>J. Evacuation:</b> Is your facility planning evacuation?  |                           |  |   |   |                  |
| No      Yes  | Destination: _____        | Total number patients to be evacuated: _____ | Ambulatory: _____   | Wheelchair: _____   | Bed-bound: _____ |
| <b>K. Resources:</b>   |                           |  | <b>L. Prognosis:</b>                                      |   |                  |
| Additional Resources Needed  | Resource Request Attached | No Change                                    | Improving   | Worsening   |                  |

**Complete form and send to the Medical Health Operational Area Coordinator (MHOAC)**

**Email: [MHOAC@marincounty.org](mailto:MHOAC@marincounty.org)    FAX: (415) 473-3747**