

Resource Request Form: *GENERAL Equipment/Supplies*
Santa Barbara County Public Health Department Operation Center

Date/Time Rqst Received	Incident Name:	Name/Position/Agency of Person Completing Form:	Phone/Email of Person Completing Form:
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Location/Type of Operation making Rqst:	Resource Description: (specify size, type etc)	Qty:	Suggested Vendor to fill order:
	1)		
	2)		

Delivery Address:	Contact Name On-site:	Phone # of contact onsite:	Loading Dock Equipment/Forklift? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that that the resources requested are currently not available and that our organization has exhausted all appropriate means to procure such resources. I understand that my organization is responsible for all costs related to filling this request.

NAME: _____ SIGNED: _____ DATE: _____

Fax to: 805.681.5142 or Email to: Operations.MedicalBranch@sbcphd.org (805) 696-1106

Priority (Sender): Low Medium High Explain:

DOC OPERATIONS SECION USE ONLY

Request Sent To: DOC Logistics Date/Time Sent: Priority (DOC): Low Medium High

DOC LOGISTICS SECION USE ONLY

Assign Request Number:	Date Received:	Time Received:
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Disposition:

<input type="checkbox"/> Ordered from Vendor	Date ordered:	Phone or Email of Vendor:	Expected Delivery Date/Time:
<input type="checkbox"/> Warehouse	Date sent:	Expected Delivery:	
<input type="checkbox"/> EOC Logistics	Date sent:	Contact at EOC:	Expected Delivery:
<input type="checkbox"/> MHOAC, EOC Operations	Date mutual aid request made:	Contact at EOC:	Expected Delivery:
<input type="checkbox"/> Other			

WAREHOUSE USE ONLY

Date WH Received:	Time WH Received:
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Processed By:

Request Filled: Yes No

If partially filled or unable to fill describe when restock will occur:

Substitute Item Available? Yes No Describe:

DOC Logistics Approval of Substitute? Yes No

Estimated Date and Time Resource will Arrive at Requesting Facility:

Please return copy of completed form to Public Health DOC Logistics Section

Purpose: Ordering resources from Santa Barbara Public Health Dept Operations Center
 Origination: Any Section Chief or Operations Branch Copies
 To: Section Chief
 Replaces ICS Form: N/A