Access

The Reportable Events Form URL is unique to each licensed facility and is not interchangeable with other facilities. Each facility CEO received this URL via email from hippoc.survey@doh.state.nj.us.

Access Code

The Reportable Events Form access code is unique to each licensed facility and is not interchangeable with other facilities. Each facility CEO received this URL via email from hippoc.survey@doh.state.nj.us.

View Desktop

Select this option when you access the Reportable Events Form from a desktop or laptop. This will ensure the form is displayed in the proper format for a larger screen.

View Mobile

Select this option when you access the Reportable Events Form from a mobile device, such as a smartphone or tablet. This will ensure the form is displayed in the proper format for a smaller screen.

Reportable Events Form

Instructions

Instructions are located the top of the page with a link to an NJDOH website with additional information (e.g., rules, regulations).

Print

Print button located in the top right corner allows users to print fields visible on the screen. If the menu or text field is not visible, it will not be printed.

Contact Information

Contact information is located just below the instructions and include an email and phone number.

Mandatory Fields

Fields marked with an asterisk (*) are mandatory. Users must complete all mandatory fields to submit a reportable event.

Facility Information

*Facility Type

This drop-down menu lists every type of licensed healthcare facility in New Jersey. Your facility type will likely be listed in this menu. If not, select OTHER and manually type the facility type into the text field.

*Provider Number

Enter the provider/facility phone number.

*Contact Name

Enter the primary contact name. This should be the person that NJDOH can contact in the event they need additional information.

Contact Title/Role

If available, enter the title or role of the primary contact.

*Phone Numbers

Enter two phone numbers where the primary contact can be reached in the event that NJDOH needs additional information.

Email Address

Enter the email of address of the primary contact.
Event Information

*Type of Event
- Interruption of Service/Physical Environment
- Other

Interruption of Service/Physical Environment

*Electric Power
- Normal
- No Service

Electric Utility Provider - Select the facility's primary electric utility provider from the drop-down menu.

When did the power outage begin? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

Is the facility on generator power? Answer YES if the facility is being supplied with generator power. Answer NO if the facility is not being supplied with backup power via generators.

Hours of generator fuel remaining? Select your best estimation of how many hours of fuel your generator has remaining. Remember to include more hours if the facility has additional fuel available in storage or from a vendor.

Type of fuel used by the generator(s) - Check all that apply. If you are unaware of the type of fuel used, select UNKNOWN. Otherwise, identify all the fuels the facility's generator(s) are capable of using.

Does the generator power 100% of the facility? Answer YES if your entire facility is supplied with power from the generator(s). If not, answer NO and complete the follow-up questions.

Are any services/areas currently without power? Answer YES if the facility is experiencing a power outage to a service/area despite the generator supplying power to other services/areas within the facility. Answer NO if no additional services/areas are experiencing a power outage.
**HVAC (Heating, Ventilation, Air Conditioning)**

- **Partial Service**

  - **Electric Utility Provider** - Select the facility's primary electric utility provider from the drop-down menu.

  - **When did the power outage begin?** Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

  - **Is the facility on generator power?** Answer YES if the facility is being supplied with generator power. Answer NO if the facility is not being supplied with backup power via generators.

  - **Hours of generator fuel remaining?** Select your best estimation of how many hours of fuel your generator has remaining. Remember to include more hours if the facility has additional fuel available in storage or from a vendor.

  - **Type of fuel used by the generator(s)** - Check all that apply. If you are unaware of the type of fuel used, select UNKNOWN. Otherwise, identify all the fuels the facility's generator(s) are capable of using.

  - **Does the generator(s) power 100% of the facility?** Answer YES if your entire facility is supplied with power from the generator(s). If not, answer NO and complete the follow-up questions.

  - **Are any services/areas currently without power?** Answer YES if the facility is experiencing a power outage to a service/area despite the generator supplying power to other services/areas within the facility. Answer NO if no additional services/areas are experiencing a power outage.

  - **Enter information about the scheduled outage (start date/time, duration of outage, etc)** - Enter information describing the circumstances surrounding the scheduled power outage. Provide as much information as possible to reduce the likelihood that additional information will be needed.

- **Scheduled Outage**

  - **Has HVAC recently been restored after an outage?** Answer YES if the facility has returned to normal HVAC service following an outage (of any length). Answer NO if the facility has not recently had an outage.

