

HICS 251 – FACILITY SYSTEM STATUS REPORT

Department Use

1. Incident Name	2. Time Completed: (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____							
3. Name of Department / Unit Reporting Status Below								
Contact Number: _____								
4. System	5. Status	6. Comments If not fully functional, give location, reason, and estimated time/resources for necessary repair. Identify who reported or inspected.						
Power Routine and emergency	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
Lighting	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
Water	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
Sewage / Toilets	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
Nurse Call System	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
Medical Gases / Oxygen	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
Communications IT systems, telephones, pagers	<input type="checkbox"/> Fully functional <input type="checkbox"/> Partially functional <input type="checkbox"/> Nonfunctional <input type="checkbox"/> N/A							
7. Remarks (Cracked walls, broken glass, falling light fixtures, etc.)								
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">8. Prepared by</td> <td style="width: 40%;">PRINT NAME: _____</td> <td style="width: 45%;">SIGNATURE: _____</td> </tr> <tr> <td></td> <td>DATE/TIME: _____</td> <td>FACILITY: _____</td> </tr> </table>			8. Prepared by	PRINT NAME: _____	SIGNATURE: _____		DATE/TIME: _____	FACILITY: _____
8. Prepared by	PRINT NAME: _____	SIGNATURE: _____						
	DATE/TIME: _____	FACILITY: _____						



HICS 251 – FACILITY SYSTEM STATUS REPORT

- PURPOSE:** The HICS 251-Facility System Status Report is used to record the status of various critical facility systems and infrastructure. The HICS 251 provides the Planning and Operations Sections with information about current and potential system failures or limitations that may affect incident response and recovery.
- ORIGINATION:** Completed by the Operations Section Infrastructure Branch Director with input from facility personnel.
- COPIES TO:** Delivered to the Situation Unit Leader, with copies to the Operations Section Chief, Business Continuity Branch Director, Planning Section Chief, Safety Officer, Liaison Officer, Materiel Tracking Managers, and the Documentation Unit Leader.
- 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 HICS 251 and repaginate as needed. Additions and deletions may be made to the form to meet the organization's needs.

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	Name of Facility Reporting Status	Enter the name of the facility.
4	System	System type listed in form.
5	Status	<p>Fully functional: 100% operable with no limitations</p> <p>Partially functional: Operable or somewhat operable with limitations</p> <p>Nonfunctional: Out of commission</p> <p>N/A: Not applicable, do not have</p>
6	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.
7	Remarks	Note any overall facility-wide assessments or future potential issues such as skilled staffing issues, fuel duration, plans for repairs, etc.
8	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.