

## EOC RESOURCE REQUEST FORM (EOC Form 213-RR)

1. Incident Name:	COVID 19	2. Date & Time:	[insert date & time request is submitted]	3. Resource Request #:	To be entered by Cuyahoga County EMA	
4. Order:						
a. Qty.	b. Detailed Item Description (Type, Kind, Brand, Specs, etc.)	c. Can this Request be Filled by YOUR ESF?		d. If YOUR ESF Cannot Fill then what ESF can this be Routed?	e. Date & Time that the Request need to be Filled?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
		<input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Requested Delivery/Reporting Location:					6. Priority:	
					<input type="checkbox"/> Immediate <input type="checkbox"/> Moderate <input type="checkbox"/> Low	
7. Requestor's Name:		8. Requestor's Title & AGENCY:		9. Requestor's Phone:		
10. Notes:						
11. Reviewed by Group Supervisor		a. Position:		b. Signature & Date + Time:		
12. Reviewed by Resource Coordination Branch Director (RCBD) or EOC Manager		a. Position:		b. Signature & Date + Time:		
13. Request Follow-Up / Processing:						
a. Qty.	b. Detailed Item Description (Type, Kind, Brand, Specs, etc.)	c. Request Filled by In-County?	d. Request Filled by Contiguous County?	e. Request Pushed to Ohio EMA / State EOC?	e. Date & Time of Request Actioned:	f. Est. Time of Arrival for Resource(s) (Date & Time):
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

# EOC RESOURCE REQUEST FORM (EOC Form 213-RR)

## EOC-213-RR: EOC Resource Request Form Instructions

**PURPOSE:** This form is designed to document all resource requests and filling actions that come to the Cuyahoga County EOC in support of the Incident Command(s) in the field.

Item:	Description / What to Do:
1. Incident Name:	Enter Incident Name (Self-Explanatory)
2. Date & Time	Enter the Date (FORMAT: MM/DD/YYYY) Enter Time (FORMAT: HH:MM)
3. Resource Request #	Enter Request Number with the following Format of : (Ohio County #)-(ESF+#)-# - This Number is generated by the ESF or EOC Member that Received the Request. EXAMPLE: 18-ESF6-1 - Ohio County # for Cuyahoga County is 18. - Cuyahoga County ESF6 is Mass Care - 1 is the First Request Received by this ESF...second would be 2, 3...
4. Order	<p>a. <b>Qty.:</b> Enter the Quantity of the Resource being Requested.</p> <p>b. <b>Detailed Item Description:</b> Enter the Resource being requested; provide the type and kind, if able.</p> <p>c. <b>Can this Request be Filled by YOUR ESF?:</b> Check one: Yes or No.</p> <p>d. <b>If YOUR ESF Cannot Fill then what ESF can this be Routed?:</b> Simply put the appropriate ESF # to route this to (If Health &amp; Medical then put 8); if unknown consult with your Group Supervisor.</p> <p>e. <b>Date &amp; Time that the Request need to be Filled?</b> This will have to be asked to the Requestor: simply enter the Date (FORMAT: MM/DD/YYYY) and Time (FORMAT: HH:MM).</p>
5. Requested Delivery/Reporting Location:	Enter where the requested resource(s) will be sent. Give an facility name and complete address.
6. Priority	Check One: - <b>Immediate:</b> Needed within next 2 hours (Immediate Life Safety Resource). - <b>Moderate:</b> Needed within next 6 Hours. - <b>Low:</b> Needed within next 24 Hours.
7. Requestor's Name	Enter Requestors First and Last Name.
8. Requestor's Title	Enter the Daily Position or ICS Position Title of the Requestor.
9. Requestor's Phone	Enter the Requestor's Phone Number (FORMAT: ###-###-####).
10. Notes	Enter any pertinent/key information regarding this resource request which the Group Supervisor(s) or the Resources Coordination Branch Director or EOC Manager need to know.
11. Reviewed by Group Supervisor	<p>a. <b>Position:</b> Enter the EOC Group Supervisor's Exact EOC Position Title (which one is reviewing).</p> <p>b. <b>Signature &amp; Date + Time:</b> Group Supervisor Signs &amp; puts the Date (FORMAT: MM/DD/YYYY) and Time (FORMAT: HH:MM) that he/she signs.</p>
12. Reviewed by Resource Coordination Branch Director (RCBD) or EOC Manager	<p>a. <b>Position:</b> Enter the EOC RCBD or EOC Managers Position Title (which one is reviewing).</p> <p>b. <b>Signature &amp; Date + Time:</b> Group Supervisor Signs &amp; puts the Date (FORMAT: MM/DD/YYYY) and Time (FORMAT: HH:MM) that he/she signs.</p>

## EOC RESOURCE REQUEST FORM (EOC Form 213-RR)

Item:	Description / What to Do:
13. Request Follow-Up / Processing	<ul style="list-style-type: none"> <li>a. <b>Qty.:</b> Enter the Quantity of the Resource being Filled.</li> <li>b. <b>Detailed Item Description:</b> Enter the Resource being filled; provide the type and kind, if able.</li> <li>c. <b>Request Being Filled?:</b> Check one: Yes or No.</li> <li>d. <b>Request Filled by In-County?:</b> Check one: Yes or No.</li> <li>e. <b>Request Pushed to Ohio EMA / State EOC?</b> Check one: Yes or No. <ul style="list-style-type: none"> <li>- <b>IMPORTANT:</b> If Yes, then this request will have to be uploaded to WebEOC via a Mission Request creation and a Call to the Ohio EMA Watch Office or State EOC.</li> </ul> </li> <li>f. <b>Date &amp; Time of Request Actioned:</b> Enter Date (FORMAT: MM/DD/YYYY) and Time (FORMAT: HH:MM) that the request was executed or Actioned.</li> <li>g. <b>Est. Time of Arrival for Resource(s) (Date &amp; Time):</b> Enter Date (FORMAT: MM/DD/YYYY) and Time (FORMAT: HH:MM) that the resource(s) are expected to be delivered to the site in Item 5.</li> </ul>