

## RESOURCE REQUEST (ICS 213 RR), Adapted for COVID

<b>1. Incident Name: COVID-19</b>				<b>2. Date/Time</b>			<b>3. Resource Request Number:</b>		
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<b>4. Order</b> (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 Status				
					Received by	Date/Time	Assigned to	Released to	Date/Time
		42 CFR 84	NIOSH Approved N95/N100 Respirator type masks or equivalent - OSHA 1910.134 complaint						
		Size UNI	Bio face shield(s) with full facial protection ANSI Z87.1-2010 STD min						
		Size SM	Nitrile Gloves - ASTM D6319 – 19 STD						
		Size M	Nitrile Gloves - ASTM D6319 – 19 STD						
		Size L	Nitrile Gloves - ASTM D6319 – 19 STD						
		Size XL	Nitrile Gloves - ASTM D6319 – 19 STD						
		Size XXL	Nitrile Gloves - ASTM D6319 – 19 STD						
		Size UNI	Biohazard aprons						
		Size SM	Goggles - indirectly-vented goggles*						
		Size M	Goggles - indirectly-vented goggles*						
		Size L	Goggles - indirectly-vented goggles*						
		Size XL	Goggles - indirectly-vented goggles*						
		Size SM	Tyvek type suit, e.g. DuPont Tyvek 400 Coveralls TY122						
		Size M	Tyvek type suit, e.g. DuPont Tyvek 400 Coveralls TY122						
		Size L	Tyvek type suit, e.g. DuPont Tyvek 400 Coveralls TY122						
		Size Xi	Tyvek type suit, e.g. DuPont Tyvek 400 Coveralls TY122						
		Size XXL	Tyvek type suit, e.g. DuPont Tyvek 400 Coveralls TY122						
		Size XXXI	Tyvek type suit, e.g. DuPont Tyvek 400 Coveralls TY122						
			Disinfecting wipes						
			Disinfectant spray						
			Paper towels						
			Facial tissues						
			Toilet tissue						
			Hand soap – anti-viral/antibacterial						
			Laundry soap antibacterial						
			“pop-up” type shelter with sides for outdoor triage and testing of patients and the community						

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				Traffic cones for use at testing, triage, and distribution locations							
				Barricade tape							
				Dry erase boards for messaging							
				Copy of AHJ isolation /quarantine protocols							
				Copy of AHJ 911 dispatch protocols							
				Copy of AHJ decon/wash protocols							
				Copy of AHJ PPE use and disposal protocols							
				Copy of AHJ Occupational exposure reporting protocols							
				CISD/CISM/PFA Chaplain resources for responders, medical staff							
				Biohazard bags							
				5 mil trash bags with closure(s) for laundry and waste(s)							
	<b>6. Requested Delivery/Reporting Location:</b>										
<b>7. Suitable Substitutes and/or Suggested Sources:</b>											
<b>8. Requested by Name/Position:</b>				<b>9. Priority:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low			<b>10. Section Chief Approval:</b>				
<b>Logistics</b>	<b>11. Logistics Order Number:</b>					<b>12. Supplier Phone/Fax/Email:</b>					
	<b>13. Name of Supplier/POC:</b>										
	<b>14. Notes:</b>										
	<b>15. Approval Signature of Auth Logistics Rep:</b>					<b>16. Date/Time:</b>					
	<b>17. Order placed by:</b>										
<b>Finance</b>	<b>18. Reply/Comments from Finance:</b>										
	<b>19. Finance Section Signature:</b>					<b>20. Date/Time:</b>					

## ICS 213 RR, Adapted for FDA 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 #	Self explanatory
4	Order	Specify quantity, item description, cost. Complete resource status section after resource is received
5	Resource Status	Enter applicable resource status fields
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	Select Urgent, Routine or Low priority
10	Section Chief Approval	Obtain appropriate Section Chief signature for request
11	Logistics Order Number	Enter Logistics 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 FDA 2/2011