

# Resource Request

ICS-213 RR HCA  
(10/2011)

Provider / Facility Name:	Date/Time:	<b>Has your organization / Facility exhausted all other available resources?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Provider / Facility Delivery Address:		

**PLACE ORDER**  
 Instructions: Complete all unshaded areas. Document submitted to City EOC

Qty.	General Description	Detailed item description (Vital characteristics, brand, specs, experience, etc. & if applicable describe purpose/use, attach diagrams, & other descriptive info)	ETA	Source
200	Sample Item	Medium and Large "Sample Items" are needed. ABC brand is preferable, but will accept other generic brand.		

Requested by Name/Position:	Phone:	OCHCA Logistics Approval:	Date/Time:
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Logistics Order No.:	Supplier Name/Phone/Fax/Email:
Notes:	
Approval Signature of Auth Logistics Rep:	Date/Time:

Requestor

Logistics