



**VENTURA COUNTY EMERGENCY MEDICAL SERVICES AGENCY
VENTURA COUNTY HEALTH CARE COALITION
Facility / Agency Situation Status Report (SitRep)**



REPORT STATUS (Choose Only One)		DATE / TIME OF REPORT	CONTACT INFORMATION		
Advisory: No Action Required Alert: Action Required (See comments in 'Current Situation' section)		MM/DD/YYYY	NAME OF REPORT CREATOR		
		HH:MM	POSITION / TITLE		
FACILITY NAME			PHONE NUMBER		
FACILITY STREET ADDRESS		CITY	ALT. PHONE / CELL / PAGER		
FACILITY/AGENCY TYPE (Select from drop-down options)	FOR FACILITIES ONLY: Number of Impacted Beds: <input type="text"/>		Prognosis: Improving Worsening No Change	EMAIL ADDRESS	
	Number of Total Beds: <input type="text"/>			Have you activated any internal plans in response to this incident?	YES NO
CURRENT FACILITY CONDITION (Choose Only One):			COMMENTS		
GREEN: Normal Operations or Situation Resolved					
YELLOW: Under Control - NO Assistance Required					
ORANGE: Modified Services - NON-LEMSA/MHOAC Assistance Required					
RED: Limited Services - Some LEMSAs/MHOAC Assistance Required					
BLACK: Impaired Services - Major LEMSAs/MHOAC Assistance Required					
GREY: Unknown			Have you evacuated any portion of your facility?		
CURRENT SITUATION: (FREE TEXT - PROVIDE DETAILED SITUATIONAL AWARENESS INFORMATION)			YES NO		
			If Yes, Enter Number of Beds Evacuated:		
			Have you called 9-1-1 for any Type of Emergency Response / Assistance?		
			YES NO		
			IF YES TO ABOVE, EXPLAIN NATURE OF REQUEST/RESPONSE:		

REPORT TO VCHCC BY:

Fax (805) 981-5300 or Email VCHCC@ventura.org