

## Resource Request Form: *PERSONNEL*

### Santa Barbara County Public Health Department Operation Center

<b>Date/Time:</b>	<b>Incident Name:</b>	<b>Name/Position/Agency of Person Completing Form:</b>	<b>Phone/Email:</b>
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<b>Personnel Resource Requested By (Agency/Name):</b>	<b>Operation Name:</b> (alternate care site, LVMC pt care, etc.)	<b>Operation Field Contact:</b> (name, phone, address of operation)
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Personnel Request	Number Needed	Personnel Request	Number Needed	Personnel Request	Number Needed
PHN		RN		LVN	
Medical Assistant (MA)		Physician/Specialty		PIO	
Respiratory Therapist (RT)		Phlebotomist		Lab Tech	
Emergency Med Tech (EMT)		Paramedic		Logistics	
Clerical		Information Technology (IT)		Nurse Practitioner	
Other: (not listed)		Other: (Please describe specialty needed for any of above staff requested)			

<b>Priority (Sender):</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	<b>Explain:</b>
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<b>Suggested Sources:</b> (contact information if available)	
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<b>PPE Needed for Personnel:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N-95 fit testing	<b>Other:</b>
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<b>Prophylaxis needed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location to receive prophy:</b>
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<b>Address Personnel should report to:</b>	<b>Contact Name On-site:</b>	<b>Phone:</b>
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#### DOC OPERATIONS SECTION USE ONLY

<b>Request Sent To:</b> <input type="checkbox"/> DOC Logistics	<b>Date/Time Sent:</b>	<b>Priority (DOC):</b> <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
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#### DOC LOGISTICS SECTION USE ONLY

<b>Assign Req Number:</b>	<b>Date Logs Received:</b>	<b>Time Logs Received:</b>	<b>Name/Position Processing Req:</b>
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**Disposition:** Check one below- (attach list of staff, license, and contact info if necessary)

<input type="checkbox"/> <b>PHD Staff</b> Name/License:	Date assigned:	Contact # for Staff:	Expected Reporting Date/Time:
<input type="checkbox"/> <b>MRC</b> Name/License:	Date assigned:	Contact # Staff:	Expected Reporting Date/Time:
<input type="checkbox"/> <b>EOC Logistics</b>	Date request made to EOC:	Contact at EOC	Expected Reporting Date/Time:
<input type="checkbox"/> <b>MHOAC, EOC Operations</b>	Date mutual aid request made:	Contact at EOC:	Expected Arrival:

<input type="checkbox"/> <b>Other</b>
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Purpose: Ordering resources from DOC Logistics Section  
 Origination: Any Section Chief or Operations Branch  
 Copies To: Section Chief  
 Replaces ICS Form: N/A