

**Auxiliary Communications
Skilled Nursing Facility, Clinic, Field Treatment Site Status Report
Facility to Operational Area**

Form: CoCo ACS-3-SNF Rev. 0, 9/2001

Section I.

RIMS Codes

H-1 Facility Name: _____ Originator: _____

H-2 Date/Time: _____

H-3 Available Contact Methods:

Phone # _____ FAX # _____

Radio Frequency _____ Email Address _____

H-4 Type of Facility: Skilled Nursing Facility Clinic Field Treatment Site

Section II. Status of Hospital (See definitions on reverse)

RIMS Code
SR-8.b Non Functional

RIMS Code
SR-8.c Partially Functional

RIMS Code
SR-8.d Fully Functional

Section III. Estimated Casualties

RIMS Code
SR-7.a Major # _____

RIMS Code
SR-7.b Minor # _____

Section IV. Medical/Health Critical Issues and Actions Taken (Brief Summary of Most Critical)

RIMS Codes
SR-19

Section V. Mutual Aid Needs (Attach additional sheets if necessary)

RIMS Code SR-10.a Medical Personnel: _____ RIMS Code SR-10.b Medical Supplies: _____

RIMS Code SR-10.c Medical Transport: _____ **Additional Sheets Attached**

Section VI. Information Source(s)

Communicated by: _____ Call Sign: _____ Date and Time: _____

Received by: _____ Call Sign: _____ Date and Time: _____