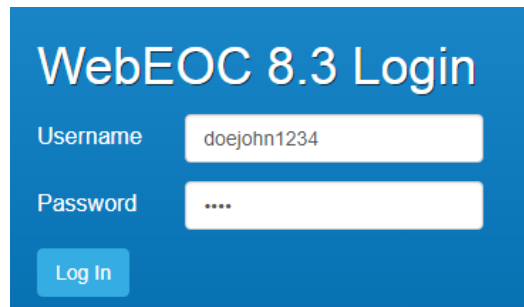


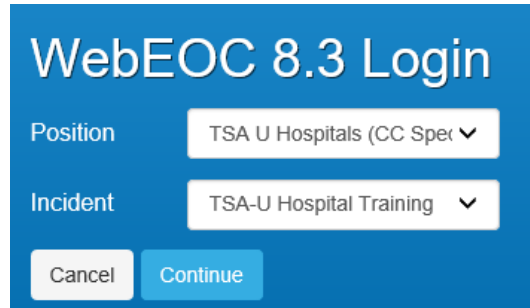
CC Hospital District STAR III – City Request

- 1. During disaster or emergency event and when your agency/facility or hospital system has unmet needs and has exhausted all internal and system resources (plan A and Plan B, back-up vendors etc.) YOU MUST contact the Coastal Bend Regional Advisory Council (CBRAC). CBRAC will attempt to fill the unmet need at the local/regional level. If CBRAC cannot meet the need, please follow the steps below to submit a STAR request.**
- 2. Logon to WebEOC** at: www.ccwebeoc.cctexas.com/eoc7/
 - **User Name** is LastNameFirstNameEmployeeID example: doejohn1234 (not case sensitive)
 - **Password** (if you forget your password click the “Forgot Username/Password” link and a temporary password will be emailed to you.)



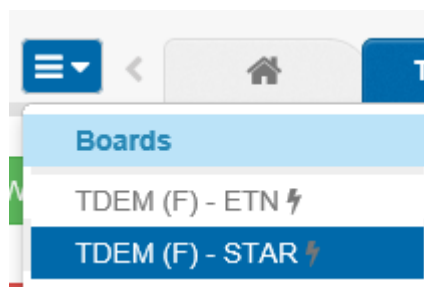
The image shows the 'WebEOC 8.3 Login' screen. It has a blue header with the title 'WebEOC 8.3 Login'. Below the title are two input fields: 'Username' with the value 'doejohn1234' and 'Password' with four dots. A blue 'Log In' button is at the bottom left.

- 3. Position and Incident:** Choose your **Position** and **Incident** the request is for and click Continue.



The image shows the 'WebEOC 8.3 Login' screen with dropdown menus. The 'Position' dropdown is set to 'TSA U Hospitals (CC Spec)' and the 'Incident' dropdown is set to 'TSA-U Hospital Training'. There are 'Cancel' and 'Continue' buttons at the bottom.

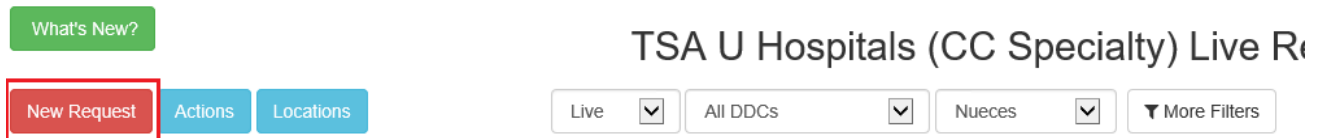
- 4. TDEM (F) - STAR:** On the left side drop down, choose **TDEM (F) - STAR**



The image shows a mobile navigation menu. The 'Boards' section is expanded, showing two options: 'TDEM (F) - ETN' and 'TDEM (F) - STAR'. The 'TDEM (F) - STAR' option is highlighted in blue.

- 5. New Request:** Click on the Red Button for “New Request”

CC Hospital District STAR III – City Request



6. **Live or Training:** Click on **LIVE REQUEST** to change it to **TRAINING REQUEST** if this is a training exercise.

7. Tab 1: Requestor and Delivery Info

The form auto populates with your information.

- Select “Nueces” in the drop down under “Submit Request to (County):”

- Choose the Delivery Information location. (If this is your first entry for this location then choose “New Location”.

- When you choose New Location, a box will pop up to allow you to enter the delivery information.
 - Enter a name for the location and the address.
 - Click on “Map It” and it will populate the Longitude and Latitude.
 - Additional Information is the specifics where the item(s) need to be delivered.
 - If you need to upload an attachment you have this option.
 - Enter the Point of Contact info for who will receive the item(s).