  - **When was HVAC restored?** Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

- **Normal**

  - **When did the HVAC outage begin?** Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

- **No Service**

  - **When did the HVAC outage begin?** Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.
Can temperature be maintained within the regulatory standards throughout the entire facility? Answer NO if there is an area of the facility where temperatures cannot be maintained and identify them in the subsequent question.

Specify which areas cannot be maintained, and the current temperatures in these areas. Provide as much information as possible to satisfy this question.

When did the HVAC outage begin? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

Can temperature be maintained within the regulatory standards throughout the entire facility? Answer NO if there is an area of the facility where temperatures cannot be maintained and identify them in the subsequent question.

Specify which areas cannot be maintained, and the current temperatures in these areas. Provide as much information as possible to satisfy this question.

Has water service recently been restored after an outage? Answer YES if the facility has returned to normal water service following an outage (of any length). Answer NO if the facility has not recently had an outage.

When was water service restored? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

Water Service Provider - Select the facility’s primary water service provider from the drop-down menu.

When did the water outage begin? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

Water Service Provider - Select the facility’s primary water service provider from the drop-down menu.

When did the reduced pressure begin? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

Water Service Provider - Select the facility’s primary water service provider from the drop-down menu.
*Refrigeration

<table>
<thead>
<tr>
<th>Normal</th>
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<tbody>
<tr>
<td>No Service</td>
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</table>

*Telephone

<table>
<thead>
<tr>
<th>Normal</th>
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</thead>
<tbody>
<tr>
<td>No Service</td>
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</table>

*Issues with other utilities or services?

*Description of the event you are reporting.

*Location of the event within the facility (e.g., reception area, mechanical room, etc.)

*Has refrigeration recently been restored after an outage? Answer YES if the facility has returned to normal refrigeration following an outage (of any length). Answer NO if the facility has not recently had an outage.

*When was refrigeration restored? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

*Has phone service recently been restored after an outage? Answer YES if the facility has returned to normal phone service following an outage (of any length). Answer NO if the facility has not recently had an outage.

*When was phone service restored? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

*What type of water advisory is in effect? Identify the type of advisory issued, such as an advisory to boil water or to not drink water.

*When was the water advisory issued? Manually enter the date in the text field of when the advisory took effect by the issuing authority. Do not enter the date/time that it was received by the facility.

*When did the refrigeration outage begin? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

*When did the phone outage begin? Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

*Please describe the issues with other utilities/services - If the facility is experiencing issues with other utilities or services, answer YES and provide a detailed description in the subsequent questions.

Provide a detailed description of the reportable event your are submitting. Please be as descriptive as possible to minimize the need for additional information.

Identify where in the facility the reportable event has occurred or is currently impacting.
<table>
<thead>
<tr>
<th><strong>Has facility damage occurred?</strong></th>
<th>If facility damage has occurred, answer YES and provide a detailed description as to the nature and extent of that damage.</th>
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</thead>
<tbody>
<tr>
<td><strong>Facility Status</strong></td>
<td>Open</td>
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<tr>
<td></td>
<td><strong>Patient/Resident Census</strong> - Identify the patient or resident census at the time you are completing the Reportable Events Form.</td>
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<td><strong>Closed</strong></td>
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<td><strong>Expected to Evacuate</strong></td>
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<td><strong>Evacuation in Progress</strong></td>
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<td></td>
<td><strong>Evacuation Complete</strong></td>
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Other

Step 1 ➔ Follow the instructions displayed on the page.

Step 2 ➔ Click the SUBMIT button located at the bottom of the form.

Step 3 ➔ Email a detailed narrative of the OTHER reportable event to hfel.events@njlics.net.

- *Evacuation Scope* - Answer FULL if the evacuation was facility-wide or PARTIAL if it was only a wing, floor, or section of the facility.

- *Anticipated patient/resident census after repopulation* - Identify the expected patient or resident census once the facility has been repopulated.

- *Estimated date/time repopulation will begin* - Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.

- *Anticipated patient/resident census after repopulation* - Identify the expected patient or resident census once the facility has been repopulated.

- *Patient/Resident Census* - Identify the patient or resident census at the time you are completing the Reportable Events Form.

- *Date/time repopulation was complete* - Click on the calendar icon to the right of the text field. This will open a small calendar where you can select the date/time. Once complete, click OK to enter the date/time into the field. Good faith estimations are acceptable.