Section I.

RIMS Codes
H-1 Facility Name: ___________________________________ Originator: ___________________________________
H-2 Date/Time: _______________________________
H-3 Available Contact Methods:

☐ Phone # _______________________________
☐ FAX # _______________________________
☐ Radio Frequency ___________________________
☐ Email Address ___________________________

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

RIMS Code   RIMS Code   RIMS Code
SR-8.b      SR-8.c      SR-8.d
Non Functional Partially Functional Fully Functional

Section III. Bed Availability

<table>
<thead>
<tr>
<th>RIMS Codes</th>
<th>Unoccupied Beds Staffed and Available</th>
<th>8 Hrs</th>
<th>24 Hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>RA 23 &amp; 25</td>
<td>Total Number of Medical &amp; Surgical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RA 31</td>
<td>Total Number Critical Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: The 8-hour and 24-hour numbers are independent numbers and not cumulative totals, OB and pediatric beds are included for Medical/Surgical Patients.

Section IV. Estimated Casualties

RIMS Code   RIMS Code
SR-7.a      SR-7.b
Major #      Minor #

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

RIMS Codes
SR-19

Section VI. Information Source(s)

Communicated by: ___________________________ Call Sign: _____________ Date and Time: _____________

Received by: _______________________________ Call Sign: _____________ Date and Time: _____________