

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

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| 1. Incident Name: COVID 19 Public Health Emergency | 2. Date/Time 4/14/2020@ 4:30p.m. | 3. Resource Request Number: Leave Blank |
|--|--|--|

| 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