

HICS 251 – FACILITY SYSTEM STATUS REPORT

Department Use

1. Incident Name St. Elsewhere Loss of Water		2. Time Completed: (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200	
3. Name of Department / Unit Reporting Status Below		Contact Number:	
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.	
Power Routine and emergency	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Lighting	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input checked="" type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	Watermain break during construction. All water turned off . Emergency water supplies currently in use. Additional resources have been requested.	
Sewage/Toilets	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input checked="" type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	Toilets being bagged. Port-a-Potties ordered. Hand washing stations placed at each toilet facility.	
Nurse Call System	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Medical Gases / Oxygen	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Communications IT systems, telephones, pagers	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.) Unknown time until water restored.			
8. Prepared by		PRINT NAME: Clara Barton	
DATE/TIME: 19-DEC-2019 0945		SIGNATURE: <i>Clara Barton</i>	
		FACILITY: St. Elsewhere Hospital	



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1. Incident Name St. Elsewhere Loss of Water		2. Operational Period (# 1) DATE: FROM: 19-DEC-2019 TO: 19-DEC-2019 TIME: FROM: 0800 TO: 1200	
3. Name of Facility / Building Reporting Status Below			
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.	
COMMUNICATIONS			
Fax	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Information Technology System Email, registration, patient records, time card system	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Nurse Call System	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Overhead Paging	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Paging System Code teams, standard paging	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Radio Equipment Facility handheld, 2-way radios, antennas	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Radio Equipment EMS, local health department, other external partner	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Radio Equipment Amateur radio	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		
Satellite Phones	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A		



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Telephone System Primary	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Telephone System Proprietary	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Telephone System Back-up	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Internet	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Video-Television Cable	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
INFRASTRUCTURE		
Campus Access Roadways, sidewalks, bridge	<input type="checkbox"/> Fully functional <input checked="" type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	Some construction traffic at North entrance where water main repair done.
Fire Detection System	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Fire Suppression System	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Food Preparation Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Ice Machines	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	All ice machines flushed



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Laundry/Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	Use outside service
Structural Components Building integrity	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	(Note cracked walls, loose masonry, hanging light fixtures, broken windows) All water main repair outside.
PATIENT CARE		
Decontamination System Including containment	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Digital Radiography System, Routine Diagnostics PACS, CT, MRI, other	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Steam/Chemical Sterilizers	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Isolation Rooms Positive/negative air	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
SECURITY		
Facility Lockdown Systems Door/key card access	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	Not affected during loss of water
Campus Security External panic alarms	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Campus Security Surveillance cameras	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Campus Security Traffic controls	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	



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Campus Security Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Panic Alarms Internal and other reporting devices	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
UTILITIES		
Electrical Power Primary service	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Electrical Power Backup generator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Fuel Storage	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	(Note amount on hand)
Sanitation Systems	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	All systems restored
Water	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Natural Gas/Propane	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Air Compressor	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Elevators/Escalators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	



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Hazardous Waste Containment System	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Heating, Ventilation, and Air Conditioning (HVAC)	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	(Note bulk, H tanks, E tanks, Reserve supply status)
Medical Gases, Other	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	(Note reserve supply status)
Pneumatic Tube	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Steam Boiler	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Sump Pump	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
Well Water System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Vacuum (for patient use)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Water Heater and Circulators	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	



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External Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
External Storage Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
External Storage Vehicles	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	
Parking Structures, Lots	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input checked="" type="checkbox"/> N/A	(Power, panic alarms, access, egress, lighting)
Landing Zone Pads, lighting, fuel source	<input checked="" type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A	
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.) Water main repaired but some landscaping at repair sight will be done next week		
8. Prepared by <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> PRINT NAME: Clara Barton DATE/TIME: 19-DEC-2019 1145 </div> <div style="width: 45%;"> SIGNATURE: <i>Clara Barton</i> FACILITY: St. Elsewhere Hospital </div> </div>		



HICS 251 – FACILITY SYSTEM STATUS REPORT

- PURPOSE:** The HICS 251-Facility System Status Report is used to record the status of various critical facility systems and infrastructure. The HICS 251 provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.
- ORIGINATION:** Completed by the Operations Section Infrastructure Branch Director with input from facility personnel.
- COPIES TO:** Delivered to the Situation Unit Leader, with copies to the Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader.
- NOTES:** The Infrastructure Branch conducts the survey and correlates results. Individual department managers may also be tasked to complete an assessment of their areas and provide the information to the Infrastructure Branch. If additional pages are needed, use a blank HICS 251 and repaginate as needed. Additions and deletions may be made to the form to meet the organization's needs.

NUMBER	TITLE	INSTRUCTIONS
1	Incident Name	Enter the name assigned to the incident.
2	Operational Period	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	Name of Facility Reporting Status	Enter the name of the facility.
4	System	System type listed in form.
5	Status	<p>Fully functional: 100% operable with no limitations</p> <p>Partially functional: Operable or somewhat operable with limitations</p> <p>Nonfunctional: Out of commission</p> <p>N/A: Not applicable, do not have</p>
6	Comments	Comment on location, reason, and estimates for necessary repair of any system that is not fully operational. If inspection is completed by someone other than as defined by policy or procedure, identify that person in the comments.
7	Remarks	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
8	Prepared by	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.