Page 1 of \_\_\_\_\_

Op Area (MHOAC) to Region/State **Resource Request: Medical and Health** RR MH (11AUG11) 1. Incident Name: 2a. DATE: 2b. TIME: Ε Q U Ε 3. Requestor Name, Agency, Position, Phone / Email: 2c. Requestor Tracking #: s (Assigned by Requesting Entity) Т 0 R 4a. Describe Mission/Tasks: 4b. Delivery/Reporting/Staging Information: Т 0 С 0 М Р L Ε Т 5. ORDER SHEETS - USE ATTACHED 6a. SUPPLIES/EQUIPMENT 6b. PERSONNEL 6c. OTHER: 7b. MHOAC/OA EOC Contact Information: (Tele #, E-Mail, FAX, etc.) 7a. OA/MHOAC must confirm that the verification questions in the PH&M EOM have been reviewed and answered. This request meets the submission criteria as stated in the PH&M EOM. M The creation of this request was in consulation with the RDMHC Program. Н 0 8. MHOAC/OA EOC Review: (NAME, POSITION , AND SIGNATURE) [SIGNING INDICATES: 1) THE NEED HAS BEEN 9. Describing the actions taken on this request so far. VERIFIED; 2) RESOURCES ARE NOT AVAILABLE AT THIS LEVEL; and, 3) THE REQUEST IS COMPLETE) Α NAME: POSITION: SIGNATURE: С 12. Resource Tracking: NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State). 0 10. Additional Order Fullfillment Information: 11. Likely Supplier Name/Phone/Email: Entered into Resource Tracking System/RIMS G Demob Expected: Demob Completed (if known): S 14. ORDER FILLED AT (check box) 13. Notes: Operational Area: OA within Mutual Aid Region: C S Outside of Region: 15. Reply/Comments from Finance: 16. Finance Section Signature & Date/Time: (Name, Position & Verification) Ν Α N С

## Resource Request Medical and Health (RRMH) Completion Instructions

11AUG11

Care Facility's Tracking Number. Or, the Operational Area EOC/ MHOAC could include a OA Tracking Number in this box for a reference number for their purposes. The Region, REOC, SOC, could also include a Tracking Number here for their tracking purposes.  3. Requestor Name & POC Info:  List the complete contact information of the requestor/creator of RRMH  4 a. Describe Mission/Tasks:  Give a brief description of reason for request or duties to be performed.  Provide Name, Title, Location, Telephone #, E-mail, Racial Sign/#, and Deployment information to who will receive or meet the personnel, where they should arrive or stage, and what they should bring or have available to them.  5. Order Sheets:  Check each box that applies to your order.  6. Order - Sa. Supply/Equipment; 6b. Personnel; and/or, 6c. Other Sheets Details:  Item #:  Each NEW line item is numbered.  Priority:  Detailed Description:  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 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 - 16cz bottles, etc.  Quantity Requested:  Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin 500mg Tabs - 100 Tab/bottle - Quantity Requested 50 = 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 Srike Team Leader; Water 1 Case = 24 bottles.  Expected duration of use:  This only applies to equipment and personnel. Supplies will normally be considered expendible and will not be returned.  Provide any known or potential sources for the items requested; any suitable substitutes that might be acceptable; or, any comments or special delivery instructions, location or Point of Contact.  7 a. Confirm Requirements:  OA/MHOAC mus		an move to a new line within the cell by holding down the "Alt" Key and
ED at the Convention Center.	pressing the "Enter" Key once for	or each new line needed.
b. Time:  Military Time is preferred, i.e. 1900 = 7:00pm. If unable to use Military Time indicate am or pm.  c. Requestor Tracking Number:  This is a requestor generated number. This could be the original requesing Field Entity/Health Care Facility's Tracking Number for, the Operational Area EOC/ MHOAC could include a OA Tracking Number in this box for a reference number for their purposes. The Region, REOC, SOC, could also include a Tracking Number here for their tracking purposes.  3. Requestor Name & POC Info:  List the complete contact information of the requestor/creator of RRMH  4 a. Describe Mission/Tasks:  D. Delivery/Reporting/ Staging Info:  D. Delivery/Reporting/ Staging Info:  D. Delivery/Reporting/ Staging Info:  D. Creck each box that applies to your order.  Check each box that applies to your order.  Check each box that applies to your order.  Check each box that applies to your order.  Priority:  Detailed Description:  Detailed Description:  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 S00mg tables: 100 table/bottle, or Normal Info/100 MI WIGC Experience. Pharmb, MD w/OR Experience. Ambulance Strike Team (AST); Generator - Gas, 6000 KW; Drinking Water - 1602 bottles, etc.  Quantity Requested:  Quantity wanted based upon each, this is to simplify the ordering process. Example: Penicillin S00mg tables: 100 table/bottle, or Normal Info/100 MI WIGC Experience. Pharmb, MD w/OR Experience. Ambulance Strike Team (AST); Generator - Gas, 6000 KW; Drinking Water - 1602 bottles, etc.  Expected duration of use:  This only applies to equipment and personnel. Supplies will normally be considered expendible and will not be returned.  Suggested Source(s) Sultable Substitute(s) Special Delivery Comments:  7 a. Confirm Requirements:  OA/MHOAC must confirm and verify that the request is in compliance with the provisions of the California Public Health & Medica	1. Incident Name:	
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<b>10. through 17.</b> To be completed by level/entity filling the request.	9. Actions Taken:	Provide information regarding actions that have been taken to fill the request within the OA or through existing MOUs/MOAs.
	10. through 17.	To be completed by level/entity filling the request.

## **ORDER SHEET**

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ltem	Priority <sup>3</sup>	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 <sup>2</sup>	Expected Duration of Use:	Quantity			Tracking #	Estimated Time of Arrival	COST	
# 5	ty <sup>3</sup>				Requested		Approved	Filled	Back- Ordered		(Date & Time)		
Suç	Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):					Deliver to/Report to POC (Name/Title/Location/Tel#/Email/Radio#)							

 $<sup>^{2}</sup>$  QUANTITY: Number of individual pieces of equipment or boxes, cases, or packages of supplies needed .

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

## ORDER SHEET

	PAGE of											
6b. ORDER PERSONNEL REQUEST DETAILS						NON-PAID	17. Logistics Section:Fulfillment					
ITEM #	Priority <sup>3</sup>	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.	Q Approved	ntity Filled	Tracking # or DHV Mission Number	
Additional Instructions:  Deliver to/Report to POC (Name, Title, Location, Tele#, Email, Radio, etc.)												
Sta	Staging & Deployment Details (Parking/staging location? Food/water provided? Housing Provided? Items personnel should bring? Etc.) Provide Additional on Separate Page, if needed.											

## **ORDER SHEET**

6c. ORDER OTHER REQUEST DETAILS						17. Logistics Section: Fulfillment NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).						
Item #	Priority	Detailed Specific Description (Facility: Type, Tent, Trailer Size etc.)	Product (Ea, Cache,	Quantity <sup>2</sup>	Expected Duration of	Quantity			Tracking #	Estimated Time of	COST	
n #	ity <sup>3</sup>	(Mobile Resources: Alternate Care Supply Cache, Mobile Field Hospital, Ambulance Strike Team)	Team) Requested		Use:	Approved	Filled	Back- Ordered	rracking #	Arrival (Date & Time)	0031	
Sugg	este	d Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):				Deliver to/Re	port to PO	C (Name, T	itle, Location,	Tele#, Email,	Radio,	

PAGE \_\_\_\_ OF

 $<sup>^{2}</sup>$  QUANTITY: Number of individual items, caches, strike teams, or resources needed .

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