Resource Request (ics 213 RR) (adapted for RAC/hpp Use)

| 1. **Incident Name:**

 **COVID-19 RAC/HPP PPE Request** | **2. Date/Time**  | **3. Resource Request Number:** |
| --- | --- | --- |
| **2Requestor** | **4. Order** (Use additional forms when requesting different resource sources of supply.)**:** |
| Qty | Kind | Type | Detailed Item Description:  | Burn Rate *use formula in red below or CDC calculator for each item requested and enter result below:* | # Days on Hand | Cost |  **5. Resource Status** |  |
| Received by | Date/Time | Assigned to | Released to  | Date/Time |
|  |  |  | N95 |  |  | n/a |  |  |  |  |  |
|  |  |  | Gloves |  |  | n/a |  |  |  |  |  |
|  |  |  | Face Shield |  |  | n/a |  |  |  |  |  |
|  |  |  | Surgical Gown |  |  | n/a |  |  |  |  |  |
|  |  |  | Procedure Mask |  |  | n/a |  |  |  |  |  |
|  |  |  | Impermeable Coverall w/o hood |  |  | n/a |  |  |  |  |  |
|  |  |  |  |  |  | n/a |  |  |  |  |  |
|  |  |  |  |  |  | n/a |  |  |  |  |  |
| **CDC burn rate calculator is available at:** [**https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html**](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html) **OR you may use the formula in red below:** |
| Burn rate formula: # of Auth Personnel \_\_ X # Used Per Shift Per Day X 3 days = Requested total |
| Positive COVID-19 contact (yes or no)? |  |
| Number of essential staff needing PPE |  |
| Number of patients in isolation (if applicable) |  |
| Total bed capacity (if applicable) |  |
| Current patient census |  |
| **Please attach the required supporting documentation showing:** |
| 1. All other means of procuring items have been exhausted, orders have been cancelled or on back order (copies of replies from vendor will work)
 | Attached? |
| 1. Confirmation that PPE is being conserved according to CDC guidance (such as copy of agency memo or policy)
 | Attached? |
| **6. Requesting Location and Address:** |
|  |
| **7. Suitable Substitutes and/or Suggested Sources*: Any brand is acceptable on any of the items.*** |
| **8. Requestor Name/Organization/Title:****Requestor E-mail:****Requestor Phone Number:** **Authorized to Pick up: Name/Title:****Authorized Personnel E-mail:****Authorized Personnel Phone Number:** | **9. Priority:** ⬜ Urgent ⬜ Routine ⬜ Low | **10. Section Chief Approval:** |
| **Logistics** | **11. Logistics Order Number:** | **12. Supplier Phone/Fax/Email:** |
| **13. Name of Supplier/POC:** |
| **14. Notes:** |
| **15. Approval Signature of Auth Logistics Rep:** | **16. Date/Time:** |
|  | **17. Order placed by:**  |
| **Finance** | **18. Reply/Comments from Finance:** |
| **19. Finance Section Signature:** | **20. Date/Time:** |
| **ICS 213 RR, Page 1** |

**3/26/20**