



BASE OF OPERATIONS STATUS REPORT

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

5. SYSTEM STATUS CHECKLIST

COMMUNICATION SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Fax	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Information Technology System (email/registration/patient records/ time card system/ intranet, etc.)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Portable Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fixed Radio Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Paging – Public Address	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Satellite System (MSAT and VSAT)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System (External)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Telephone System (Internal)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Video-Television-Internet-Cable	<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	



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INFRASTRUCTURE SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Local Roadways	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fire Detection / Suppression	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Food Preparation Equipment (Including Coffee Makers)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Ice Machines	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Laundry / Linen Service Equipment	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Parking Areas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sleeping Areas	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Structural Components (BoO / Trailer Integrity)	<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	



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PATIENT CARE SYSTEMS	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Decontamination System (including Containment)	<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	
Pharmacy	<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	
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, vents, IV Pumps, Lamps, Suction, 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	



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UTILITIES	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Electrical Power, Generators	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Sanitation / Hygiene / Hazardous Waste Containment System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Heating, Ventilation, and Air Conditioning (HVAC)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Lighting (Internal / External)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Systems	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Water Heaters and Circulators / Pumps	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Fuel (Generators, Vehicles, Trailers, Light Towers, Propane Water Heaters)	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Dust & Noise Control	<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	



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SECURITY SYSTEM	OPERATIONAL STATUS	COMMENTS (If not fully operational/functional give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.)
Perimeter Control	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional	
Metal Detectors	<input type="checkbox"/> Fully functional	
	<input type="checkbox"/> Partially functional	
	<input type="checkbox"/> Nonfunctional	
Surveillance Cameras	<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