|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name & Number**  COVID 19 / 2020-0595 | | | | | | | **2. Check if Verbal Request** ☐ | | **3. Initial Order Date / Time**  Click here to enter text. | | | | | | | **4. Resource Request Name**  Supply | | | | |
| **5. Requesting Jurisdiction / Organization** | | | | | | | **6. Requested by: Name / Title** | | | | | | | | | **7. Point of Contact: (Name/Phone/Email)** | | | | |
| **8. Delivery Reporting/Location:** | | | | | | | **9. Date/Time Needed**  ASAP | | | **10. Request Priority** | | | | | **Life Safety**  ☐ | | | **Urgent**  x | | **Routine**  ☐ |
| **11. Request Kind** | | | **Assistance**  ☐ | | **Information**  ☐ | | **Facility**  ☐ | **Declaration**  ☐ | | **Overhead**  ☐ | | **Equipment**  ☐ | | | **Supplies**  ☒ | | | **Aircraft**  ☐ | |
| **12. Order (Use additional forms when requesting different resource source of supply)** | | | | | | | | | | | | | | | | | | | | |
| **Request Number** | **Qty** | **Kind** | | **Type or Size** | | **Item Description** | | | **Source** | | | | **Items approved for shipment (MC Health)** | | | | | | **Shipped Items** | |
| **OHA** | **Donated** | **Federal** | | **Qty** | **Kind** | | | **Type or Size** | | **Qty./Kind/Size/Manufacture** | |
|  |  | Each | | Universal | | KN95s (Treated like cloth masks) | | |  |  |  | |  |  | | |  | |  | |
|  |  | Each | | 1 gallon | | Hand Sanitizer | | |  |  |  | |  |  | | |  | |  | |
|  |  | Each | |  | | Face shields | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
|  |  |  | |  | |  | | |  |  |  | |  |  | | |  | |  | |
| **13. Has requester attempted to use following:** ☐ **YES**  ☐ **NO** | | | | | | **Mutual Aid:** | | **Vendors** | | **Other:** | | | **14. Mission Critical Info or Operations Environment/Condition:**  SEE NOTES (Place Information in the Notes Section) | | | | | | | |
| **15. Signatures** | | | | | | | | | | | | | | | | | | | | |
| **Approved: Medical Distribution Operations Supervisor (Date/Time)** | | | | | | | | | **Verbal Approval**  ☐ | | | **Approved: EM- Logistics Section Chief (Date/Time)** | | | | | | | | |
| **Receiving/Distribution Manager (Date/Time)**  **X** | | | | | | | | | **Agency/Organization Rep. (Date/Time); Acknowledging of receiving and responsibility of goods as is.**  **X** | | | | | | | | | | | |
| **Finance Section Chief (if needed) (Date/Time** | | | | | | | | | **EM Director or County EM (if needed) (Date/Time:** | | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Date/Time** | **Notes** | **Initials** |
|  |  | Click here to enter text. |
| date | Insert reason for requesting this PPE (justification for request) i.e unable to obtain from vendors, expense causes undue burden on our organization, etc.  Available PPE & supplies distributed for public safety and to comply with Governor rules. |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |