

Public Health Resource Request Form Instructions

Purpose: The Resource Request (ICS 213 RR) is used to order resources and track resource status.

Preparation: The ICS 213 RR is initiated by the resource requestor, who will complete the “Requestor” section highlighted in light blue. Once the requestor section is completed, the form is sent to the appropriate agency (e.g. Regional Resource Center, Public Health Emergency Operations Center, etc.) to be completed by the Logistics or Command Staff. After the form is finalized, the requestor will be notified of the action taken and provided a copy of the form.

Distribution: This form is maintained in order to track resource status.

Box Number	Box Title	Instructions
1	Requester Name/Organization	Enter the name and organization of the requestor
2	Requester Phone/Email	Enter a phone number and email address for the requestor
3	Order	Specify quantity, Unit of Measure (UOM), and item description. Examples of UOM include box, case, single, bottle, etc.
4	Resource Status (complete after resource received/returned)	Enter date (m/dd/yy) and time (HH:MM – 24 hour clock) received/returned and condition received/returned
5	Requested Delivery Location/Address	Enter location and address for delivery/reporting
6	24 Hour Point of Contact Name/Phone	Enter a POC name and a phone number where they can be reached 24 hours
7	Suitable Vendor and/or Item Substitutes	Enter possible substitute vendors and/or items in case exact requested resource is not available
8	Approval Name	Enter the name of the official authorizing the request on behalf of the requesting organization
9	Date/Time	Enter the date (m/dd/yy) and time (HH:MM – 24 hour clock) for request approval
10	Incident/Facility Name	Enter the name assigned to the incident or facility
11	Date/Time	Enter the date (m/dd/yy) and time (HH:MM – 24 hour clock) the request was received
12	Resource Request Number	Generate a unique number (the first request should be 1)
13	Order Number	Enter a unique order number (e.g. from inventory mgmt system)
14	Suggested Source(s) of Supply	Enter source(s) for the resource requested
15	Supplier Phone/Email	Enter contact information for source of supply suggested in Box 14
16	Notes	Enter any relevant notes regarding the request
17	Approval Name	Enter the name of the official recognizing the request (e.g. logistics section chief or command staff)
18	Date/Time	Enter date (m/dd/yy) and time (HH:MM – 24 hour clock) for request recognition
19	Action Taken	Check “accepted” or “rejected” based on decision by command staff
20	Reason	Enter reason for action taken if “rejected” in Box 19
21	Requestor Notified	Enter the date and time the requestor was notified of the action taken in Box 19