

Resource Request (ics 213 RR), Adapted for NM SEOC

1. Incident Name: COVID 19 Public Health Emergency	2. Date/Time 4/14/2020@ 4:30p.m.	3. Resource Request Number: Leave Blank
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Requestor/ Call Center	4. Order (Use additional forms when requesting different resource sources of supply.):									
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	5. Resource Request Tracking				
						Form initiated by	Name/title	Name /title	Name/titl e	Name/title
	42 cases			Large gloves		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
	38 cases			Medium gloves		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
	5 cases			X – Large gloves		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
	1 case			Small Gloves		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
	475			Disposable Gowns		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
	1 Box			Small N95 Mask		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
	2 Boxes			Large N95 Mask		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301			
22			Medium N95 Masks		Please list the name of the Emergency Manager Ex:	Richard Clark, OEM,rclark@bernco.gov 505-468-1301				

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					Richard Clark			
1850			Procedure Masks		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
2 Cases			Combo. Masks with shields		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
1 Box			Impervious shoe/boot covers		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
30			Impervious XL/X Long Gowns		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
1 Box			Surgical Scrub caps		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
1 box			Full Face Shield		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
2 cases			Eye Goggles		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
100			Masks with Splash guards		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		
20			Face Shields		Please list the name of the Emergency Manager Ex: Richard Clark	Richard Clark, OEM,rclark@bernco.gov 505-468-1301		

6. Requested Delivery/Reporting Location & Contact name & number:
Please list the name of the Emergency Manager and location using the contract list provided: Example: 2400 Broadway Blvd. SE, Albuquerque, New Mexico, 87102 Richard Clark, OEM, 505-468-1301

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7. Suggested Sources:			
8. Requested by: Name & Phone Please list the Name, Title, and Phone number of the Provider Agency Contact		9. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine x Low	10. GAR Approval: date/time
Operations/ Logistics	11. E-Team Resource Order Number:		12. Supplier Phone/Fax/Email:
	13. Name of Supplier/POC:		
	14. Notes:		
	15. Approval Signature of Auth Logistics Rep:		16. Date/Time:
17. Order placed by:			
Finance	18. Reply/Comments from Finance:		
	19. Finance Section Signature:		20. Date/Time:
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ICS 213 RR, Adapted for NM SEOC Resource Request

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

Preparation. The ICS 213 RR is initiated by the resource requestor and initially approved by the appropriate Section Chief or Command Staff. The Logistics and Finance/Administration Sections also complete applicable sections of the form.

Distribution. This form is maintained in order to track resource status and assist with determining incident costs.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time	Self explanatory
3	Resource Request #	County code, date in YYYYMMDD format, time in 24 hour format
4	Order	Specify quantity, item description, cost. Complete resource status section after resource is received
5	Resource Request Tracking	Enter name/title of person working the order
6	Requested Delivery/Reporting Location	Enter location requested resource delivery/reporting location
7	Suitable Substitutes and/or Suggested Sources	Enter possible substitute items if exact requested resource is not available. Provide supplier information if known.
8	Requested by Name/Position:	Requestor's name and position
9	Priority	Urgent – this operating period, Routine – Next operating period, low – when available
10	GAR Approval	Obtain GAR signature for request
11	E-Team Resource Order Number	Enter E-Team Resource Order Number if applicable
12	Supplier Phone/Fax/Email	Enter resource Supplier's phone/Fax/Email
13	Name of Supplier/POC	Enter name of resource supplier/POC
14	Notes	Any relevant notes regarding the request
15	Approval Signature of Authorized Logistics Rep	Enter approval signature of an authorized Logistics Section representative
16	Date/Time	Self explanatory
17	Order placed by	Enter name of individual who places order for requested resource(s)
18	Reply/Comments from Finance	Any relevant notes regarding the request
19	Finance Section Signature	Enter approval signature of an authorized Finance/Admin Section representative
20	Date/Time	Self explanatory

Updated by NMDHSEM 11/17