



HSU Emergency Operations Center
RESOURCE REQUEST FORM (EOC FORM

1. Incident Name	2. Incident Number	3. Date/Time Initiated Date Time	4. Operational Period	5. Tracking Number
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How to use the EOC Form 213RR

Purpose: The EOC 213RR is used to request supplies, services, personnel, teams, equipment, utilities, fuel, facilities, procurement actions, or any other resource required by the EOC or any incident management activity from the County EOC Logistics Section.

When to use: The EOC 213RR may be used anytime during any Operational Period.

Prepared by: Any EOC position or agency requesting resources from the EOC Logistics Section.

Approved by: Section Chief of the requesting EOC position or Supervising Official at Requesting Agency

Routed to: Logistics Section → Finance/Admin Section → Original Requestor

User Notes: The EOC 213RR has multiple pages. Please check that all pages are copied.

Requesting EOC Section or Organization	8. Resource Information				
	Quantity	Detailed Resource Description (Including Kind/Type, if applicable)	Requested Arrival (Date/Time)	Request Priority	Estimated Cost
				Urgent <input type="radio"/>	
				Routine <input type="radio"/>	
				Low <input type="radio"/>	
				Urgent <input type="radio"/>	
				Routine <input type="radio"/>	
			Low <input type="radio"/>		
			Urgent <input type="radio"/>		
			Routine <input type="radio"/>		
			Low <input type="radio"/>		
			Urgent <input type="radio"/>		
			Routine <input type="radio"/>		
			Low <input type="radio"/>		
9. Requested Delivery/Reporting Location and Point of Contact (First/Last Name, Position, Shift, Agency, Address, Phone, Radio, Email)					
10. Suitable Substitutes and/or Suggested Sources (Source Name/Company Name)					
11. Requested by EOC Position or Response/Support Agency Information (First/Last Name, Position, Shift, Agency, Phone, Radio, Email)					
12. EOC Section Chief or Supervising Official Approval of Requesting Section/Agency (First/Last Name, Position, Shift, Agency, Phone, Radio, Email)					
Signature:					



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EOC Logistics Section	15. Supplier Name (Source Name/Company Name)	
	16. Supplier Point-of-Contact Information (First/Last Name, Physical/Mailing, Address Phone, Fax, Email)	
	17. EOC Logistics Section Remarks/Notes	
	18. Approval Signature of EOC Logistics Section Representative (First/Last Name, Position, Shift, Phone, Radio, Email) Signature:	19. Date/Time
	20. Order Placed By (First/Last Name, Position, Shift, Agency, Phone, Radio, Email)	
EOC Fin/Admin Section	21. EOC Finance & Administration Remarks/Comments	
	22. Approval Signature of EOC Finance & Administration Representative (First/Last Name, Position, Shift, Position, Phone, Radio, Email) Signature:	23. Date/Time