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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: |  |  |