

APPENDIX F

Placer County Medical Resource Request Form

1. Request Date/Time:		2. Operational Area (county): PLACER	
3. Priority:		4. Status:	
5. Incident Number:		6. Supplemental Number:	
WHO IS MAKING THE REQUEST?			
7. Requesting Agency:		8. Service/Support Supplier:	
a. Name:	b. Position:	a. Fuel:	b. Meals:
c. Agency:	d. Phone #:	c. Water:	d. Maintenance:
e. Fax #:	f. Alt#:	e. Lodging:	f. Misc.:
9. Related Event or Disaster (if any):		10. Related Incident Name:	
WHAT IS BEING REQUESTED?			
Request #	Resource Type/Kind:	Quantity	Estimated Resource Cost
11.a.	b.	c.	d.
12.a.	b.	c.	d.
13.a.	b.	c.	d.
14.a.	b.	c.	d.
15. Resource must come with: <input type="checkbox"/> Fuel, <input type="checkbox"/> Meals, <input type="checkbox"/> Operator(s), <input type="checkbox"/> Water, <input type="checkbox"/> Maint. <input type="checkbox"/> Lodging, <input type="checkbox"/> Power <input type="checkbox"/> Other:			
16. Mission Type:		17. Desired Arrival Date/Time:	
DELIVER THIS RESOURCE TO:		SPECIAL INSTRUCTIONS:	
18. Reporting Location		19. (Safety, Ingress/Egress, Duration, etc.)	
a. Site Name:			
b. Site Contact:	Phone/Radio:		
c. Address:			
d. City:	County:		
e. Intersection 1:	Intersection 2:		
f. Map Ref.:			
g. Lat/Long:			
FORWARD REQUEST TO:		AGENCY/VENDOR FILLING REQUEST:	
20. Name:	Position:	21. Name:	Position:
Agency:	Phone #:	Agency:	Phone #:
Fax #:	Alt#:	Fax #:	Alt#:
22. FORWARDING AGENCY			
Name:	Position:	Agency:	Phone #: Fax #: Alt#:
Date/Time:			

Complete & fax; Attn: Dr Burton/Vickie Pinette, C/O Placer County OES: (530) 886-5343

Revised: November 12, 2007

Placer Medical Resource Request Form

INSTRUCTIONS

1. Date and Time Mission/Request Tasking Form submitted.
2. Operational Area or County Name
3. Priority Key: Flash (Imminent threat of death), High (Potential threat of death or Imminent property damage), Medium (Potential property damage), Low (Routine)
4. Status Key: Black (Critical Action Required), Red (Action Required), Orange (En route), Yellow (on scene), Green (released), Gray (canceled), Blue (closed)
5. Number assigned by local jurisdiction or Operational Area.
6. Optional number assigned by requesting agency.
7. Contact Information for Agency/Facility requesting resources.
8. Incident resource responsible for supplying logistical support
9. Name of overall disaster or incident if any (e.g. Bay Area Earthquake, Northern CA Floods, San Diego Wildfire, etc.)
10. Name of Incident for which resources are being requested (i.e. name assigned by Incident Commander).
- 11.a. Sequential Number assigned by facility or jurisdiction for this request e.g. E-001, O-001, etc. (E= Equipment, A= Aircraft, O=Overhead).
11. b. Specific Type and Kind of Resource being requested (e.g. Operating Room RNs, ALS Ambulance, etc.)
- 11.c. Quantity in which resource is being requested (e.g. each, box, carton, gaggle).
- 11.d. Estimated cost assigned by requestor for this resource.
- 12-14 (Same as 11 a. – d.)
15. Additional items that the requested resource is expected to provide (e.g. 72 hours of drinking water/food, etc.)
16. Specific task(s) this resource will be expected to perform (e.g. Provide shelter stand-by, transport patients, triage, etc.)
17. Specific date and time resource is needed.
18. a. Name of Location to which the resource is to report (e.g. Holiday Inn, County Fairgrounds, 7-11 Parking Lot, etc.)
18. b. Name of Individual or Position to which the resource is to report, and means of contact (i.e. phone number, radio freq., etc)
18. c-g. Location details for where the resource is to report or be delivered.
19. Any special instructions for delivery of the resource (e.g. Preferred Access route, Safety Instructions, etc.)
20. Name, Position, and Contact Information for the individual to whom the request will be forwarded., e.g. RDMHC/S.
(To be completed by the individual receiving the request, e.g. MHOAC)
21. Name and contact information for the Vendor/Agency identified to fill the request.
22. Name and contact information of the individual receiving the request (e.g. MHOAC). Date and Time the request was forwarded.

-Fax completed form to: Attn: Dr Burton/Vickie Pinette, C/O Placer County OES: (530) 886-5343