

Erie County Multi-Agency Coordination Center

PA Damage Report

Instructions

<p>#1 Municipality: List the name of the municipality that the page will cover. Only list the facilities from one municipality on one sheet.</p>	<p>#2 Date/Time: List the Date and time the report was last updated</p>	<p>#3 Facility Type: The type should be one of the following; Hospital, Nursing Home, School, Day Care, Senior Living, Group Home, Jail/Prison, Municipal Building, Fire/Police Dept., Park, Water Treat Plant, Waste Water Treatment Plant, Sewage Lift Station, or other.</p>
<p>#4 Name of Facility: List the Name of the Facility</p>	<p>#5 Location of Facility: Physical street address of the facility, grid coordinates or cross streets</p>	<p>#6 S.I.P. or Shelter in Place: List the number of people (residents, staff and visitors, etc.)</p>
<p>#7 Evacuated: List the number of people (residents, staff and visitors, etc.) that have been evacuated from the facility. Also: Include the location where the people have been evacuated to. If multiple locations put “multiple locations”.</p>	<p>#8 Operational- Limited Impacts: Means that the facility is operating with no or very limited impacts. This could mean such things as a higher level of employee/student absenteeism, no or little damage that impacts the day-to-day operations of the facility.</p>	<p>#9 Operational- Degraded Services: Means that the facility has curtailed some services, canceled schedule procedures, classes, and/or that there is some damage that can be quickly repaired and/or that does not greatly impact services. Staff absenteeism that is abnormally high and impact the level of care/service.</p>
<p>#10 Out of Service: The facility is un-able to safely provide its intended service or function. The facility has severe damage that makes it un-safe and will require several days/weeks to fix. Facility does not have the staff to function.</p>	<p>#11 No Commercial Power: The facility has lost normal commercial power. If the facility has lost just 3 Phase, put “Just 3 Phase” in this box.</p>	<p>#12 On Generator Power: If the facility is operating on generator power mark with “Yes”. If the facility is not on generator power mark with “NO” If the facilities generator is not working also mark with “Gen NOT working”</p>
<p>#13 Remarks: For Hospitals: indicate if the Hospital is on “Divert” and what the current census is. For Schools: is the school, open, closed, 2 hour delay or dismissing early? Water systems: List the estimated North, South, East and West boundaries of the area(s) affected. Indicate if there is a Boil Water advisory or “Do Not Use” order Waste Water system: Is the treatment plant on By-pass? What is status, if known, of their bacteria? List other impacts</p>		