



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

COMPLETED BY REQUESTOR

1. Incident Name	2. Date Initiated	3. Time Initiated	4. Tracking Number <i>(Completed by OA EOC)</i>
5. Requested By <i>(name, agency, position, email, phone)</i>	<p style="text-align: center;">How to use the EOC Form 213RR</p> <p>Purpose 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>When to use 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>Prepared by Any EOC position or agency requesting resources from the OA</p> <p>Approved by Section Chief of the requesting EOC or Supervising Official at requesting agency</p>		
6. Prepared by <i>(name, position, email, phone)</i>	<p>Routed to Planning Section → Logistics Section → Finance/Admin Section → EOC Director → Logistics Section</p> <p>Filed with Logistics Section Resource Tracking Unit / Planning Section Documentation Unit</p>		
7. Approved by <i>(name, position, email, phone)</i>	<p>User Notes The Form 213RR is a two-sided form. Side one is completed by the requestor. Side two is completed by the OA EOC. Please check that both sides are available.</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	
Requesting Agency / EOC Section				Now <input type="radio"/> High (0-4 hours) <input type="radio"/> Medium (5-12 hours) <input type="radio"/> Low (12+ hours) <input type="radio"/>		
	13. Deliver to <i>(name, agency, position, email, phone)</i>			14. Location <i>(address or lat./long., site type)</i>		
	15. Substitute/Suggested Sources <i>(name, phone, website)</i>					
	16. Supplemental Requirements <i>(include details in #17)</i>			17. Special Instructions		
	<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

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