



## Medical Health Operational Area Coordinator (MHOAC) Resource Request Form

Requesting Agency Information	
<b>Agency</b>	
<b>24/7 Point of Contact</b>	
<b>Point of Contact Phone</b>	
<b>Address:</b>	
<b>Date Requested:</b>	

Item Needed	Quantity Needed
<b>Gloves</b>	Specify size below
<b>Small</b>	<b>Boxes</b>
<b>Medium</b>	<b>Boxes</b>
<b>Large</b>	<b>Boxes</b>
<b>X-Large</b>	<b>Boxes</b>
<b>Gowns</b>	<b>Each</b>
<b>Eye Protection</b> <small style="margin-left: 100px;">Details</small>	<b>Each</b>
<b>Surgical Masks</b>	<b>Each</b>
<b>N-95 Masks</b>	Specify # of each size below
<b>Small</b>	<b>Each</b>
<b>Regular</b>	<b>Each</b>
<b>Thermometers</b>	<b>Each</b>
<b>Other: 1.</b>	UOM
2.	UOM

I certify that we have exhausted or are close to exhausting our current supply of requested items and we have been unsuccessful at acquiring these items through our normal supply chain.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

**Please submit form to SLO County EOC at: [EOC-Logistics@co.slo.ca.us](mailto:EOC-Logistics@co.slo.ca.us)**

Questions- County EOC Logistics: (805) 788-2307