



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

Requesting Agency Information	
Agency/Practice Name	
24/7 Point of Contact	
Point of Contact Phone	
Address:	
Date Requested:	

Item Needed	Quantity Needed
<b>Gloves</b> <span style="float:right">Details</span>	Specify # of each below
Small	Boxes
Medium	Boxes
Large	Boxes
X-Large	Boxes
<b>Gowns</b>	Each
<b>Eye Protection</b>	Each
<b>Surgical Masks</b>	Each
<b>N-95 Masks</b>	Specify # of each below
Small	Each
Regular	Each
<b>Thermometers</b>	Each
<b>Nasopharyngeal swabs</b>	UOM
<b>Viral transport media</b>	UOM
<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:**

**Or FAX to 1-844-806-4661**

Questions: County CHADOC Logistics (805)781-1826