



County of Santa Clara
Emergency Operations Center (EOC)

Resource Request Form 213RR for Goods & Supplies (COVID-19)

COMPLETED BY COUNTY 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	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					
	8. Qty/Unit	9. Resource Description <i>Note: See page 2 for PPE/Medical Supply requests.</i>	10. Arrival <i>(date/time)</i>	11. Priority	12. Est'd Cost
Requesting Agency / EOC Section				Now <input type="radio"/> High (0-4 hours) <input type="radio"/> Medium (5-12 hours) <input type="radio"/> Low (12+ hours) <input type="radio"/>	N/A
	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>			17. Special Instructions	
	<input type="checkbox"/> Equipment Operator <input type="checkbox"/> Fuel Fuel Type _____ <input type="checkbox"/> Meals <input type="checkbox"/> Water	<input type="checkbox"/> Lodging <input type="checkbox"/> Power <input type="checkbox"/> Maintenance <input type="checkbox"/> Other _____			

Category	Item Type	Size	Quantity Requested
Testing Supplies <i>Before requesting ANY testing supplies, please ensure that you meet the following County and State requirements*</i>	Nasopharyngeal (NP) Swab	N/A	ea
	Oropharyngeal (OP) Swab	N/A	ea
	Microtest Remel M4RT VTM (non-refrigerated)	N/A	ea
	Viral Transport Medium, other (non-refrigerated)	N/A	ea
	VTM Test Kits (Numedico or Kangjian) – Comes with NP swabs	N/A	ea
	Rapid Antigen Test (BinaxNOW)	N/A	ea
N95 Mask	3M 1860S (Small)	ONE SIZE	ea
	BYD N95 Masks	ONE SIZE	ea
	NIOSH N95 Mask (non-vented)	ONE SIZE	ea
Non-N95 Mask	Ear-loop Face Mask – Surgical/Procedure (medical grade)	ONE SIZE	ea
	Ear-loop Face Mask – Non-Surgical (non-medical grade)	ONE SIZE	ea
Eye Protection	Face Shield	ONE SIZE	ea
Gloves	Nitrile	S	ea
	Nitrile	M	ea
	Nitrile	L	ea
	Nitrile	XL	ea
Gowns	Disposable	ONE SIZE	ea
	Re-useable/Washable	ONE SIZE	ea
Hair Covers	Hair Covers	ONE SIZE	ea
Shoe Covers	Shoe Covers	ONE SIZE	ea
Coveralls	Coveralls	ONE SIZE	ea
Sanitizer	Hand Sanitizer, Gel	1 Gal	ea
	Hand Sanitizer, Gel	16.9 oz	ea
	Hand Sanitizer, Gel	8 oz	ea
	Disinfectant Wipes	ONE SIZE	ea
Thermometer	No Touch	N/A	ea
Syringes	Luer Lok	3 mL	ea
Alcohol Prep Pads	Alcohol Prep Pads	ONE SIZE	ea
Bandages	Curad	Spot or Rectangle	ea
Cotton Balls	Cotton Balls	N/A	ea
Ice Packs	Reusable Gel Cold Packs	6" x 7"	Ea

*County and State requirements:

1. Keep usage of testing supplies within Santa Clara County.
2. Have a CLIA license and ordering physician.
3. Partner with the State of California to offer COVID-19 testing in your community **or** sign a MOU with Public Health to operate an alternative testing site in accordance with our County's procedure. For more information, please visit: <https://testing.covid19.ca.gov/get-started/>



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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>
OA EOC Logistics Section	25. Logistics Section Final/Demobilization Remarks	Date/Time

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