

County of Santa Clara

Emergency Operations Center (EOC)

Resource Request Form 213RR for COVID-19

			COM	PLETED	BY REQ	UESTOR				
1. Incident Name				2. Date Initiated		3. Time Initiated	4. Tracking Number (Completed by OA EOC)			
2019 Novel Corona Virus (COVID-19)							(Completed b	y OA EOC)		
5. Reques	sted E	By (name,	agency, position, email, phone		How to use the EOC Form 213RR					
				Purpose	personnel, tea	RR is used to request non ms, equipment, utilities, fu gement activity required fr	uel, facilities, or any	other resource or		
				When to use	The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request.					
				Prepared by	Any EOC position or agency requesting resources from the OA					
				Approved by	Section Chief of the requesting EOC or for PPE your Deputy County Executive or Supervising Official at requesting agency					
6. Prepared by (name, position, email, phone)				Routed to	Logistics Section - SCC Resource Tracking Unit Send signed form via email to: resourcetracking@eoc.sccgov.org					
				Filed with	Logistics Section Resource Tracking Unit / Planning Section Documentation Unit					
7. Approved by (name, position, email, phone)				User Notes	The EOC is a last resort provider and you may be responsible for the cost of the requested items. The Form 213RR is a 4 page form. Please check that all pages are available. Page 1 is required for all requesters. Please be sure the form has proper signatures for Approved By (box 7). If requesting PPE, page 2: PPE Request Details is required. If a County Department requests personnel, Page 3: Disaster Service Activity is required. Page 4 is completed by the OA EOC.					
Signature	e:									
		REQUESTED RESOURCE DETAILS								
	8. Q	8. Qty/Unit 9. Resource Description page 2 for PPE Requests, Page 2				. Arrival (date/time)	11. Priority	12. Est'd Cost		
							Now High (0-4 hours)			
Section							Medium (5-12 hours)			
							Low (12+ hours)			
Requesting Agency / EOC	13. Deliver to (name, agency, position, email, phone)				14	14. Location (address or lat./long., site type)				
	15. Substitute/Suggested Sources (name, phone, website)									
	16. Supplemental Requirements (include details in #17)				17	17. Special Instructions				
Re				odging						
	F			ower						
		Meals	<u> </u>	laintenance						
	H		0 0	Other						
	Water									

Last Revised: 05/20 Form 213RR

213RR COVID-19 - PPE Request Details

PPE / Testing Supplies Requests						
Entity Name						
Entity Type		FNAC CALC Licenstel Laboratory Circh Do	anandar 🗆 Marti	om. Duome Heelth		
		BMS □ SNF □ Hospital □ Laboratory □ First Responder □ Mortuary □ Home Health				
	☐ City/Jurisdiction ☐ Private Provider/Dentist ☐ School ☐ County of Santa Clara Department					
	☐ Other					
By requesting PPE	from the Ei	mergency Operations Center of the County of Santa Clar	a, I certify that:			
1. The PPE reau	ested will be	e used for a medical need/procedure that if not perform	ed could result]YES □ NO □N/A		
in serious inju						
	•	uired PPE Survey (daily for hospitals, weekly for SNFs, or	ne time for all]YES □ NO □N/A		
others if quar	-			,		
3. I have tried e	xtensively th	nrough all known vendor options and have exhausted all	possible PPE]YES □ NO □N/A		
procurement	options prid	or to making this request.				
4. I understand	that I may b	e billed, and I agree to pay the County's costs for this PP	E request in	YES □ NO □N/A		
the future.						
5. PPE will be us	sed for the p	rovision of clinical services in Santa Clara County		ìyes □ no □n/a		
Additional Comm	ents:					
High-Priority PPE	Items					
Categor		Item Type	Size	Quantity Requested		
Eye Protec		Goggles	ONE SIZE	ea		
Eye Protec		Face Shield	ONE SIZE	ea		
Gloves		Gloves Nitrile	XS	ea		
Gloves		Gloves Nitrile	S	ea		
Gloves Gloves		Gloves Nitrile Gloves Nitrile	<u>M</u>	ea		
Gloves		Gloves Nitrile Gloves Nitrile	XL	ea		
Gown		Disposable Gowns		ea		
Gown		Disposable Gowns Disposable Gowns	XL	ea ea		
Gown		Disposable Gowns	2XL	ea		
Gown		Washable Gowns	ONE SIZE	ea		
Mask N9)5	3M N95 1860 (regular)	ONE SIZE	ea		
Mask N9		3M N95 1860S (small)	ONE SIZE	ea		
Mask N9		3M N95 1870	ONE SIZE	ea		
Mask N9		Cardinal Health N95-ML	ONE SIZE	ea		
Mask N9)5	NIOSH N95 Mask (non-vented)	ONE SIZE	ea		
Mask N9		NIOSH N95 Mask (vented)	ONE SIZE	ea		
Mask Non-	N95	Ear-loop Face Mask - Surgical/Procedure	ONE SIZE	E ea		
Testing Sup	plies	Nasopharangyl Swab	ONE SIZE	ea		
Testing Sup	plies	Nasal Swab	ONE SIZE	ea		
Testing Sup	plies	Viral Transport Medium	ONE SIZE	ea		
Non-Priority PPE	Items					
Categor	v	Item Type	Size	Quantity Requested		
Coveral		Coveralls	l I	ea		
Coverall		Coveralls	XL	ea		
Coverall		Coveralls	2XL			
Coverall		Coveralls	3XL	ea ea		
Hair Covers		Hair Covers	ONE SIZE	ea		
Mask Non-N95		Ear-loop Face Mask - Non-Surgical / Procedure	ONE SIZE	ea		
Mask Non-N95		Dust Face Mask	ONE SIZE	ea		
Mask Non-N95		P3V Face Mask	ONE SIZE	ea		
Sanitizer		Hand Sanitizer	1 GAL	ea		
Sanitizer		Hand Sanitizer	12 OZ ea			
Sanitizer		Hand Sanitizer 4 OZ		ea		
Sanitizer		Disinfectant Wipes	ONE SIZE	ea		
Shoe Covers		Shoe Covers	ONE SIZE	ea		

	Disaster Service Activity
EOC Tracking #	
Report to	
Contact Number	
Location to report	
Date(s) to report	
Schedule	
Duration	
Duties	
Items to bring with you	
Types of PPE provided	
Amenities (ie break room, lunch provided, etc)	

If you have any questions regarding this request, please email the EOC personnel unit at personnel@eoc.sccgov.org.

Thank you in advance for your help, EOC Personnel Unit



County of Santa Clara Emergency Operations Center (EOC)

Resource Request Form 213RR

COMPLETED BY OA EOC or DUTY OFFICER						
	18. Order Placed By (name, position, agency, phone, radio, email)					
OA EOC Logistics Section	19. Method of Procurement (filled-in house, agreement, purchase, etc.)					
	20. Supplier Name / Point-of-Contact Information (name, address, phone, fax, email)					
	21. Logistics Section Remarks					
	22. Logistics Section Chief Approval (print and sign)					
OA EOC Fin/Admin Section	23. Finance/Admin Section Chief Remarks and Approval (print and sign)	Date/Time				
OA EOC Management Section	24. EOC Director/County Executive Remarks and Approval (print and sign)	Date/Time				
OA EOC Logistics Section	25. Logistics Section Final/Demobilization Remarks	Date/Time				