

California Department of Public Health
Healthcare-Associated Infections Program

Local Health Department's COVID-19 Best Practices

Best Practice Example: Resource Request Message (ICS 213 RR), Stanislaus County

FILL OUT YELLOW HIGHLIGHTED AREAS. EXPECT TWO WEEK LEAD TIME WITH NO GUARANTEE THAT REQUEST CAN BE FILLED. IF FILLED, FACILITY WILL BE REQUIRED TO PICK UP FROM COUNTY WAREHOUSE LOCATION (TO BE PROVIDED). SUBMIT COMPLETED FORM TO: MHOAC@stanoes.com

RESOURCE REQUEST MESSAGE (ICS 213 RR)

1. Incident Name:		2. Date/Time		3. Resource Request Number:		
Requestor	4. Order (Use additional forms when requesting different resource sources of supply.):					
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Arrival Date and Time	Cost
					Requested	Estimated
5. Requested Delivery/Reporting Location:						
6. Suitable Substitutes and/or Suggested Sources:						
7. Requested by Name/Position:			8. Priority: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		9. Section Chief Approval:	
Logistics	10. Logistics Order Number:				11. Supplier Phone/Fax/Email:	
	12. Name of Supplier/POC:					
	13. Notes:					
14. Approval Signature of Auth Logistics Rep:				15. Date/Time:		
Finance	16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC					
	17. Reply/Comments from Finance:					
	18. Finance Section Signature:				19. Date/Time:	
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For more info about this example contact CovidHealthcareFacilities@schsa.org.

*CDPH does not endorse the specific content or recommendations included in these examples.
They are for illustrative purposes only.*