Resource Request: Medical and Health Op Area (MHOAC) to Region/State

RR MH (11AUG11)

REQUESTOR TO COMPLETE

1. Incident Name:	2a. DATE:	2b. TIME:
3. Requestor Name, Agency, Position, Phone / Email:	2c. Requestor Tracking #: (Assigned by Requesting Entity)	

4a. Describe Mission/Tasks:	4b. Delivery/Reporting/Staging Information:

5. ORDER SHEETS - USE ATTACHED	☐ 6a. SUPPLIES/EQUIPMENT	☐ 6b. PERSONNEL	☐ 6c. OTHER:

MHOAC

7a. OA/MHOAC must confirm that the verification questions in the PH&M EOM have been reviewed and answered.

- ☐ This request meets the submission criteria as stated in the PH&M EOM.
- ☐ The creation of this request was in consulation with the RDMHC Program.

7b. MHOAC/OA EOC Contact Information: (Tele #, E-Mail, FAX, etc.)

8. MHOAC/OA EOC Review: (NAME, POSITION , AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; and, 3) THE REQUEST IS COMPLETE)

NAME:	POSITION:	SIGNATURE:

9. Describing the actions taken on this request so far.

LOGISTICS

NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).

10. Additional Order Fullfillment Information:	11. Likely Supplier Name/Phone/Email:

12. Resource Tracking:

- ☐ Entered into Resource Tracking System/RIMS
- ☐ Demob Expected:
- ☐ Demob Completed (if known):

13. Notes:

14. ORDER FILLED AT (check box)

- ☐ Operational Area:
- ☐ OA within Mutual Aid Region:
- ☐ Outside of Region:

FINANCE

15. Reply/Comments from Finance:	16. Finance Section Signature & Date/Time: (Name, Position & Verification)

ORDER SHEET

PAGE _____ OF _____

6a. ORDER ***GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS***							17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).					
Item #	Priority [3]	**Detailed Specific Item Description:** Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	Product Class (Ea, Box, Cs, Pack)	Items per Product Class	Quantity [2] Requested	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival (Date & Time)	COST
							Approved	Filled	Back-Ordered			

Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):

Deliver to/Report to POC (Name/Title/Location/Tel#/Email/Radio#)

[2] **QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .**

[3] **PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)**