



County of Santa Clara
Emergency Operations Center (EOC)

Resource Request Form 213RR for Non-Medical Personnel (DSW)

COMPLETED BY REQUESTOR

1. Incident Name 2019 Novel Corona Virus (COVID-19)	2. Date Initiated	3. Time Initiated	4. Tracking Number <i>(Completed by OA EOC)</i>
5. Requested By <i>(name, agency, position, email, phone)</i>	How to use the EOC Form 213RR Purpose The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.) When to use The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request. Prepared by Any EOC position or agency requesting resources from the OA Approved by (A) Executive or Supervising Official at requesting agency or (B) a Section Chief of the requesting EOC or (C) Deputy County Executive if request is from a County Department and is requesting PPE.		
6. Prepared by <i>(name, position, email, phone)</i>	Routed to Logistics Section - SCC Resource Tracking Unit Send signed form via email to: resourcetracking@eoc.sccgov.org Filed with Logistics Section Resource Tracking Unit / Planning Section Documentation Unit User Notes The EOC is a last resort provider and you may be responsible for the cost of the requested items. Please check that all pages and necessary fields are completed. Page 1 is required for all requesters. Please be sure the form has proper signatures for Approved By (box 7). The last page is completed by the OA EOC.		
7. Approved by <i>(name, position, email, phone)</i> Signature:			

REQUESTED RESOURCE DETAILS

Requesting Agency / EOC Section	8. Qty/Unit	9. Resource Description <i>Note: See page 3 for providing additional information for non-medical personnel requests.</i>	10. Arrival <i>(date/time)</i>	11. Priority	12. Est'd Cost
					Now High <i>(0-4 hours)</i> Medium <i>(5-12 hours)</i> Low <i>(12+ hours)</i>
	13. Deliver to <i>(name, agency, position, email, phone)</i>		14. Location <i>(address or lat./long., site type)</i>		
	15. Substitute/Suggested Sources <i>(name, phone, website)</i>				
	16. Supplemental Requirements <i>(include details in #17)</i> <input type="checkbox"/> Equipment Operator <input type="radio"/> Lodging <input type="checkbox"/> Fuel <input type="radio"/> Power Fuel Type _____ <input type="radio"/> Maintenance <input type="checkbox"/> Meals <input type="radio"/> Other _____ <input type="checkbox"/> Water		17. Special Instructions		

TO BE COMPLETED BY ALL REQUESTORS

Disaster Service Activity	
EOC Tracking #	
Report to	
Contact Number	
Location to report	
Date(s) to report	
Schedule	
Duration	
Duties	
Items to bring with you	
Types of PPE provided	
Amenities (ie break room, lunch provided, etc)	

If you have any questions regarding this request, please email the EOC personnel unit at personnel@eoc.sccgov.org.

Thank you in advance for your help,
EOC Personnel Unit



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COMPLETED BY OA EOC or DUTY OFFICER

OA EOC Logistics Section	18. Order Placed By <i>(name, position, agency, phone, radio, email)</i>	
	19. Method of Procurement <i>(filled-in house, agreement, purchase, etc.)</i>	
	20. Supplier Name / Point-of-Contact Information <i>(name, address, phone, fax, email)</i>	
	21. Logistics Section Remarks	
	22. Logistics Section Chief Approval <i>(print and sign)</i>	
OA EOC Fin/Admin Section	23. Finance/Admin Section Chief Remarks and Approval <i>(print and sign)</i>	Date/Time
OA EOC Management Section	24. EOC Director/County Executive Remarks and Approval <i>(print and sign)</i>	Date/Time
OA EOC Logistics Section	25. Logistics Section Final/Demobilization Remarks	Date/Time

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