State: CMS Region: Disaster:

			DISASTER AFF	ECTED PROVID	ER REPO	ORT		
Provider Name	Provider Number	Facility Type	Address, City, ZIP	County	State	Contact Name	Work Telephone / Back-up	E-mail Address

State:

CMS Region:

Disaster:

DISASTER AFFECTED PROVIDER REPORTING TOOL															
Provider Number	Census	Available Beds	Available Emergency Department	Facility Evacuated (Y/N)	Facility Damaged (Y/N)	Facility Closed (Y/N)	Estimated Date	Need for Generator	Loss of Water	Loss of Power	Loss of Phone	Information Source	Last Updated	/	Comments
									lf '\	YES,' ha	as EOC	been notified	l? Is corre	ective acti	on being taken?
															•