CC Hospital District STAR III – City Request

Name:

Address:

City: **State:** **Zip:** [Map It](#)

Longitude: **Latitude:**

Additional Information:

Provide Map, Diagram, etc, if available
 No file chosen

Point of Contact Name: **Point of Contact Phone:**

Point of Contact Email: **Point of Contact Fax:**

[Save Address](#)

8. Tab 2:

Request

Description

- Request: what is the item being requested.
- Quantity: amount
- Unit: Select the drop down menu –each, case, pallet, gallons, pounds, ton, other
- When Needed?: realistic time of when you need request.
- For How Long:
 - Select **Consumables Resources** if its an item that cannot be returned such as food or water. For these items, you will not enter the Number or Unit

[Requestor and Delivery Info](#) [Request Description](#) [Review, Route and Submit](#)

Request:

Quantity:

Date Needed:

September 2018						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15

02 : 00 [PM](#)

For How Long:

Consumable Resource

Demob / Returnable Resource

Number: Unit:

- Select **Demob/Returnable** if its an item(s) that would be returned. (Barricades, Cones, Vehicles etc..)
 - How long is the item being requested going to be used for?
 - Number: #

CC Hospital District STAR III – City Request

- Units: Select- Hours, days, weeks, months?

Demob / Returnable Resource

Number: / Unit:

Hours
Days
Weeks
Months

- Example:

Requestor and Delivery Info Request Description Review, Route and Submit

Request:

Quantity:

Date Needed:


September 2018

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15

02 : 00 PM

For How Long: Consumable Resource
 Demob / Returnable Resource

Number: Unit:

- Request Description: Be as detailed as possible. Include item model, type, will you need fuel, drivers, ect.
- Justification/ Purpose of Request: Explain why the request is being made.
- Once you are done click on the  button.

Request Description:

Provide Spec sheet, Additional Forms, etc, if available

No file chosen

Justification / Purpose of Request:

9. Tab 3: Review, Route and Submit

- Requestor Information will auto populate along with all the items that you have entered.
- Requestor Signature is your First and Last Name, the Date/Time will automatically populate.

CC Hospital District STAR III – City Request

Request Signature	
Request Number: 20-50861	Incident Name: TSA-U Hospital Training
Requestor Signature: John Doe	Date/Time: 9/13/2018 14:00:32
Requestor Signature Tag: Submitted by DoeJohn1234 as TSA U Hospitals (CC Specialty)	

8. Routing

- STAR Status will need to have **Routing** chosen in the drop down.

STAR Status:

Routing ▼

- Responsible Party will be: **NU-Corpus Christi EMC**, you must click the >> to move it over from **Select** to **Send**.

Responsible Party:

Select:	<< >>	Send:
<input type="text"/>		NU-Corpus Christi EMC

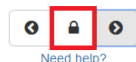
- Following will be: **NU-Corpus Christi EM Specialist**, you must click the >> to move it over from **Select** to **Send**.

Following:

Select:	<< >>	Send:
*NU-Corpus Christi FIN/ADMIN SC		NU-Corpus Christi EM Specialist

10.Editing: If you notice that you need to edit the form click on the  to unlock the page.

Return To List



Save as Draft

CC Hospital District STAR III – City Request

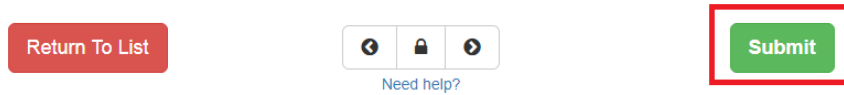
This opens the “edit” feature so that you can edit the section you need to.

Request Description [Edit](#)

Request:

Ambulance

11. Submit: Once the form is ready to submit click on Submit.



12. Request Dashboard: Once submitted, you will come back to the first screen in the STAR III – City menu. You can check to be sure your request was submitted or check on the status of your request from this menu.

What's New? TSA U Hospitals (CC Specialty) Training Requests

New Request Actions Locations Training All DDCs Nueces More Filters Search... Search Clear Search

Request Number	Requestor Information	Request Description	Incident Name / Request Status	Submitted / Last Updated	Options
20-50870 Follow	TSA U Hospitals (CC Specialty) (Doe.John1234) 361-888-8888 johnd@cctexas.com County: Nueces DDC: 20	Request: Water Qty: 20 20 Cases of Water	Incident: TSA-U Hospital Training STAR Level: STAR Status: Routing Responsible Party: NU-Corpus Christi EMC	Submitted: 9/13/2018 14:30:39 Last Update: 09/13/2018 14:30:39	Edit Actions [0] Details History