

**Auxiliary Communications
Initial Medical/Health Status Report
Facility to Operational Area**

Form: CoCo ACS-1-HI 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 _____

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. Bed Availability

RIMS Codes	Unoccupied Beds Staffed and Available	8 Hrs	24 Hrs
RA 23 & 25	Total Number of Medical & Surgical		
RA 31	Total Number Critical Care		

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 SR-7.a Major # _____ RIMS Code SR-7.b 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: _____