Ohio | Department of Health

APPENDIX A

Resource Request (ICS 213 RR) **ADAPTED FOR ODH**

Resource Request #: _____

Request Type:　　Initial　　Re-Supply

Incident Information

Incident Name: _____

Date of Incident: _____
(MM/DD/YYYY)

Requesting Organization: _____

County of Incident: _____

Organization Point of Contact: _____

Phone Number: _____

Requesting Entity:　　Health Department　　Hospital　　Other

Expected Outcome of Resource(s):

Assets Required

Quantity	Unit of Measure-UOM (Case, Each, Dose, etc.)	Units Per UOM	Item Description:

Logistical Information - For Single Ship To Location Only

Delivery Location: _____

Point of Contact: _____

Final Destination: _____

Address: _____

Phone: _____

City, State, Zip: _____

County: _____

Address: _____

City, State, Zip _____

Special Instructions:

County: _____

Approvals

Requesting Organization:	Authorized Agent Name (Print):	Signature:	Date

Local EMA:	Authorized Agent Name (Print):	Signature:	Date

Ohio EMA:	Authorized Agent Name (Print):	Signature:	Date

By signing this form, the individual signing asserts he or she is the authorized agent of the indicated entity, and that the entity assumes sole custody and responsibility for the above listed items.

ODH Use Only	*EMA Mission #*		*IMATS Order #*		*Notes*	

Revised: 6/16/2020

Ohio | Department of Health

Delivery Locations						
POD/CDS Locations:			**Item**	**Quantity**	**Item**	**Quantity**
Name:						
Address:						
City:		**Zip:**				
Name:						
Address:						
City:		Zip:				
Name:						
Address:						
City:		**Zip:**				
Name:						
Address:						
City:		Zip:				
Name:						
Address:						
City:		**Zip:**				
Name:						
Address:						
City:		Zip:				
Name:						
Address:						
City:		**Zip:**				
Name:						
Address:						
City:		Zip:				

Request Summary				
Item	**Requested**	**Allocated**	**Balance**	

Purpose: The Resource Request (ICS 213 RR) is utilized to order resources that have been identified as a need within the jurisdiction.

Preparation: The ICS 213 RR is initiated by the resource requestor and approved by the authorized agent within the jurisdiction.

Definitions/Instructions	
Resource Request #	Locally assigned request # for tracking purposes
Request Type	Initial: First Request Only
	Re-Supply: Use for subsequent requests
Incident Information	
Incident Name	Enter name assigned to the incident
Date of Incident	Enter date the incident began
County of Incident	Enter County the incident originated in
Requesting Organization	Enter Requestor's Organization/Agency Name
Organization Point of Contact	Enter requesting organizations/agency point of contact name
Expected Outcome of	Describe the expected outcome of the resource request. (What is the organization trying to accomplish with the request?)
Assets Required	
Quantity	Specify quantity (Example: **12** cases of 30)
UOM	Specify Unit of Measure if known (Case, Each, Dose, etc.) (Example: 12 **cases** of 30)
Units per UOM	Specify Units Per Unit of Measure if known (Example: 12 cases of **30**)
Item Description	Provide description of the resource requested. (If requesting a specific resource provide details such as size, manufacturer, specifications, etc.)
Logistical Information	
Delivery	Enter the location for the first delivery/reporting location (Ex. County Drop Site, Regional Drop Site) If shipping direct to POD please enter "Same as Final"
Address	Enter the address for the delivery location that includes the City, State, Zip Code, and County
POC	Enter point of contact (POC) at the delivery location
Phone	Enter phone information for the POC
Special Instructions	Include any special instructions or comments pertaining to the delivery location
Final Destination	Enter the Final delivery location (Ex. POD or Closed POD)
Address	Enter the address for the final delivery location that includes the City, State, Zip Code, and County
Approvals	
Requesting Organization	Form must be signed by authorized agent within the jurisdiction or organization requesting the resources
Local EMA Approval	Form must be signed by authorized agent of the Local Emergency Management Agency in the requesting jurisdiction
Ohio EMA Approval	Form must be signed by authorized agent at the Ohio Emergency Management Agency
ODH USE ONLY	
EMA Mission #	ODH Data Entry will provide the EMA Mission number from WebEOC
IMATS Request #	ODH Data Entry will provide the IMATS generated request number
IMATS Order #	ODH Data Entry will provide the IMATS generated pick sheet number

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