

Organization Name: \_\_\_\_\_ County: \_\_\_\_\_

DDC: \_\_\_\_\_

**RESOURCE REQUEST (ICS 213 RR), Adapted for FDA**

<b>1. Incident Name:</b> 20-0003 nCoV19 - 2020				<b>2. Date/Time</b>				<b>3. Resource Request Number:</b>			
<b>Requestor</b>	<b>4. Order</b> (Use additional forms when requesting different resource sources of supply.):										
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	<b>5. Resource Status</b>					
						Received by	Date/Time	Assigned to	Released to	Date/Time	
			EA	Coveralls (XL _____)		CBRAC					
			EA	Face Shields							
			EA	Gloves (Non- Medical M _____, L _____)							
			EA	Gown Isolation (Medical)							
			EA	Hand Sanitizer							
			EA	N95 (Mask, particulate Respirator)							
			EA	Mask, Standard Procedure (Surgical Masks)							
		EA	Alcohol Wipes								
		EA	Goggles								
<b>6. Requested Delivery/Reporting Location:</b> CBRAC HPP-U, 3725 Wow Road, Corpus Christi, TX 78413											
<b>7. Suitable Substitutes and/or Suggested Sources:</b>											
<b>8. Requested by Name/Position:</b>				<b>9. Priority:</b> <input checked="" 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> Organization Name: _____ Organization Pick Up by: _____ (Print) Assigned Pick Up Person Name: _____ (Signature) Contact Phone #: (_____) - _____ - _____ (Date)										
	<b>15. Approval Signature of Auth Logistics Rep:</b>					<b>16. Date/Time:</b>					
<b>17. Order placed by:</b> Print: _____ Sign: _____ Date: _____											
<b>Finance</b>	<b>18. Reply/Comments from Finance:</b>										
	<b>19. Finance Section Signature:</b>					<b>20. Date/Time:</b>					

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