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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Incident Name:** | | | | | | **2. Date/Time** | **3. Resource Request Number:** | | | |
| **Requestor** | **4. Order** (Use additional forms when requesting different resource sources of supply.)**:** | | | | | | | | | |
| Qty. | Model  Number | Type  (Gowns, Gloves, Masks) | Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.) | | | **Current Inventory on Hand** | | Estimated Date of Exhaustion |
| On Hand | Daily Consumption |
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| 5. Requested Delivery/Reporting Location: | | | | | | | | | |
| 6. Suitable Substitutes and/or Suggested Sources: | | | | | | | | | |
| 7. Requested by Name/Position: | | | | 8.Priority: Urgent Routine Low | | 9. Section Chief Approval: | | | |
| **Additional Data Needed** | 10. Have all commercial resources been exhausted? | | | |  | |  | | | |
| 11. Have all local resources been exhausted? | | | |  | |  | | | |
| 12. Have all Health related resources been exhausted? (Example HCC, PHEP etc…) | | | |  | |  | | | |
| Emergency Manager Signature/Date: | | | |  | |  | | | |