



County of Santa Clara  
Emergency Operations Center (EOC)

**Resource Request Form 213RR for COVID-19**

**COMPLETED BY REQUESTOR**

<b>1. Incident Name</b> 2019 Novel Corona Virus (COVID-19)	<b>2. Date Initiated</b>	<b>3. Time Initiated</b>	<b>4. Tracking Number</b> <i>(Completed by OA EOC)</i>
<b>5. Requested By</b> <i>(name, agency, position, email, phone)</i>	<b>How to use the EOC Form 213RR</b> <b>Purpose</b> The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.) <b>When to use</b> The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request. <b>Prepared by</b> Any EOC position or agency requesting resources from the OA <b>Approved by</b> Section Chief of the requesting EOC or for PPE your Deputy County Executive or Supervising Official at requesting agency		
<b>6. Prepared by</b> <i>(name, position, email, phone)</i>	<b>Routed to</b> Logistics Section - <b>SCC Resource Tracking Unit</b> Send signed form via email to: <a href="mailto:resourcetracking@eoc.sccgov.org">resourcetracking@eoc.sccgov.org</a> <b>Filed with</b> Logistics Section Resource Tracking Unit / Planning Section Documentation Unit		
<b>7. Approved by</b> <i>(name, position, email, phone)</i>  Signature:	<b>User Notes</b> The EOC is a last resort provider and you may be responsible for the cost of the requested items. The Form 213RR is a 5 page form. <b>Please check that all pages are available.</b> Page 1 is required for all requesters. Please be sure the form has proper signatures for <b>Approved By</b> (box 7). If requesting PPE, page 2 & 3: <b>PPE Request Details</b> is required. If a County Department requests personnel, Page 4: <b>Disaster Service Activity</b> is required. Page 5 is completed by the OA EOC.		

REQUESTED RESOURCE DETAILS					
Requesting Agency / EOC Section	8. Qty/Unit	9. Resource Description <i>Note: See additional page 2 &amp; 3 for PPE Requests, Page 4 for DSW Requests</i>	10. Arrival <i>(date/time)</i>	11. Priority	12. Est'd Cost
				Now High <i>(0-4 hours)</i>  Medium <i>(5-12 hours)</i>  Low <i>(12+ hours)</i>	
	<b>13. Deliver to</b> <i>(name, agency, position, email, phone)</i>	<b>14. Location</b> <i>(address or lat./long., site type)</i>			
	<b>15. Substitute/Suggested Sources</b> <i>(name, phone, website)</i>				
<b>16. Supplemental Requirements</b> <i>(include details in #17)</i> <input type="checkbox"/> Equipment Operator <input type="checkbox"/> Fuel Fuel Type _____ <input type="checkbox"/> Meals <input type="checkbox"/> Water	<b>17. Special Instructions</b> <input type="radio"/> Lodging <input type="radio"/> Power <input type="radio"/> Maintenance <input type="radio"/> Other _____				

## 213RR COVID-19 – PPE Request Details

PPE / Testing Supplies Requests	
<b>Entity Name</b>	
<b>Entity Type</b>	<input type="checkbox"/> ALF <input type="checkbox"/> EMS <input type="checkbox"/> SNF <input type="checkbox"/> Hospital <input type="checkbox"/> Laboratory <input type="checkbox"/> First Responder <input type="checkbox"/> Mortuary <input type="checkbox"/> Home Health <input type="checkbox"/> City/Jurisdiction <input type="checkbox"/> Private Provider/Dentist <input type="checkbox"/> School <input type="checkbox"/> County of Santa Clara Department <input type="checkbox"/> Other:
By requesting PPE or other supplies from the Emergency Operations Center of the County of Santa Clara, I certify that on behalf of the above-named entity ("Entity") that:	
1. The PPE requested will be used for a medical need/procedure that if not performed could result in serious injury or death.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
2. The Entity has completed the required PPE Survey (daily for hospitals, weekly for SNFs, one time for all others if quantity thresholds are met).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The Entity has tried extensively through all known vendor options and has exhausted all possible PPE procurement options prior to making this request.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Entity understands that it may be billed, and the Entity agrees to pay the County's costs for this PPE request in the future.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. PPE will be used for the provision of clinical services in Santa Clara County.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. The Entity understands that (1) PPE and other supplies provided by the County were received from donations, mutual aid, and other sources, (2) the County makes no representation or warranty of any kind regarding the supplies, including but not limited to any representation or warranty regarding quality or fitness for use, and (3) the Entity should inspect any supplies received from the County and make its own independent determination as to the supplies' suitability for the Entity's use.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. I have the authority to legally bind the Entity. The Entity agrees to indemnify, defend, and hold harmless the County, its officers, agents and employees (collectively, "County parties") from any claim, liability, loss, injury, or damage arising out of, or in connection with, County's provision of PPE and/or other supplies to the Entity and the Entity's use of such supplies. The Entity shall reimburse the County for all costs, attorney's fees, expenses and liabilities incurred with respect to any litigation in which the Entity contests its obligation to indemnify, defend and/or hold harmless the County parties and does not prevail in that contest.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Additional Comments:	

