

8. Service / Support Supplier (wrap around Services)

Place an 'X' in the box or write in the name of who is responsible for supplying logistical support.

	FUEL	MEALS	WATER	MAINTENANCE	LODGING	MISC
REQUESTOR						
SUPPLIER						
OTHER (Identify)						

9. Verification of Financial Responsibility

Resources requested through MHOAC do not relieve the requestor of the financial responsibility for the cost of the resources requested. The following certification must be completed by the authorized representative of requesting organization.

1. I certify that the recourses requested are currently not available and our organization has exhausted all appropriate procurement means. I understand that my organization is responsible for all costs related to filling this request, including the costs of shipping, handling, and replacement of requested resources.

2. Organization: _____ 3. Day: _____ Date: _____ Time: _____
24hr hh:mm

4. Name _____ 5. Title: _____

6. Signature: _____

7. Financial Section Contact Information

Name: _____ Phone Number: _____

Fax Number: _____ Email: _____

10. Deliver Resources to:

1. Reporting Location: Staging Check in Other:
2. Site Name:
3. Site Contact:
4. Phone/Radio:
5. Site Address:
6. City:
7. County:
8. Intersection 1:
9. Intersection 2:
10. Map Reference:
11. Latitude/Longitude:
-

11. Special Instructions:

Enter any special instructions for the delivery of the resource, e.g. travel route, weather conditions, safety instructions, etc.

Travel Route, Weather, Safety, Ingress/Egress, Duration, Other:

Blocks 12 -14 to be filled out by MHOAC

12. To be Completed by MHOAC

1. Priority: Emergent Urgent Sustainment

2. MHOAC Approval

a. This request meets the criteria for submission based upon EOM guidelines

b. Based on the nature of the emergency and resources available at the time, I approve this request as prudent and reasonable.

Approved by:

Signature: _____

Date:

Time:

24 hr hh:mm

13. Disposition of Request (To be Completed by MHOAC)

Date:

Time:
24hr hh:mm

Filled from within the SLO OA Organization:

Vendor Order Vendor: Order no.:

CHADOC Logistics Accepted by:

EOC Logistics Accepted by:

SLO OES Accepted by:

Entered into CA OES Web EOC CA OES Mission #:

Forward to RDHMC Accepted By: Date: Time:

24hr hh:mm

Copy of this page returned to requestor By: Date: Time:

24hr hh:mm

14. Request Fill Information (to be completed by MHOAC)

Item Number:	Organization:	Contact Person:	Phone #:	Contact Email:

MEDICAL/HEALTH RESOURCE REQUEST FORM INSTRUCTIONS

BLOCK 1 – MHOAC ORDER NUMBER

- Use the format of **XSL – YYYY – MM – XXXX** where XXXX is the sequential request during a calendar year. (**XSL** is the FIREScope 3 letter identifier for San Luis Obispo County)

BLOCK 2 - FORM COMPLETED BY (May be completed by Requestor, CHADOC or MHOAC)

1. Enter the day, date and time the form is being completed.
 - Write the day of the week in the Day box and write the date (MM/DD/YYYY) and time (24 Hour) in the Date/Time box.
2. Enter the name of the agency completing the form.
3. Enter the name of the individual completing the form.
4. Enter the phone number, including area code of the individual completing the form.
5. Enter the fax number, including area code of the individual completing the form.
6. Enter the email address of the individual completing the form.

BLOCK 3 - REQUEST INFORMATION

1. Enter the day, date and time of when the request was made.
 - Write the day of the week in the Day box and write the date (MM/DD/YYYY) and time (24 Hour) in the Date/Time box.
2. Enter the name of the Operational Area or County.
3. Place an X in the correct priority.
4. Enter the name of the specific incident for which resources are being requested, ie: the name assigned by the Agency Dispatch or Incident Commander
5. Enter the number assigned to the incident by the local agency or the Operational Area
6. Enter the supplemental number if any; this is typically assigned by the requesting agency to track specific requests; it may also be a CAL OES Mission Number
7. Enter the name of the overall disaster, if any. (ex: San Simeon Earthquake)

BLOCK 4 - REQUESTOR INFORMATION

NOTE Consider 24 hour points of contact vs a specific individual, if 24 hour contacts are available.

1. Enter the name of the requesting agency.
2. Enter the contact person for the requesting agency.
3. Enter the position of the contact person for the requesting agency.
4. Enter the email address of the contact person for the requesting agency.
5. Enter the phone number, including area code for the contact person for the requesting agency and select what type of phone number it is, i.e. cell or landline
6. Enter the fax number including area code for the contact person for the requesting agency

San Luis Obispo County Medical /Health Resource Request Form

7. If available, enter an alternate phone number for the contact person for the requesting agency and select what type of phone number it is, i.e. cell or landline
8. Insert the REQUESTOR's order number for this request.

