

ATTACHMENT C

**Hospital Preparedness Program  
Department of State Health Services**

**Hospital Planning Group  
Quarterly Progress Report**

Trauma Service Area: \_\_\_\_\_

Month: \_\_\_\_\_, 200\_

Number of meetings held during the quarter: \_\_\_\_\_

Subcommittee meetings:

Activities of the committee:

Activities of the fiscal agent:

If contact information has changed, please update with this report.

Date submitted: \_\_\_\_\_ By: \_\_\_\_\_

For HPP Use only

Date received: \_\_\_\_\_ Date reviewed: \_\_\_\_\_ By: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
Rev 9/22/04