STATE OF CALIFORNIA

GOVERNOR’S OFFICE OF EMERGENCY SERVICES

RESPONSE DOCUMENTATION DIVISION

Cal EOC Offline Resource Request Form

# Cal EOC Mission Input

Incident Name: COVID-19 Date Received: LEAVE BLANK

Mission Number: LEAVE BLANK Task Number: LEAVE BLANK

**Request Details**

|  |  |
| --- | --- |
| Operational Area |  |
| Request Summary | Personal Protective Equipment (PPE) |
| Suggested Source | LEAVE BLANK |
| Date/Time Required | LEAVE BLANK |
| Date/Time RequiredUntil | LEAVE BLANK |
| Priority | LEAVE BLANK |
| Attachments (Y/N) | Y |

**Attachment Description (insert more rows for additional attachments)**

|  |  |
| --- | --- |
| Attachment 1 | Provider PPE Request Template – List of Requested PPE |
| Attachment 2 | LEAVE BLANK |
| Attachment 3 | LEAVE BLANK |

**Requesting Point of Contact**

|  |  |
| --- | --- |
| Name |  |
| Agency |  |
| Phone Number |  |
| Alternate Phone Number |  |

**Resource Request Information**

|  |  |
| --- | --- |
| Resource Needed | Personal Protective Equipment (PPE) |
| Resource CoordinatorCategory |  |
| Detailed ResourceDescription | See Attachment 1 |
| Quantity Requested | LEAVE BLANK |
| Unit of Measure | LEAVE BLANK |
| Size of Resource | LEAVE BLANK |
| Operator Required | LEAVE BLANK |
| Fuel Required | LEAVE BLANK |
| Fuel Type (if required) | LEAVE BLANK |
| Other Items Required | LEAVE BLANK |

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**Resource Delivery Location**

|  |  |
| --- | --- |
| Street Address |  |
| Site Type (campus,shelter, etc.) |  |
| Site Name |  |
| Special Instructions |  |

**Delivery Point of Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Agency |  |
| Phone Number |  |
| Alternate Phone Number |   |

**Cal OES POC Receiving Resource Request**

|  |  |
| --- | --- |
| Print Name | LEAVE BLANK |
| ICS Section | LEAVE BLANK |
| Phone Number | LEAVE BLANK |
| Alternate Phone Number | LEAVE BLANK |

# REQUESTOR REQUEST APPROVER

Signature Date Signature Date

OPERATIONS SECTION CHIEF APPROVAL *(if appropriate)*

# Signature Date

Notes: