

# HOSPITAL STATUS ASSESSMENT FORM

**Date:** \_\_\_\_\_

1. Check-in with hospital contact person.  
(Disaster Coordinator, Nursing Supervisor, E.D Charge Nurse, etc.)
2. Check-in with Net Control  
(Report hospital name, call sign and Hospital Service Level *if available*)

**Hospital Name:** \_\_\_\_\_

**Tactical Call:** \_\_\_\_\_

3. Obtain Hospital Service Level *if it has not yet been provided to you.*
4. Report Hospital Service Level to Net Control.

Time						
Service Level of Facility						

*Full Service = GREEN / Limited Service = YELLOW / Emergency Services only = RED / No Service - Shelter in Place = BLACK*

5. Obtain Census / Bed Availability.  
(This data may be obtained from the person who enters this data into the ReddiNet. Ask your hospital contact person for assistance in obtaining this data.)
6. After initial Census / Bed Availability data is acquired, obtain an update at the top of every subsequent hour.

Bed Availability / Census	avail / total	avail / total	avail / total	avail / total	avail / total	avail / total
<b>Med/ Surg</b>	/	/	/	/	/	/
<b>TELE</b>	/	/	/	/	/	/
<b>ICU</b>	/	/	/	/	/	/
<b>PICU</b>	/	/	/	/	/	/
<b>NICU</b>	/	/	/	/	/	/
<b>Peds</b>	/	/	/	/	/	/
<b>OB/ Gyn</b>	/	/	/	/	/	/
<b>Trauma</b>	/	/	/	/	/	/
<b>Burn</b>	/	/	/	/	/	/
<b>Isolation</b>	/	/	/	/	/	/
<b>Psych</b>	/	/	/	/	/	/
<b>OR</b>	/	/	/	/	/	/
<b>Other</b>	/	/	/	/	/	/
<b>Time Delivered</b>						