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:** | | | | | | | |
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**3/26/20**