DISASTER PLANNING WORK SHEET

UNIT: _____   Date: _____

Charge / Supervisor: _____ Time: _____

Staff members that are present on the unit

PLEASE PRINT CLEARLY

Name	Position	Available for Reassignment Yes/No

Empty beds available for patients	
Room #	
Room #	
Room #	
Room #	
Room #	
Room #	
Room #	
Room #	
Room #	

Total Department Census: _____

Hand Deliver Form to the HCC

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DISASTER PLANNING WORK SHEET

PATIENTS ABLE TO BE DISCHARGED - (Per Chief Resident/Attending)

Patient Name	Room Number

PATIENTS ABLE TO BE DOWNGRADED – (Per Chief Resident/Attending)

Patient Name	Room Number

PATIENTS ABLE TO BE TRANSFERRED
(Per Chief Resident/Attending)

Patient Name	Room Number

PLEASE HAND DELIVER THESE FORMS TO THE HOSPITAL COMMAND POST (ROOM D215)