Facility	**Location**	**Licensed Capacity**	**Date**

Wing/Floor	**Hospital Type (General Acute, CAH, Rehab, Psych)**

Room Number	Licensed Beds	Beds Set Up	Beds Occupied	Remarks:

Instructions:

1. When differences appear in licensed capacity and beds set up, explain in remarks.
2. For hospitals, specify: ICU and CCU beds, adult beds, pediatric beds, bassinets. Do not include labor room beds or recovery room beds if used exclusively for that purpose.
3. Explain any over capacity, citing bed location.