



Critical Infrastructure – Essential Elements of Information Data Form

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| Facility Information | | |
|---|---|--|
| Facility ID Number: | | |
| Event Date: Month/Year:// | | |
| Status Indicator – Facility Operational Status | | |
| | tate: facility NOT impacted | |
| emergency state: facility operations fully in the control of th | npacted | |
| Note: If facility reports normal / routine / conventional state in place – do not complete this form. However, complete once operational status changes. If either contingency or emergency sate reported proceed to complete this form. | | |
| 1.Essential Elements of Information (EEIs) - F | Please complete all fields – do not leave blank. | |
| 1b. Is the facility structural status impacted? | Check one: ☐ Yes ☐ No | |
| 1c. Is the facility power system impacted? | Check one: ☐ Yes ☐ No | |
| 1d.Is the facility water system impacted? | Check One: ☐ Yes ☐ No | |
| 1e.Is the facility sewer system impacted? | Check One: ☐ Yes ☐ No | |
| 2.Essential Elements of Information (EEI) – Structural Damage | | |
| 2a.Select the option that best represents the integrity of the facility: | Select only One Option: No damage: facility sustained no damages Affected: facility with minimal damage to the exterior and or contents of the facility Minor: encompasses a wide range of damage that does not affect the structural integrity of the facility Destroyed: the facility is a total loss, or damaged to such an extent that repair is not feasible | |

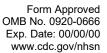
Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).





| applies ONLY to patients | ility Evacuation Status. Please note the evacuation process | |
|---|--|--|
| 3a.Select the option which best describe the facility evacuation status: | Select only one option □ Planning: preparing to evacuate from the facility within the next 12 hours □ Departure in progress: currently evacuating the facility □ Fully evacuated: facility evacuated all patients □ Not applicable: did not evacuate | |
| Essential Elements of Information (EEI) – Evacuation Status. Please note the evacuation process applies ONLY to patients | | |
| 3b.Select the option which best represents the evacuation type of the facility: | Select only one option Normal operations: facility did not evacuate or shelter-in-place (unaffected) Full evacuation: facility evacuated all patients Partial evacuation: select patients evacuated to other facilities (note: decompression by discharge is not included in partial evacuation) Shelter-in-place: facility did not evacuate and is weathering the storm | |
| Essential Elements of Information (EEI) – Evacuation Start Time and End Time. Please note the evacuation process applies ONLY to patients | | |
| 3c.*Enter Evacuation Start time | Enter the time the evacuation started, using format. | |
| *Note: Only complete if your facility evacuated | <u></u> | |
| 3d*Enter Evacuation End time | Enter the time the evacuation ended, using format: | |
| *Note: only complete if your facility evacuated and evacuation completed. | hh mm | |
| Essential Elements of Information (EEI) - Re- | <u> </u> | |
| 3e.Select the option which best represents the re-entry status of the facility: | Select only one option □ Planning: preparing to re-enter the facility □ Re-entry in progress: implementing re-entry process into the facility □ Re-entry complete: all required elements to re-enter the facility completed □ Not applicable: did not evacuate | |
| Essential Elements of Information (EEI) – Generator Power Status, Generator Fuel Status, Generator Fuel Type | | |
| 4a.Generator Power Status Select the option which best describes the type of power the facility is currently using: | Select Only One option Commercial power: sold by utility company Generator power: device convert mechanical energy into electrical power Mixed commercial and generator power: both commercial and mechanical energy No power: facility is without commercial and generator power | |

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| Essential Elements of Information (EEI) – Generator, Power Status, Generator Fuel Status, Generator Fuel Type, HVAC Generator Status | | |
|--|---|--|
| 4c.Generator Fuel Status Specify how may hours of fuel the generator has for the facility | Select Only One option □ 28 – 48 hours □ 48 – 72 hours □ 72 – 96 hours □ > 96 hours | |
| 4c. Generator Fuel Type Select the type of fuel the facility generator needs for operation | Select Only One option Diesel Gasoline Natural gas Dual fuel system (both liquid fuel and natural gas) Unknown | |
| 4d. HVAC Generator Status Is the facility HVAC* system on generator backup power? *Heating, ventilation, and air conditioning (HVAC) | Check One: ☐ Yes ☐ No | |
| Essential Elements of Information (EEI) – Wat | · · · · · · · · · · · · · · · · · · · | |
| 5a.Normal Water Supply Select the option which best represents the water supply for your facility? 5b.Dialysis Reliable Water Supply | Check One: □ Usual water supply □ Secondary water supply □ Unknown Check One: | |
| Do you have a water source to dialyze patients? | □ Yes □ No □ Unknown | |
| Essential Elements of Information (EEI) – Sev | ver System | |
| 6a.Sewer Status Is the facility sewer system functioning (e.g., are toilets flushing)? | Check One: ☐ Yes ☐ No ☐ Unknown | |
| Essential Elements of Information - Other | | |
| 7a.Immediate Needs* Does the facility have ANY immediate needs impacting its ability to receive or care for patients to the capacity needed that is not being met by the normal request process? *Note: Please contact your local/state emergency manager or ESF8 contact to complete a resource request. | Check One: ☐ Yes ☐ No ☐ Not Applicable | |

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| 7b. If yes, to Immediate Needs Describe facility immediate needs (Field cannot contain more than 2000 characters): |
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| Description – Immediate Needs |
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