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Resource Request			
Radio Operator Only:	Origin Msg #:	Destination. Msg #:	

This	This Section to be Completed by Jurisdiction Personnel: (Underlined=Required)									
Date:	<u>.</u>		<u>Time: (24hr):</u>	Handl	ling:	0	Immediate (ASAP)	OPriority (<1	hr)	ORoutine (<2 hr)
	ICS P	osition	<u>ı</u> :	1	F	<u>ICS P</u>	osition:			
Т	Loca	cation:			R	Location:				
0	Nam	ame:			0	Name:				
	Cont	ntact Info:			М	Cont	act Info:			
Reso	ource	e Ord	er							
<u>Title</u> :	i i									
Juriso	diction	<u>ı</u> :								
Date:	<u>:</u>						Time:			
		Item N	lame:					Quantity F	≀eqı	uested:
Item	1	Descri	ption:							
itteiii	• [
		Include	es Items for Demobilizatio	<u>n?</u>	0	Yes	O No			
		Item N	lame:					Quantity F	lequ	uested:
Item		Descri	ption:							
ite										
		Include	es Items for Demobilizatio	n?	0	Yes	O No			
	Item Name: Quantity Requested:						uested:			
Item		Descri	ption:							
ite	`									
		Include	es Items for Demobilizatio	n?	0	Yes	O No			
		Item Name: Quantity Requested:						uested:		
Description: Item 4										
100										
		Include	es Items for Demobilizatio	n?	0	Yes	O No			
	L	Item N						Quantity F	lequ	uested:
Description: Item 5										
100	Ĭ									
		Include	es Items for Demobilizatio	n?	0	Yes	O No			
Item Name: Quantity Requeste						uested:				
Item		Descri	ption:							
	` <u> </u>									
		Include	es Items for Demobilizatio	n?	0	Yes	O No			

SCCo ARES/RACES

<u>Resource</u>	e Request	Radio Origin Msg #:			
Priorit	tv				
Priority		O Medium (1 - 2 days)			
(Pick On		O Low (2 – 3 days)			
(FICK OII	e) Criigii (within 24 hours)	C Low (2 – 3 days)			
Reque	ested By Details				
Reques	ted By Name:	Signature:			
Reques	ted By Phone:	Requested By Email:			
Reques	ted By Position:				
Incide	ent Details				
<u>Is this re</u>	equest related to a current JURISDICTION activati	cion? O Yes O No			
If above	e question is Yes, name of Jurisdiction's incident:				
Is this r	Is this request related to a current COUNTY activation? O Yes O No				
If above question is Yes, name of County incident:					
Comm	nents				
Radio O	perator Only:				
Relay: Rcvd: Sent:					

Date:

Time (24hr):

Call Sign:

SCCo ARES/RACES

Name:

Instructions: Resource Request

Purpose: This Resource Request form is used to request items that cannot be fulfilled in the current jurisdiction or site.

Instructions for Jurisdictions (only some fields documented here):

Field	Instructions				
Date	Required. Enter the date created.				
Time	Required. Enter the time created. Use 24-hour time.				
Handling	Required. Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.				
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.				
ICS Position	Required. Enter the ICS position name.				
Location	Required. Enter the location.				
Name	Optional. Enter only if the message is to a specific individual.				
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.				
Title	Required. A descriptive description of this entire request. This should reflect your jurisdiction or site plus an overarching description of the items requested. Such as: "City of Sun Park – 2 bulldozers" or "Sunny Oaks Shelter #1: Cots, hygiene kits, and charging stations"				
Jurisdiction	Required. Enter the name of the municipality/jurisdiction.				
Date/Time	Required. Enter the date and time of this form creation. Use 24-hour time.				
Item(s)	 Required (minimum 1 item). Ensure that each item is a singular item. For instance, a bulldozer with operator and diesel will contain three items in the Resource Request: Item 1: Track Dozer, Type III, such as: D6N Item 2: 79 gallons diesel (onboard), plus an additional 200 gallons Item 3: Qualified operator for three days of 12-hour shifts 				
	Item Name Name of the item				
	Description Includes Items for Demobilization?	Gives enough detail to ensure the requested item is clear. Identifies items that are inventoried and expected to be returned.			

Instructions for Radio Operators:

Field	Instructions		
Origin Msg #	Required. Enter the message number of the original sending station.		
Destination Msg #	Required. Enter the message number of the ultimate destination station.		
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.		
Name	Required. Enter the first initial and last name of the radio operator that handled the message.		
Call Sign	Required. Enter the call sign of the radio operator that handled the message.		
Date	Required. Enter the date the message was sent/received.		
Time	Required. Enter the time the message was sent/received. Use 24-hour time.		