BLOCK 5– DESCRIBE CURRENT SITUATION

- Provide a brief narrative or bulleted description of the events or circumstances that necessitate the ordering of the requested resources. Be convincing, consider using the HICS 251 Form or the Flash Report in this SOP.

BLOCK 6 – DESCRIBE MISSION / TASKS

- Provide a brief describe of the overall mission and / or the specific tasks to be performed. Do not specify a specific resource to accomplish the task.

BLOCK 7 – RESOURCE REQUEST – NOTE

- Provide additional sheets as necessary and attach to this form.
1. Request Number – a sequential request within this form assigned by requesting agency
 2. Resource Type and Kind (ex: nurse, emergency room; van, passenger, 10 person)
 3. Quantity requested (ex: 10 each)
 4. Duration Needed (ex: 10 hours or 3 days)
 5. Desired Arrival (allow adequate travel and rest time)
 6. Comments (provide further clarification as needed)

BLOCK 8 - SERVICE/SUPPORT SUPPLIER

These are services needed to support both personnel and equipment that respond to an incident, especially resources that are coming from outside of San Luis Obispo County.

1. Place an 'X' in the box or write in the name of who is responsible for supplying logistical support.
 - Requestor = Agency Requesting Resource(s)
 - Supplier = Agency Supplying Resource(s)
 - Other = Third Party

BLOCK 9 – VERIFICATION OF FINANCIAL RESPONSIBILITY

1. Certification acknowledges financial responsibility and verification that requestor organization has exhausted all other reasonable sources of supply
2. Requesting organization name
3. Day, Date, Time of certification
4. Signers name – of the organizations individual authorized to commit resources
5. Signers title
6. Signature
7. Contact name and information for Finance Section Chief

BLOCK 10 -DELIVER RESOURCES TO

1. Check the location to which resources are to report, or enter other location type in “other” box.
2. Enter the specific name of the reporting location to which resources are to report, e.g. Holiday Inn, County Fairgrounds, 7-11 Parking Lot, etc.
3. Name of individual or position to which resources are to report.
4. Enter the phone number or radio frequency of individual or position to which resources are to report.
5. Enter the address of the reporting location to which resources are to report.
6. Enter the city of the reporting location to which resources are to report.
7. Enter the county of the reporting location to which resources are to report.
8. Enter the nearest intersection to the reporting location.
9. Enter the nearest intersection to the reporting location.
10. Enter a map reference for the reporting location.
11. Enter the latitude and longitude of the reporting location.

BLOCK 11 - SPECIAL INSTRUCTIONS

1. Enter any special instructions for the delivery of the resource, e.g. travel route, weather conditions, safety instructions, etc.

BLOCK 12 – TO BE COMPLETED BY MHOAC – ENSURE BLOCK 1 IS COMPLETED

1. Determine priority based on requestor submitted order sheets and the following criteria
 - Emergency – needed in less than 12 hours
 - Urgent – needed beyond 12 hours
 - Sustainment – long term need
2. MHOAC Approval – verification that the request meets EOM guidance
 - Approved By – name of approver
 - Sign – signature of approver
 - Date / Time – of approval

BLOCK 13 – DISPOSITION OF REQUEST

- This block shows how the MHOAC handled / filled the request.

*****IF UNABLE TO FILL the request in the SLO OA, the MHOAC must complete a CDPH EOM Resource Order (and Situation Report), attaching Order Sheets as needed, and forward to the RDMHC Program.*****

- Filled from within the SLO OA – indicate which local organization or agency accepted the request
- Vendor Order – indicate the name of the private vendor filling the order, and the vendor’s order number
- CHADOC Logistics – indicate who at CHADOC accepted the request
- EOC Logistics – indicate who at the SLO OA EOC accepted the request
- SLO OES – indicate who at SLO Co OES accepted the request and entered the request into CA OES WEB EOC; obtain the CA OES Mission Number from SLO Co OES
- RDMHC Program – indicate who at the RDMHC Program accepted the request
- Once disposition of request is determined, send a copy of this page to requester and complete the rest of the form.

BLOCK 14 – REQUEST FILL INFORMATION

- Item Number – see Block 7, Number 1
- Organization - Enter the agency to which the request will be forwarded to for fulfillment.
- Contact Person - Enter the name of the contact person at the Organization
- Phone Number – for the contact person; include Area Code
- Email - for the contact person