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| 1. **INCIDENT NAME** |  | | 1. **OPERATIONAL PERIOD** |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**       **TO:** |
| 1. **SYSTEM** | | 1. **STATUS** | 1. **COMMENTS**   (If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected. |
| **COMMUNICATIONS** | | | |
| **FAX** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **INFORMATION TECHNOLOGY SYSTEM** (EMAIL/REGISTRATION/ PATIENT RECORDS/TIME CARD SYSTEM) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **NURSE CALL SYSTEM** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **PAGING – PUBLIC ADDRESS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **TELEPHONE SYSTEM** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **TELEPHONE SYSTEM – CELL** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **VIDEO-TELEVISION-INTERNET-CABLE** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **OTHER**  (SATELLITE PHONES, RADIO EQUIPMENT, ETC) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **INFRASTRUCTURE** | | | |
| **SYSTEM** | | **STATUS** | **COMMENTS** |
| **CAMPUS ACCESS** (ROADWAYS, BRIDGES, SIDEWALKS) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **FIRE DETECTION SYSTEM** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **FIRE SUPPRESSION SYSTEM** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **FOOD PREPARATION EQUIPMENT** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **ICE MACHINES** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **LAUNDRY**/**LINEN SERVICE EQUIPMENT** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **STRUCTURAL COMPONENTS** (BUILDING INTEGRITY) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |
| **OTHER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** |  |

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| **RESIDENT CARE** | | | | | | | | |
| **SYSTEM** | | **STATUS** | | **COMMENTS** | | | | |
| **PHARMACY SERVICES** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **DIETARY SERVICES** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **ISOLATION ROOMS** (POSITIVE/NEGATIVE AIR) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **OTHER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **SECURITY SYSTEM** | | | | | | | | |
| **SYSTEM** | | **STATUS** | | **COMMENTS** | | | | |
| **DOOR LOCKDOWN SYSTEMS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **SURVEILLANCE CAMERAS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **CAMPUS SECURITY**  (LIGHTING, TRAFFIC CONTROLS) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **OTHER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **UTILITIES, EXTERNAL SYSTEM** | | | | | | | | |
| **SYSTEM** | | **STATUS** | | **COMMENTS** | | | | |
| **ELECTRICAL POWER-PRIMARY SERVICE** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **SANITATION SYSTEMS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **WATER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **NATURAL GAS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **OTHER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **UTILITIES, INTERNAL SYSTEM** | | | | | | | | |
| **SYSTEM** | | **STATUS** | | **COMMENTS** | | | | |
| **AIR COMPRESSOR** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **ELECTRICAL POWER, BACKUP GENERATOR** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **FUEL STORAGE** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **UTILITIES, INTERNAL SYSTEM** (CONTINUED….) | | | | | | | | |
| **SYSTEM** | | **STATUS** | | **COMMENTS** | | | | |
| **ELEVATORS/ESCALATORS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **HAZARDOUS WASTE CONTAINMENT SYSTEM** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **HEATING, VENTILATION, AND AIR CONDITIONING** (HVAC) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **OXYGEN** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | (NOTE BULK, H-TANKS, RESERVE SUPPLY STATUS) | | | | |
| **PNEUMATIC TUBE** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **STEAM BOILER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **SUMP PUMP** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **WELL WATER SYSTEM** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **VACCUM** (FOR PATIENT USE) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **UTILITIES, INTERNAL SYSTEM** (CONTINUED…) | | | | | | | | |
| **SYSTEM** | | **STATUS** | | **COMMENTS** | | | | |
| **WATER HEATER AND CIRCULATORS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **EXTERNAL LIGHTING** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **EXTERNAL STORAGE**  (EQUIPMENT) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **EXTERNAL STORAGE**  (VEHICLES) | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| **PARKING LOTS** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | | (POWER, PANIC ALARMS, ACCESS, EGRESS, LIGHTING) | | | | |
| **OTHER** | | **FULLY FUNCTIONAL**  **PARTIALLY FUNCTIONAL**  **NONFUNCTIONAL**  **NA** | |  | | | | |
| 1. **REMARKS** (CRACKED WALLS, BROKEN GLASS, FALLING LIGHT FIXTURES, ETC.) | | | | | | | | |
|  | | | | | | | | |
| 1. **PREPARED BY** | **PRINT NAME:** | |  | | **SIGNATURE:** | |  |  |
| **DATE/TIME:** | |  | | **FACILITY:** | |  |  |
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**INSTRUCTIONS**

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| **PURPOSE:** | Records the status of various critical facility systems and infrastructure. Provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery. |
| **ORIGINATION:** | Infrastructure Branch Director with input from facility personnel. |
| **COPIES TO:** | Planning Section Chief, Operations Section Chief, Safety Officer, and Liaison/Public Information Officer |
| **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 NHICS 251 and repaginate as needed. Additions and deletions may be made to the form to meet the organization’s needs. |

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| **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** | **System** | System type listed in form. |
| **4** | **Status** | **Fully functional:** 100% operable with no limitations  **Partially functional:** Operable or somewhat operable with limitations  **Nonfunctional:** Out of commission  **N/A:** Not applicable, do not have |
| **5** | **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. |
| **6** | **Remarks** | Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc. |
| **7** | **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. |