

PURPOSE:

RESOURCE REQUEST FORM

QUICK REFERENCE GUIDE



PAGE 1

INCIDENT NAME

Form Section	Location on Form	Purpose and/or instruction for completing
Header	Top, Center	Identify the primary incident name that the resources will be supporting

Requestor Contact & Facility/Organization Information

Form Section	Reference Field	Purpose and/or instruction for completing
1	1a	Enter the date that the requesting person that is completing the resource request (213RR)
	1b	Enter the time that the requesting person began filling out the 213RR
	1c	Enter the first and last name of the facility/organization staff member completing the 213RR
	1d	Enter the direct phone number of the facility/organization staff member completing the 213RR
	1e	Enter the alternate phone number of the facility/organization staff member completing the 213RR
	1f	Enter the direct email address of the facility/organization staff member completing the 213RR
	1g	Enter the name of the facility/organization that is requesting the item
	1h	Enter the facility/organization email address that is monitored & answered 24 hours/day, 7 days/week
	1i	Enter the facility/organization phone number that is monitored & answered 24 hours/day, 7 days/week
	1j	Select the appropriate facility/organization type . If other, enter it on the line provided.

Requestor Contact & Facility/Organization Information

Form Section	Reference Field	Purpose and/or instruction for completing
2	2a	Enter the street number and street name of the delivery location
	2b	If applicable, enter the suite (site, unit, etc.) number or identifier of the delivery location
	2c	Enter the name of the delivery location city
	2d	Enter the name of the delivery location zip code
	2e	Enter the delivery location phone number that is monitored & answered 24 hours/day, 7 days/week
	2f	Enter the delivery location email address that is monitored & answered 24 hours/day, 7 days/week
	2g	Indicate if the facility/organization has a loading dock. This helps determine how the item is delivered.
	2h	Enter the first and last name of the delivery location point of contact
	2i	Enter the direct phone number of the delivery location point of contact
	2j	Enter the alternate phone number of the delivery location point of contact
	2k	Enter the direct email address of the delivery location point of contact
2l	Enter any delivery instructions such as use of alternate drop off point or barriers to delivery	

Itemized Resource

Form Section	Reference Field	Purpose and/or instruction for completing
3	3a	Copy the exact descriptions found in Zenventory, manufacturer websites, or be as detailed as possible
	3b	What will be the requested resource's primary use/purpose ? (i.e. wound care, sharps disposal, splinting)
	3c	Enter the size of the requested resource. (i.e. 1 gram, 18 gauge, adult, medium, 30 gallon)
	3d	Enter the quantity of the requested resource. This should be a number value only.
	3e	Unit of Measurement (UOM) explains the way in which the quantity is measured. (i.e. box, case, each, etc.) It is important to note that some items may not be available in the UOM specified. The AOC will communicate this to the facility/organization and work to order the most appropriate UOM available.
	3f	Enter the monetary value of the funds allocated to the purchase of the requested resource.

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PAGE 1 (continued)

Financial Responsibility Acknowledgement Signature

Form Section	Reference Field	Purpose and/or instruction for completing
4	4a	Enter the First and last name of the facility/organization <i>staff</i> member that is has buying/purchasing authority
	4b	Signature of the facility/organization <i>staff</i> member that is has buying/purchasing authority
	4c	Date that the person that is completing the resource request signed the document

PAGE 2 – if needed (not required if space on primary page suffices)

INCIDENT NAME

Form Section	Location on Form	Purpose and/or instruction for completing
Header	Top, Center	Identify the primary incident name that the resources will be supporting. When filling out a PDF, this will auto populate if entered on the first page.

Requesting Facility/Organization Information

Form Section	Reference Field	Purpose and/or instruction for completing
S1	S1a	Enter the date that the requesting person that is completing the supplemental page of the (213RR)
	S1b	Enter the time that the requesting person began filling out the supplemental page of the (213RR)
	S1c	Enter the name of the facility/organization that is requesting the item

Requestor Contact & Facility/Organization Information

Form Section	Reference Field	Purpose and/or instruction for completing
S3	S3a	Copy the exact descriptions found in Zenventory, manufacturer websites, or be as detailed as possible
	S3b	What will is the requested resource's primary use/purpose ? (i.e. wound care, sharps disposal, splinting)
	S3c	Enter the size of the requested resource. (i.e. 4 gram, 48 gauge, adult, medium, 30 gallon)
	S3d	Enter the quantity of the requested resource. This should be a number value only.
	S3e	Unit of Measurement (UOM) explains the way in which the quantity is measured. (i.e. box, case, each, etc.) It is important to note that some items may not be available in the UOM specified. The AOC will communicate this to the facility/organization and work to order the most appropriate UOM available.
	S3f	Enter the monetary value of the funds allocated to the purchase of the requested resource.

Upon completion of the form, submit the form to via email to EMAIL TO: AOCResourceRequestLead@ochca.com. As an alternate, if you have received notice that the AOC is activated, you can submit the form via fax to (714) 437-5767. If the AOC has not been activated, you will not receive a notice of receipt of fax. If both e-mail and fax are down, use alternate methods to communicate information such as radio or phone.