



RESOURCE REQUEST FORM (ICS 213RR), Adapted for Clackamas County Disaster Management - INSTRUCTIONS

Purpose. The Resource Request (ICS 213RR) is utilized to order resources and track resource status.

Preparation. The ICS 213RR is initiated by the resource requestor and initially approved by the appropriate Section Chief or Command Staff. The Logistics and Finance/Administration Sections also complete applicable sections of the form.

Distribution. This form is maintained in order to track resource status and assist with determining incident costs.

Section	Block	Block Title	Instructions
REQUESTOR	1	Incident Name	Enter the name assigned to the incident.
	2	Date/Time	Date/Time of the request.
	3	Resource Request Number Related Request Number	Assigned request number. If the request is related to another request put that request number here.
	4	Requesting Organization	Name of the organization requesting the resource.
	5	Requestor Name Authorized By (Include Title) Authority Verified? LOGS/OPS	Name of personnel requesting the resource. Name of personnel authorized at the requestor's agency to approve the purchase. Logs or Ops selects yes the authority has been verified or no it has not.
	6	Phone	Phone number requestor may be reached at.
	7	Email	Email where requestor may be reached at.
	8	Importance	Select importance from High, Medium or Low.
	9	Request details	Information about what you are requesting including specific details.
	10	Mission description	Detail what you are trying to accomplish by obtaining the resources requested. If there is a very specific reason you are requesting a particular resource explain in detail why you need that specific item.
	11	Assistance/resource requested	Specify quantity, item description, date needed and estimated date of release.
LOGISTICS or OPS	12	Resource Status	Logs or Ops will enter applicable resource status fields.
REQUESTOR	13	Name	Name of the person responsible for receiving delivery of the resource(s).
	14	Phone	Phone of person responsible for receiving delivery of the resource(s).
	15	Email	Email of person responsible for receiving delivery of the resource(s).
	16	Location Name	Name of location where resource is to be delivered.
	17	Location Address/City/Zip	Address of location where resource is to be delivered.
	18	Comments	Note special instructions or directions about the delivery.
LOGISTICS or OPS	19	Provider	Name of the company supplying resource(s).
	20	Contact Name	Name of the person responsible for delivery of the resource(s).
	21	Contact Phone	Phone number of the contact responsibly for delivery of the resource(s).
	22	Address/City/Zip	Address of the company providing the resource(s).
	23	Mutual Aid Request	If this is request is via mutual aid select, YES, if not, select NO.
	24	Purchase Order #	Fill in if using a purchase order.
	25	Comments	Note special considerations or information. If an agreement or contract is in use attach the agreement/contract to the request form.
	26	Logistics Approval	Signature of Logistics Section Chief, or designated approver.
	27	Date/Time	Date and Time of approval.
	28	Order Placed By	Name of person who placed the order.
FINANCE	29	Reply/Comments from Finance	Notes from Finance.
	30	Finance Section Signature	Signature of Finance Section Chief, or designated approver.
	31	Date/Time	Date and time of approval.



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1. Incident Name: COVID-19			2. Date/Time:			3. Resource Request Number: (Logistics Use) Related Request Number:							
4. Requesting Organization:			5. Requester Name: Authorized By (Include Title): Authority Verified? Yes <input type="checkbox"/> No <input type="checkbox"/>										
6. Phone:			7. Email:				8. Importance: 1 - High						
Requestor	9. Request Details:												
	10. Mission Description:												
	11. Assistance/Resource(s) Requested (include as much information as you can, use additional pages if needed):												
							12. Resource Status (Logistics and Operations Use)						
	Qty.	Kind (if known)	Type (if known)	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, special requirements, etc.)	Date/Time Needed	Estimated Release Date/Time	Cost	Estimated Arrival Date/Time	Received by	Date/Time	Assigned to	Released to	Date/Time



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		Delivery Details	
	13. Name:	14. Phone:	15. Email:
	16. Location Name:		17. Location Address/City/Zip:
	18. Comments:		
Logistics and Operations	19. Provider:		
	20. Contact Name:		21. Contact Phone:
	22. Address/City/Zip:		
	23. Is this a mutual aid request? SELECT		24. Purchase Order #:
	25. Comments: (attach agreements to this request)		
	26. Logistics/Operations Approval (signature):		27. Date/Time:
	28. Order Placed By:		
Finance	29. Reply/Comments from Finance:		
	30. Finance Section Signature:		31. Date/Time: