



**MEDICAL MANAGER / LAB / RT SHIFT STATUS REPORT  
(One Per Shelter)**

1. OPERATIONAL PERIOD DATE/TIME	2. DATE PREPARED	3. TIME PREPARED	4. BoO NAME

**5. SYSTEM STATUS CHECKLIST**

<b>LIFE SUPPORT EQUIPMENT</b>	<b>OPERATIONAL STATUS</b>	<b>COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)</b>
<b>**Shelter Location -</b>		
Defibrillator	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Crash Carts	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Suction	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Thomas Packs (Glucometer)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ventilators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Other (List)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	



**COMBINED MEDICAL MANAGER / LAB / RT SHIFT STATUS REPORT**

PATIENT CARE SYSTEMS  <b>**Shelter Location -</b>	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
FSBS Glucometer	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Lab (iStat)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Shelter HVAC (Note Temperature)	<input type="checkbox"/> Fully functional	
	<input type="checkbox"/> Partially functional	
	<input type="checkbox"/> Nonfunctional	
Digital Radiography System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ultrasound	<input type="checkbox"/> Fully functional	
	<input type="checkbox"/> Partially functional	
	<input type="checkbox"/> Nonfunctional	
BioMed Equipment (Cardiac Monitors, IV Pumps, Lamps, Bair Huggers, Fluid Warmers, etc...)	<input type="checkbox"/> Fully functional	
	<input type="checkbox"/> Partially functional	
	<input type="checkbox"/> Nonfunctional	
Other (List)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	

6. CERTIFYING OFFICER

7. FACILITY NAME