



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>