



## ESF8 Portal Access Form

Please complete the following sections so that we can update the ESF8 Portal access for your facility. Please return to your DRC.

**Person: Contact for a facility who may need to receive messages from ESF8; LDH, LERN or DRC.**

Point of Contact Information	
Salutation	<input type="checkbox"/> Mr., <input type="checkbox"/> Ms., <input type="checkbox"/> Mrs., <input type="checkbox"/> Dr.
First Name	
Last Name	
Cell Phone	
Email	
Facility Name	
Position	

Does this person need notifications or communications from the ESF8 portal? Y  or N

**User: Accesses the ESF8 Preparedness & Response Applications.**

Select application access needed below. User guides with additional information can be found at <https://lha-foundation.org/LHAFoundation/EP/ESF8.aspx>.

ESF8 Portal Application	Update	Read-only
HVA Application – An electronic tool used to assist with determining and ranking risks for all-hazards planning.	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N
MSTAT – An application used by hospitals to report operational status and resource data during events in which a facility and its resources are impacted.	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N
Resource Management – The application used to report census, bed availability by type, and emergency room status to assist with trauma routing.	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N
Facility Resource Assessment – The application intended to be used by hospitals to capture essential resources of critical suppliers.	<input type="checkbox"/> Y/ <input type="checkbox"/> N	<input type="checkbox"/> Y/ <input type="checkbox"/> N

<b>At Risk Registry</b> – a patient tracking program used by hospitals during large scale events requiring evacuation, shelter-in-place activities, or mass casualty incident patient tracking and reunification.	<input type="checkbox"/> <b>Yes - responsible for patient tracking</b>	<input type="checkbox"/> <b>No – not responsible for patient tracking</b>
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Email a copy of this form to [your region DRC](#) and to [LHAEP@LHAONLINE.ORG](mailto:LHAEP@LHAONLINE.ORG).