<b>High-Priority PPE Items</b>			
<b>Category</b>	<b>Item Type</b>	<b>Size</b>	<b>Quantity Requested</b>
Eye Protection	Goggles	ONE SIZE	ea
Eye Protection	Face Shield	ONE SIZE	ea
Gloves	Gloves Nitrile	XS	ea
Gloves	Gloves Nitrile	S	ea
Gloves	Gloves Nitrile	M	ea
Gloves	Gloves Nitrile	L	ea
Gloves	Gloves Nitrile	XL	ea
Gown	Disposable Gowns	L	ea
Gown	Disposable Gowns	XL	ea
Gown	Disposable Gowns	2XL	ea
Gown	Washable Gowns	ONE SIZE	ea
Mask N95	3M N95 1860 (regular)	ONE SIZE	ea
Mask N95	3M N95 1860S (small)	ONE SIZE	ea
Mask N95	3M N95 1870	ONE SIZE	ea
Mask N95	Cardinal Health N95-ML	ONE SIZE	ea
Mask N95	NIOSH N95 Mask (non-vented)	ONE SIZE	ea
Mask N95	NIOSH N95 Mask (vented)	ONE SIZE	ea
Mask Non-N95	Ear-loop Face Mask - Surgical/Procedure	ONE SIZE	ea
Testing Supplies	Nasopharangyl Swab	ONE SIZE	ea
Testing Supplies	Nasal Swab	ONE SIZE	ea
Testing Supplies	Viral Transport Medium	ONE SIZE	ea
<b>Non-Priority PPE Items</b>			
<b>Category</b>	<b>Item Type</b>	<b>Size</b>	<b>Quantity Requested</b>
Coverall	Coverall	L	ea
Coverall	Coverall	XL	ea
Coverall	Coverall	2XL	ea
Coverall	Coverall	3XL	ea
Hair Covers	Hair Covers	ONE SIZE	ea
Mask Non-N95	Ear-loop Face Mask - <b>Non</b> -Surgical / Procedure	ONE SIZE	ea
Mask Non-N95	Dust Face Mask	ONE SIZE	ea
Mask Non-N95	P3V Face Mask	ONE SIZE	ea
Sanitizer	Hand Sanitizer	1 GAL	ea
Sanitizer	Hand Sanitizer	12 OZ	ea
Sanitizer	Hand Sanitizer	4 OZ	ea
Sanitizer	Disinfectant Wipes	ONE SIZE	ea
Shoe Covers	Shoe Covers	ONE SIZE	ea

<b>Disaster Service Activity</b>	
EOC Tracking #	
Report to	
Contact Number	
Location to report	
Date(s) to report	
Schedule	
Duration	
Duties	
Items to bring with you	
Types of PPE provided	
Amenities (ie break room, lunch provided, etc)	

If you have any questions regarding this request, please email the EOC personnel unit at [personnel@eoc.sccgov.org](mailto:personnel@eoc.sccgov.org).

Thank you in advance for your help,  
EOC Personnel Unit



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Emergency Operations Center (EOC)  
**Resource Request Form 213RR**

**COMPLETED BY OA EOC or DUTY OFFICER**

OA EOC <b>Logistics</b> Section	<b>18. Order Placed By</b> <i>(name, position, agency, phone, radio, email)</i>	
	<b>19. Method of Procurement</b> <i>(filled-in house, agreement, purchase, etc.)</i>	
	<b>20. Supplier Name / Point-of-Contact Information</b> <i>(name, address, phone, fax, email)</i>	
	<b>21. Logistics Section Remarks</b>	
	<b>22. Logistics Section Chief Approval</b> <i>(print and sign)</i>	
OA EOC <b>Fin/Admin</b> Section	<b>23. Finance/Admin Section Chief Remarks and Approval</b> <i>(print and sign)</i>	<b>Date/Time</b>
	OA EOC <b>Management</b> Section	<b>24. EOC Director/County Executive Remarks and Approval</b> <i>(print and sign)</i>
OA EOC <b>Logistics</b> Section	<b>25. Logistics Section Final/Demobilization Remarks</b>	<b>Date/Time</b>