



# Assessment Form

Hospital: \_\_\_\_\_

Location: \_\_\_\_\_

Document Tracking #: \_\_\_\_\_

## Ham Operator Precedents:

1. Routine
2. Welfare
3. Priority
4. Emergency

## Section I - Identification

1. Date/time of update: \_\_\_\_\_
2. Primary Contact Name: \_\_\_\_\_
3. Contact Phone #: \_\_\_\_\_
4. Contact Fax #: \_\_\_\_\_
5. Local HAM Radio Operator: \_\_\_\_\_

## Section II - Status

6. Failures experienced? ☐ YES ☐ NO
7. Explanation: \_\_\_\_\_
8. Severity of failures experiences: ☐ CRITICAL ☐ MODERATE ☐ LOW
9. Services NOT being offered currently (if any):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
10. Able to accept emergency transfers? ☐ YES ☐ NO
11. Able to accept non-emergent transfers? ☐ YES ☐ NO
12. Inpatient beds available: (# or N/A) \_\_\_\_\_
13. Able to deliver external resources/supplies? ☐ YES ☐ NO

## Section III - Resource Requests

14. Require external resources? ☐ YES ☐ NO
15. Description of resources needed (use additional sheet if necessary): \_\_\_\_\_

Resource/Supply Item	Quantity	Need by (date/time):
a. _____		
b. _____		
c. _____		
d. _____		

## Section IV - Other Resources (administrative and non-clinical)

16. \_\_\_\_\_
17. \_\_\_\_\_

If you're telecommunications are available, this information may be faxed to MEMA at 626-4499