

# Santa Clara County RACES -- Radio Routing Slip

Rev: 190527

Radio Operator Only:

<sup>1</sup> Origin Msg #:

Destination Msg #:

**This Section to be Completed by Message Author/Creator:**

(Underlined=Required)

<sup>2</sup> Date:

<sup>3</sup> Time (24hr):

<sup>4</sup> Handling: ☐ Immediate (ASAP) ☐ Priority (<1 hr) ☐ Routine (<2 hr)

|                |                                    |                              |                                     |
|----------------|------------------------------------|------------------------------|-------------------------------------|
| <b>T<br/>O</b> | <sup>5</sup> <u>ICS Position</u> : | <b>F<br/>R<br/>O<br/>M</b>   | <sup>9</sup> <u>ICS Position</u> :  |
|                | <sup>6</sup> <u>Location</u> :     |                              | <sup>10</sup> <u>Location</u> :     |
|                | <sup>7</sup> <u>Name</u> :         |                              | <sup>11</sup> <u>Name</u> :         |
|                | <sup>8</sup> <u>Contact Info</u> : |                              | <sup>12</sup> <u>Contact Info</u> : |
| <b>Form:</b>   | <sup>13</sup> <u>Type</u> :        | <sup>14</sup> <u>Topic</u> : |                                     |

Instructions for Message Author/Creator:

1. Complete section above, surrounded by BOLD line (see instructions on back)
2. Fill in all Required fields
3. Attach to the front of a form to be sent via radio
4. Deliver to radio operator for transmission

**Radio Operator Only:**

**Relay:**

**Rcvd:**

**Sent:**

**Name:**

**Call Sign:**

**Date:**

**Time (24hr):**



County of Santa Clara  
Emergency Operations Center (EOC)  
**Resource Request Form 213RR**

**COMPLETED BY REQUESTOR**

|  |   |                          |   |
|--|---|--------------------------|---|
| <b>1. Incident Name</b>  | <b>2. Date Initiated</b>  | <b>3. Time Initiated</b> | <b>4. Tracking Number</b><br><i>(Completed by OA EOC)</i> |
| <b>5. Requested By</b> <i>(name, agency, position, email, phone)</i> | <p style="text-align: center;"><b>How to use the EOC Form 213RR</b></p> <p><b>Purpose</b>      The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.)</p> <p><b>When to use</b>      The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request.</p> <p><b>Prepared by</b>      Any EOC position or agency requesting resources from the OA</p> <p><b>Approved by</b>      Section Chief of the requesting EOC or Supervising Official at requesting agency</p> |                          |   |
| <b>6. Prepared by</b> <i>(name, position, email, phone)</i>          | <p><b>Routed to</b>      Planning Section → Logistics Section → Finance/Admin Section → EOC Director → Logistics Section</p> <p><b>Filed with</b>      Logistics Section Resource Tracking Unit / Planning Section Documentation Unit</p>   |                          |   |
| <b>7. Approved by</b> <i>(name, position, email, phone)</i>          | <p><b>User Notes</b>      The Form 213RR is a two-sided form. Side one is completed by the requestor. Side two is completed by the OA EOC.<br/><b>Please check that both sides are available.</b></p>   |                          |   |
| Signature: _____   |   |                          |   |

| <b>REQUESTED RESOURCE DETAILS</b> |  |   |   |   |                |
|-----------------------------------|--|---|---|---|----------------|
|                                   | 8. Qty/Unit  | 9. Resource Description <i>(kind/type, if applicable)</i> | 10. Arrival <i>(date/time)</i>                                | 11. Priority  | 12. Est'd Cost |
| Requesting Agency / EOC Section   |  |   |   | Now <input type="radio"/><br>High <input type="radio"/><br><i>(0-4 hours)</i><br>Medium <input type="radio"/><br><i>(5-12 hours)</i><br>Low <input type="radio"/><br><i>(12+ hours)</i> |                |
|                                   | <b>13. Deliver to</b> <i>(name, agency, position, email, phone)</i>  |   | <b>14. Location</b> <i>(address or lat./long., site type)</i> |   |                |
|                                   | <b>15. Substitute/Suggested Sources</b> <i>(name, phone, website)</i>  |   |   |   |                |
|                                   | <b>16. Supplemental Requirements</b> <i>(include details in #17)</i><br><br><div style="display: flex; justify-content: space-between;"> <div> <input type="radio"/> Equipment Operator<br/><br/> <input type="radio"/> Fuel<br/>               Fuel Type _____<br/><br/> <input type="radio"/> Meals<br/><br/> <input type="radio"/> Water         </div> <div> <input type="radio"/> Lodging<br/><br/> <input type="radio"/> Power<br/><br/> <input type="radio"/> Maintenance<br/><br/> <input type="radio"/> Other _____         </div> </div> |   | <b>17. Special Instructions</b>                               |   |                |
|                                   |  |   |   |   |                |



County of Santa Clara  
Emergency Operations Center (EOC)  
**Resource Request Form 213RR**

**COMPLETED BY OA EOC or DUTY OFFICER**

|  |   |                  |
|--|---|------------------|
| <b>OA EOC<br/>Plan/Intel<br/>Section</b> | <b>18. Plan/Intel Section Remarks/Comments</b> <i>(include general description of request)</i><br><br>    |                  |
|  | <b>19. Plan/Intel Section Chief Approval</b> <i>(print and sign)</i><br><br>                              |                  |
| <b>OA EOC<br/>Logistics<br/>Section</b>  | <b>20. Order Placed By</b> <i>(name, position, agency, phone, radio, email)</i><br><br>                   |                  |
|  | <b>21. Method of Procurement</b> <i>(filled-in house, agreement, purchase, etc.)</i><br><br>              |                  |
|  | <b>22. Supplier Name / Point-of-Contact Information</b> <i>(name, address, phone, fax, email)</i><br><br> |                  |
|  | <b>23. Logistics Section Remarks</b><br><br>  |                  |
|  | <b>24. Logistics Section Chief Approval</b> <i>(print and sign)</i><br><br>                               |                  |
| <b>OA EOC<br/>Fin/Admin<br/>Section</b>  | <b>25. Finance/Admin Remarks</b>  | <b>Date/Time</b> |
| <b>OA EOC<br/>Logistics<br/>Section</b>  | <b>26. Logistics Section Final/Demobilization Remarks</b>   | <b>Date/Time</b> |