

Resource Request Form



Covid-19 related requests – Hospitals submit the resource request to OHA Logistics. Send Emails to esf8.health@multco.us. For County and all non-hospital agency requests, please submit your request to eoc.logisticschief@multco.us. For PPE Request, review the PPE Optimization Strategies and the Stockpile Ordering Form. Please include information that applies in your request.

Resource Request Information	
1. Incident Name: COVID-19 Coordination	2. OERS Incident #: 2020-0279
3. Kind of Resource (select all that apply): <input type="checkbox"/> Personnel <input type="checkbox"/> Team <input type="checkbox"/> Facilities <input type="checkbox"/> Equipment <input type="checkbox"/> Supplies <input type="checkbox"/> Vehicles <input type="checkbox"/> Aircraft Required: Form 204 Form 204 Facilities Specification Sheet Vehicle Specification Sheet	
4. Capability Needed:	5. Priority (select one): <input type="checkbox"/> Life Safety <input type="checkbox"/> Incident Stabilization <input type="checkbox"/> Property/Envi. Conservation
	6. Estimated Cost: _____
7. Requesting Organization: _____	8. Date Request Submitted: _____
	9. Time Submitted: _____
10a. Requesting Point of Contact Name: _____	
10b. Title and/or EOC Position: _____ 10c. Phone: _____	
10d. Email: _____	
11. Does the requester have an associated tracking ID? If yes, please provide: _____	
12. Specific quantity, item description, and objective: 	
13. Suggested Vendors and/or Vendors already queried (and status if known): 	
14. Date Needed:	15. Time Needed:
16. Duration Needed:	
17a. Receiving Point of Contact: Name, Title and/or Position (if different than requester): _____	
17b. Phone: _____ 17c. Email: _____	
18. Delivery Location:	19. Special Instructions:
<i>If RRF is being completed by someone different than the requester, please answer the following. Otherwise, skip to Box 8</i>	
20a. Form Completed by (Name): _____ 20b. Agency: _____	
20c. EOC/DOC Position: _____ 20d. Phone: _____	
20e. Email: _____	

Authorization to Pursue (to be completed by EOC Operations Chief):

_____ Name

_____ Operations Chief Signature

_____ Date