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| --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |  |
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| **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:** |

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| --- | --- | --- |
| **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. |  |
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