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

Section III. Estimated Casualties

RIMS Code
SR-7.a Major # ____________________________ 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: ____________________________ 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: ____________