

## 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 (Use additional forms when requesting different resource sources of supply.):</b>									
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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time</b>	Self explanatory
3	<b>Resource Request #</b>	Self explanatory
4	<b>Order</b>	Specify quantity, item description, cost. Complete resource status section after resource is received
5	<b>Resource Status</b>	Enter applicable resource status fields
6	<b>Requested Delivery/Reporting Location</b>	Enter location requested resource delivery/reporting location
7	<b>Suitable Substitutes and/or Suggested Sources</b>	Enter possible substitute items if exact requested resource is not available. Provide supplier information if known.
8	<b>Requested by Name/Position:</b>	Requestor's name and position
9	<b>Priority</b>	Select Urgent, Routine or Low priority
10	<b>Section Chief Approval</b>	Obtain appropriate Section Chief signature for request
11	<b>Logistics Order Number</b>	Enter Logistics Order Number if applicable
12	<b>Supplier Phone/Fax/Email</b>	Enter resource Supplier's phone/Fax/Email
13	<b>Name of Supplier/POC</b>	Enter name of resource supplier/POC
14	<b>Notes</b>	Any relevant notes regarding the request
15	<b>Approval Signature of Authorized Logistics Rep</b>	Enter approval signature of an authorized Logistics Section representative
16	<b>Date/Time</b>	Self explanatory
17	<b>Order placed by</b>	Enter name of individual who places order for requested resource(s)
18	<b>Reply/Comments from Finance</b>	Any relevant notes regarding the request
19	<b>Finance Section Signature</b>	Enter approval signature of an authorized Finance/Admin Section representative
20	<b>Date/Time</b>	Self explanatory

Updated by FDA 2/2011