

Resource Request #: _____

Request Type: Initial Re-Supply

Incident Information

Incident Name: _____ Date of Incident: _____
 Requesting Organization: _____ County of Incident: _____
 Organization Point of Contact: _____ Phone Number: _____
 Expected Outcome of Resource(s): _____

Assets Required

Quantity	UOM (Case, Each, Dose, etc.)	Units Per UOM	Item Description: (If requesting a specific resource provide details such as size, manufacturer, specifications, etc.)

Logistical Information

Delivery Location: _____	Point of Contact: _____	Final Destination: _____
Address: _____	Phone: _____	Address: _____
City, State, Zip: _____	Special Instructions: _____	City, State, Zip _____
County: _____		County: _____

Approvals

Requesting Organization:	Authorized Agent Name (Print):	Signature:	Date
Local EMA:	Authorized Agent Name (Print):	Signature:	Date
Ohio EMA:	Authorized Agent Name (Print):	Signature:	Date

By signing this form, the individual signing asserts he or she is the authorized agent of the indicated entity, and that the entity assumes sole custody and responsibility for the above listed items.

ODH Use Only	EMA Mission #		IMATS Request #		IMATS Order #	
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Purpose: The Resource Request (ICS 213 RR) is utilized to order resources that have been identified as a need within the jurisdiction.

Preparation: The ICS 213 RR is initiated by the resource requestor and approved by the authorized agent within the jurisdiction.

Definitions/Instructions	
Resource Request #	Locally assigned request # for tracking purposes
Request Type	Initial: First Request Only
	Re-Supply: Use for subsequent requests
Incident Information	
Incident Name	Enter name assigned to the incident
Date of Incident	Enter date the incident began
County of Incident	Enter County the incident originated in
Requesting Organization	Enter Requestor's Organization/Agency Name
Organization Point of Contact	Enter requesting organizations/agency point of contact name
Expected Outcome of	Describe the expected outcome of the resource request. (What is the organization trying to accomplish with the request?)
Assets Required	
Quantity	Specify quantity (Example: 12 cases of 30)
UOM	Specify Unit of Measure if known (Case, Each, Dose, etc.) (Example: 12 cases of 30)
Units per UOM	Specify Units Per Unit of Measure if known (Example: 12 cases of 30)
Item Description	Provide description of the resource requested
Logistical Information	
Delivery	Enter the location for the first delivery/reporting location (Ex. County Drop Site, Regional Drop Site) If shipping direct to POD please enter "Same as Final"
Address	Enter the address for the delivery location that includes the City, State, Zip Code, and County
POC	Enter point of contact (POC) at the delivery location
Phone	Enter phone information for the POC
Special Instructions	Include any special instructions or comments pertaining to the delivery location
Final Destination	Enter the Final delivery location (Ex. POD or Closed POD)
Address	Enter the address for the final delivery location that includes the City, State, Zip Code, and County
Approvals	
Requesting Organization	Form must be signed by authorized agent within the jurisdiction or organization requesting the resources
Local EMA Approval	Form must be signed by authorized agent of the Local Emergency Management Agency in the requesting jurisdiction
Ohio EMA Approval	Form must be signed by authorized agent at the Ohio Emergency Management Agency
ODH USE ONLY	
EMA Mission #	ODH Data Entry will provide the EMA Mission number from WebEOC
IMATS Request #	ODH Data Entry will provide the IMATS generated request number
IMATS Order #	ODH Data Entry will provide the IMATS generated pick sheet number