Demo	pgraphics
Facility Name	
City	
State	
Zip Code	
Primary Contact	
Email	
Phone #	
St	affing
Indicate below the # of staff who would be willing	
to work and support hospitals	
# RNs	
# LPNs/LVNs	
# CNAs	
# CMAs	
# Surgical techs	
# First assists	
# Admin staff	
Other	
Facilit	y Capacity
# Pre-op bays/rooms and size	
# Pre-op bays/rooms with monitors, med gas &	
suction	
# PACU bays/rooms and size	
# PACU bays/rooms with monitors, med gas &	
suction	
# Isolation bays/rooms	
# Operating rooms	
# Procedure rooms	
# Exam rooms	
Outside area to create decontamination	
space/breakroom space? (Y/N)	
Equ	iipment
# Stretchers/beds	
# Anesthesia machines	
# Patient monitors	
# C-arms (large or mini)	
# Portable x-ray units	
# Adult crash carts	
# Pediatric crash carts	
# Malignant hyperthermia carts	
# Defibrillators/AEDs	
# IV pumps with poles	
# Wheelchairs	
# Thermometers	
Med	dical Gas
# Med gas outlets per OR - oxygen stations	
# Med gas outlets per OR - vacuum stations	
Maximum med gas supply capability	
	nventory
# N95 masks	
# Gloves	
# Masks	
# Gowns	
# Thermometer probes	
# Dial-a-flow IV tubing	