

# Santa Clara County RACES -- Radio Routing Slip

Rev: 190527

Radio Operator Only:	<sup>1</sup> Origin Msg #:	Destination Msg #:
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<b>This Section to be Completed by Message Author/Creator:</b>				<u>(Underlined=Required)</u>	
<sup>2</sup> <u>Date:</u>		<sup>3</sup> <u>Time</u> (24hr):		<sup>4</sup> <u>Handling:</u> <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr)	
<b>T O</b>	<sup>5</sup> <u>ICS Position:</u>			<b>F R O M</b>	<sup>9</sup> <u>ICS Position:</u>
	<sup>6</sup> <u>Location:</u>				<sup>10</sup> <u>Location:</u>
	<sup>7</sup> <u>Name:</u>				<sup>11</sup> <u>Name:</u>
	<sup>8</sup> <u>Contact Info:</u>				<sup>12</sup> <u>Contact Info:</u>
<b>Form:</b>		<sup>13</sup> <u>Type:</u>		<sup>14</sup> <u>Topic:</u>	

**Instructions for Message Author/Creator:**

1. Complete section above, surrounded by BOLD line (see instructions on back)
2. Fill in all Required fields
3. Attach to the front of a form to be sent via radio
4. Deliver to radio operator for transmission

<b>Radio Operator Only:</b>			
<b>Relay:</b>	<b>Rcvd:</b>	<b>Sent:</b>	
<b>Name:</b>	<b>Call Sign:</b>	<b>Date:</b>	<b>Time (24hr):</b>

## Instructions: Radio Routing Slip

**Purpose:** The SCCo RACES Radio Routing Slip is used to add the necessary radio handling information to an existing form that does not already have these fields.

### Instructions for Message Authors/Creators:

Field	Instructions
<b>Date</b>	<u>Required</u> . Enter the date created.
<b>Time</b>	<u>Required</u> . Enter the time created. Use 24-hour time.
<b>Handling</b>	<u>Required</u> . Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
<b>TO / FROM</b>	If needed, radio operator can suggest most appropriate TO position and location.
<b>ICS Position</b>	<u>Required</u> . Enter the ICS position name.
<b>Location</b>	<u>Required</u> . Enter the location (such as name of EOC, hospital, base, command post, shelter, ...).
<b>Name</b>	Optional. Enter only if the message is to/from a specific individual.
<b>Contact Info</b>	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
<b>Form</b>	This info will aid in matching the associated form if this routing slip becomes separated.
<b>Type</b>	<u>Required</u> . Enter the type of the attached form. Example: "213RR"
<b>Topic</b>	<u>Required</u> . Enter the topic/subject of the attached form. Example: "Barricades"

### Instructions for Radio Operators:

**Important:** Write the Origin message number on the top right of the attached form, in case it becomes separated. Staple this routing slip to the front of the form being handled. Fields are numbered in the order they should be sent over the air.

Field	Instructions
<b>Origin Msg #</b>	<u>Required</u> . Enter the message number of the original sending station.
<b>Destination Msg #</b>	<u>Required</u> . Enter the message number of the ultimate destination station.
<b>Relay</b>	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
<b>Name</b>	<u>Required</u> . Enter the first initial and last name of the radio operator that handled the message.
<b>Call Sign</b>	<u>Required</u> . Enter the call sign of the radio operator that handled the message.
<b>Date</b>	<u>Required</u> . Enter the date the message was sent/received.
<b>Time</b>	<u>Required</u> . Enter the time the message was sent/received. Use 24-hour time.



County of Santa Clara  
Emergency Operations Center (EOC)  
**Resource Request Form 213RR**

**COMPLETED BY REQUESTOR**

<b>1. Incident Name</b>	<b>2. Date Initiated</b>	<b>3. Time Initiated</b>	<b>4. Tracking Number</b> <i>(Completed by OA EOC)</i>
<b>5. Requested By</b> <i>(name, agency, position, email, phone)</i>	<b>How to use the EOC Form 213RR</b>		
	<p><b>Purpose</b> The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.)</p> <p><b>When to use</b> 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.</p> <p><b>Prepared by</b> Any EOC position or agency requesting resources from the OA</p> <p><b>Approved by</b> Section Chief of the requesting EOC or Supervising Official at requesting agency</p>		
<b>6. Prepared by</b> <i>(name, position, email, phone)</i>	<p><b>Routed to</b> Planning Section → Logistics Section → Finance/Admin Section → EOC Director → Logistics Section</p> <p><b>Filed with</b> Logistics Section Resource Tracking Unit / Planning Section Documentation Unit</p>		
<b>7. Approved by</b> <i>(name, position, email, phone)</i>	<p><b>User Notes</b> The Form 213RR is a two-sided form. Side one is completed by the requestor. Side two is completed by the OA EOC. <b>Please check that both sides are available.</b></p>		
Signature: _____			

**REQUESTED RESOURCE DETAILS**

	8. Qty/Unit	9. Resource Description <i>(kind/type, if applicable)</i>	10. Arrival <i>(date/time)</i>	11. Priority	12. Est'd Cost
<b>Requesting Agency / EOC Section</b>				Now <input type="radio"/> High (0-4 hours) <input type="radio"/> Medium (5-12 hours) <input type="radio"/> Low (12+ hours) <input type="radio"/>	
	<b>13. Deliver to</b> <i>(name, agency, position, email, phone)</i>			<b>14. Location</b> <i>(address or lat./long., site type)</i>	
	<b>15. Substitute/Suggested Sources</b> <i>(name, phone, website)</i>				
	<b>16. Supplemental Requirements</b> <i>(include details in #17)</i>			<b>17. Special Instructions</b>	
	<input type="radio"/> Equipment Operator <input type="radio"/> Lodging <input type="radio"/> Fuel <input type="radio"/> Power Fuel Type _____ <input type="radio"/> Maintenance <input type="radio"/> Meals <input type="radio"/> Other _____ <input type="radio"/> Water				



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**COMPLETED BY OA EOC or DUTY OFFICER**

<b>OA EOC Plan/Intel Section</b>	<b>18. Plan/Intel Section Remarks/Comments</b> <i>(include general description of request)</i>  	
	<b>19. Plan/Intel Section Chief Approval</b> <i>(print and sign)</i>  	
<b>OA EOC Logistics Section</b>	<b>20. Order Placed By</b> <i>(name, position, agency, phone, radio, email)</i>  	
	<b>21. Method of Procurement</b> <i>(filled-in house, agreement, purchase, etc.)</i>  	
	<b>22. Supplier Name / Point-of-Contact Information</b> <i>(name, address, phone, fax, email)</i>  	
	<b>23. Logistics Section Remarks</b>  	
	<b>24. Logistics Section Chief Approval</b> <i>(print and sign)</i>  	
<b>OA EOC Fin/Admin Section</b>	<b>25. Finance/Admin Remarks</b>	<b>Date/Time</b>
<b>OA EOC Logistics Section</b>	<b>26. Logistics Section Final/Demobilization Remarks</b>	<b>Date/Time</b>