

FTS-01 - FIELD TREATMENT SITE ASSESSMENT FORM

The Field Treatment Site Assessment Form is used to assess the suitability of facilities for use as a Field Treatment Site. See also the ARHQ Site Assessment tool, which can be accessed at <http://www.ahrq.gov/research/altsites.htm>. This web-based tool assesses how types of existing facilities (schools, community centers, churches, etc.) may be used as an Alternate Care Site / Field Treatment Site.

Site Name:					
Address:					
Thomas Brothers Map and Page grid #:					
Attachments Needed With This Survey					
Site Map and/or Floor plan drawing of facility structure					
Items to Be Completed Prior to Survey Visit					
Individual completing assessment					
(Print)		Date		Phone	
Point of Contact for site access				Phone	
After business hours point of contact				Phone	
Point of Contact for facility maintenance (if applicable)				Phone	
Point of Contact for site security (if applicable)				Phone	
Total square feet:			Covered square feet: 40K required if requesting FMS (250 bed unit)		
# of buildings available:			(circle) One floor or Multilevel # of floors:		
Loading Dock*	Y	N	Tractor Trailer Access	Y	N
Forklifts?	Y	N	Pallet Jacks	Y	N
Gurney-sized doors if yes, #:	Y	N	Toilets* if yes, #:	Y	N
Water	Y	N	Water heater	Y	N
Electrical power	Y	N	Waste disposal	Y	N
Back up generator	Y	N	Biohazard waste disposal	Y	N
Heating	Y	N	Laundry*	Y	N
Cooling	Y	N	Hand washing*	Y	N
Lighting	Y	N	Showers* if yes, #:	Y	N
Staging area*	Y	N	Refrigeration* if yes, #:	Y	N
Helicopter landing area*	Y	N	Food storage/ preparation area*	Y	N
Ambulance arrival area*	Y	N	Counseling area*	Y	N
Access control (fencing)*	Y	N	Family Area*	Y	N
Casualty triage area*	Y	N	Managers Area*		
Patient treatment area*	Y	N	Staff area*	Y	N
Patient evacuation area*	Y	N	Telephone if yes, #:	Y	N
Mortuary area*	Y	N	Radio if yes, #:	Y	N
Casualty decon area*	Y	N	Medical supply storage*	Y	N
Lab specimen area*	Y	N	Secure pharmaceutical storage*	Y	N
Parking* if yes, #:	Y	N	* Indicate locations on site map		
Do you have volunteers that help at your facility?				Y	N
Site Name:					
Address:					

Do they have special language capabilities?	Y	N
Has this site been identified for use in other emergencies?	Y	N
Number of onsite security staff	Working hours	
ADA (Handicap) access?	Y	N
Size of largest open room:	x	feet
Are there any other indigenous communications resources (i.e. security radios, intercom, Internet etc)? Comments		
Generator Capacity:	watts.	Fuel on site : gallons.
Runtime with existing fuel?		hours
Nearest major thoroughfare:		
Road size and number of lanes:		
How does the general layout look?	Good	Fair Congested
Would materiel need to be relocated to use this facility/site?	Y	N
Estimate # of non-ambulatory casualties in all areas (@50sq ft per patient)		
Problems, major stumbling blocks? Comments.		
<p>What would have to be brought in? Fork lift operators, Ice, etc,</p>		