Resource Request: Medical and Health FIELD/HCF ² to Op Area											
R E		cident Name:					2a. DATE:	•	2b. TIME:		
Q U	3. B	equestor Name, Agency, Position, Phone / Email:					2c. Requestor	Tra c kir	0.#:		
E S							(Assigned by Reque				
T 0											
R											
Т О	4a.	Describe Mission/Tasks:									
c o											
M P											
L E	5. A	TTACH ADDITIONAL ORDER SHEETS, IF NEEDED		GENERAL: SUPPLY/EC	QUIPMENT	7	PERSONNEL		OTHER		
T E	6. C	RDER SUPPLY/EQUIPMENT/	PE	RSONNEL RE	QUEST	DE	AILS				
		DETAILED SP		IFIC ITEM DESC	RIPTION:	V		0			
	Prio	(Rx: Drug Name, Dosage Form, UNIT OF US	-	plies/Equipment	Charles In Lieu	- DO	ata	Quantity			
ΠE	Priority (See Below)	Medical Supplies: Item name, Size, Brand, etc							Expected Equipment/		
ITEM#	see Be	(December 1 to 1 December 1 Decem		Personnel	OLL/OD Lla acti	- 1/01::	1 -1-)	Requested	Staff Duration of Use:		
	low) ³	(Be specific: List Probable Duties, Required Lice	nse, S	Other	CU/OR, Hospit	al/Clinic	cal, etc.)	este			
		(Mobile Field Hospital; Ambulance Strike Team; Alternate Care Supply Cache; Facility-Tent, Trailer, Size, etc.)									
				<u>U</u>							
		·									
	7. R	equesting entity must confirm that these 3 requireme			ıbmission of re	equest					
		Is the resource(s) being requested nearly exhausted			ulaulin laval !	die - t -	1\ fuanc	-c			
Entity is unable to obtain resources within a reasonable time frame (based upon priority level indicated) from MOU/MOA's, department, or corporate office providers?									ictors,		
V		Entity s unable to obtain resource from other non-tra									
E W	8. C	OMMAND/MANAGEMENT REVIEW AND VERIFICATIONAME:	N (SIC	ONATURE INDICATES VERIFICATION:	ATION OF NEED AN		EST'S APPROVAL)	ralent			
		NAME.		FOSITION.		SiGN	in to the or equit	aicill			
	N										

²HCF = Health Care Facility

Resource Request Medical and Health (RRMH) Completion Instructions

Note: Within any large cell you can move to a new line within the cell by holding down the "Alt" key and pressing the "Enter" Key once for each new line needed. Name assigned by Incident Commander/ Juridictional Emergency Management: Be as general as possible, i.e.; March 2011 EQ or IED at 1. Incident Name: Covention Center. 2 **a. Date**: Use mm/dd/yyyy format Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time b. Time: indicate am or pm. This is a requestor generated number. Consider using a 3 letter entity identifier (fire department, etc.), county identifier (Cal EMA county code), or hospital code; a dash "-"; and, a 3 digit number frumber of this request - in c. Requestor Tracking Number: sequential order). Example CSM 001 is Cedars Sinai Medical Center and their first RRMH request. To be completed by whomever is filling this form. **Requestor Name:** Give a brief description of cason for request or duties to be performed. 4 a. Describe Mission/Tasks: Provide Name, Title, Location, Telephone #, E-mail, Radio Call Sign/#, and Deployment information to who will be receiving the requested items and b. Delivery/Reporting/Staging Info: where they should be derivered or whom will receive the items or meet the personnel, where they should arrive or stage, and what they should bring or have available to them. Check each box that applies to your order, if additional sheets are attached. If 5. Order Sheets: additional Line Item are needed, fill out the appropriate RRMH sheet for each type of request and attach to the cover sheet. 6. Order - Detailed Specific Item Description: ach NEW line item is numbered. Item #: Emergent <12 hours. (U)rgent >12 hours or (S)ustainment. If completing Priority: electronically there is a drop down menu. Specifically describe the requested item by using brand, sizes, model #, dose, form (tabs vs caps vs suspension), strength, quantities, etc. Example: 3M N-95 Mask, Model #1234 size Medium or Penicillin 500mg tablets - 100 **Detailed Description:** tablet/bottle, or Normal Saline1000ml IV fluid. RN w/ICU Experience, PharmD, MD w/OR Experience. Ambulance Strike Team (AST); Generator -Gas, 6000 KW; Drinking Water - 16oz bottles, etc. Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin 500mg Tabs - 100 Tabs/bottle - Quantity Requested 50 = Quantity Requested: hospital will receive 5000 tablets; N-95 3M 1860 1 Case = 120/case; IV fluid 1 Case = 12 Bags; AST 1 = 5 Ambulances with 1 Strike Team Leader; Water 1 Case = 24 bottles. This only applies to equipment and personnel. Supplies will normally be Expected duration of use: considered expendible and will not be returned. These guestions must be considered and answered to show the requestor's Confirm Requirements: efforts to fill the need from the closest available source at local or regularly used public agencies and/or private companies. Authorized management staff review and approve. Printed name, position, Command Review & Verification: and signature are required. Order Sheet Fulfillment To be completed by Logistics Section filling the request.

