

DEPARTMENT OF HEALTH SERVICES
 COUNTY OF LOS ANGELES

AMATEUR RADIO HOSPITAL STATUS ASSESSMENT FORM

DATE: _____ TIME: _____ INCIDENT NAME: _____

1. Check in with Hospital Contact Person: Disaster Coordinator, Nursing Supervisor, ED Charge Nurse, etc.
2. Check in with Net Control: Report Hospital Name and you will be assigned a call sign. Report the Hospital Service Level if available

Hospital Name: _____

Tactical Call: _____

3. Obtain Hospital Service Level *if it has not been provided to you.*

Time						
Service Level of Facility						

4. Report Hospital Service Level to Net Control

Full Service = Green, Limited Service = Yellow, Emergency Service only = Red, No Service – Shelter in Place = Black

5. Obtain Census/ Bed Availability

This Data may be obtained from the person who enters this data into ReddiNet. Ask your hospital contact person for assistance in obtaining this data

6. After the initial Census/ Bed Availability data is acquired, obtain an update at the top of every subsequent hour.

Time						
Bed Availability	Available	Available	Available	Available	Available	Available
Med/ Surg						
TELE						
ICU						
PICU						
NICU						
Peds						
OB/ Gyn						
Trauma						
Burn						
Isolation						
Psych						
OR						
Time Delivered						