

# COVID-19 PUBLIC HEALTH RESOURCE REQUEST FORM (ICS 213 RR)

<b>Requestor</b>	<b>1. Requestor Name/Organization:</b>		<b>2. Requestor Phone/Email:</b>		
	<b>3. Order (Use additional forms when requesting different resource sources of supply)</b>		<b>4. Request Process Criteria</b>		
	Qty	Detailed Item Description		a. Does the requesting agency/facility have an active Respiratory Protection Program (RPP) in place?	Y / N
		N95 Masks (XS)			
		N95 Masks (S)			
		N95 Masks (Universal)		b. Has Fit Testing been conducted at this agency/facility within the 12 months prior to the date of this request?	Y / N
		Surgical Protective Masks (Universal)			
		Face Shields (One Size)			
		Disposable Protective Suits (M)		c. Have you exhausted your current PPE supply on-hand?	Y/N
		Disposable Protective Suits (L)			
		Disposable Protective Suits (XL)			
		Disposable Protective Suits (2XL)			
		Disposable Protective Suits (3XL)			
		Disposable Protective Suits (4XL)			
		Nitrile Gloves (S)			
		Nitrile Gloves (M)			
		Nitrile Gloves (L)			
		Nitrile Gloves (XL)			
	Gowns (M)				
	Gowns (L)				
	Gowns (XL)				
	Gowns (2XL)				
<b>5. Requested Delivery Location/Address:</b>		<b>6. 24-Hour Facility POC Name/Phone:</b>			
<b>7. Submitted By (Name):</b>		<b>8. Date/Time:</b>			
<b>FOR INTERNAL USE ONLY:</b>					
<b>Logistics or Command</b>	<b>9. Incident/Facility Name:</b> COVID-19 Response		<b>10. Date/Time:</b>	<b>11. Resource Request Number:</b>	
	<b>12. PHEOC Point of Contact/Phone/Email:</b>				
	<b>13. Notes:</b>				
	<b>14. Approval Name:</b>		<b>15. Date/Time:</b>		
	<b>16. Request Accepted:</b>		<b>17. Reason/Justification:</b>		
	<b>Request Rejected:</b>		<b>18. Requestor Notified (Date/Time):</b>		

## COVID-19 Public Health Resource Request Form Instructions

**Purpose:** This document is to serve as the COVID-19 Response Guidance for requesting Personal Protective Equipment from the State Cache.

**Preparation:** All requesting agencies and facilities will submit COVID-19 Public Health Resource Requests to their County Emergency Management Agency (County EMA).

**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	Request Process Criteria	Please answer to the best of your ability.
5	Requested Delivery Location/Address	Enter location and address for delivery/reporting
6	24 Hour Facility POC Name/Phone	Enter a POC name and a phone number where they can be reached 24 hours
7	Submitted by Name	Person submitting request signature
8	Date/Time	Enter the date (m/dd/yy) and time (HH:MM – 24-hour clock) for request approval
9	Incident/Facility Name	Enter the name assigned to the incident or facility
10	Date/Time	Enter the date (m/dd/yy) and time (HH:MM – 24-hour clock) the request was
11	Resource Request Number	Generate a unique number (the first request should be 1)
12	PHEOC Point of Contact/Phone/Email	Name and contact information of MCM/LSC
13	Notes	Enter any relevant notes regarding the request
14	Approval Name	Enter the name of the official recognizing the request (e.g. logistics section chief or command staff)
15	Date/Time	Enter date (m/dd/yy) and time (HH:MM – 24-hour clock) for request recognition
16	Action Taken	Check “accepted” or “rejected” based on decision by command staff
17	Reason/Justification	Enter reason for action taken if “rejected” in Box 18
18	Requestor Notified	Enter the date and time the requestor was notified of the action taken in Box 18