ORDER SHEET

									PAGE		OF			
6a. ORDER GENERAL: SUPPLY/EQUIPMENT REQUEST DETAILS								17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (DA EOS, Region, State).						
Item #	Priority ³	Detailed Specific Item Description: Vital characteristics, brand, specs, diagrams, and other info (Type of Equipment, name, capabilities, output, capacity, Type of Supplies, name, size, capacity, etc.)	Product Class (Ea, Box, Cs, Pack)	Items per Product Class	Quantity ² Requested	Expected Duration of Use:		euantity	Back- Ordered	Tracking #	Estimated Time of Arrival (Date & Time)	COST		
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		• • •												
Su	gest	sted Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment	(s):				Deliver to/Rep	port to Po	OC (Name	:/Title/Location/T	Гel#/Email∕Radio#)			

² QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .

³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

ORDER SHEET

								PAGE		OF	
6b.	. ORI	DER PERSONNEL REQUEST D	ETA	AILS	☐ PAID		NON-PAID		17. Logistics S	ection:Fulfi	Ument
ITEM#	Priority ³	Personnel Type & Probable Duties Indicate required license types (see list below) RN, MD, EMT-I, Pharmacist, LVN, EMT-P, NP, DVM, PA, RCP, MFT, DDS, LCSW, etc.	Number Needed	Minimum Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	Required Skills, Training, Certs (e.g., PALS, Current ICU experience, Languages, ICS training, Addt'l Lic. i.e., PHN, etc.)	Preferred Skills, Training, Certs	Date/Time Required Indicate anticipated mobilization or duty date.	Anticipated Length of Service Indicate days or hours.	Qual	ntity	Tracking # or DHV Mission Number
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				11							
Ad	ditio	nal Instructions:		•			Deliver to/Repo	ort to POC (Nan	ne, Title, Loc	ation, Tele#	, Email, Radio, etc.)
		O.O.	•								
Sta	ging	& Deployment Details (Parking/staging location? Food/	water	provided? Housing Provide	ed? Items personnel should br	ing? Etc.) Pro	vide Additional o	on Separate Pa	age, if need	led.	

³ PRICHITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)

ORDER SHEET

Priority of the state of the st	<u>, </u>	Detailed Specific Description	Product	_	Expected	Quantity				Estimated	
	3	(Facility: Type, Tent, Trailer Size etc.) (Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)	(Ea, Cache, Team)	Quantity ² Requested	Duration of Use:	Approved	Filled	Back- Ordered	Tracking #	Time of Arrival (Date & Time)	cos
									X		
								X			
						X					
				2							
			V								
						Dali a da (D	11. 0				
,	ested	d Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):				Deliver to/Ro	eport to PC	DC (Name, Ti	Location, T	 fele#, Email, Rac	lio, etc.

11AUG11

²QUANTITY: Number of individual items, caches, strike teams, or resources needed .

³ PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)