**Request for Resources Form**

|  |  |  |
| --- | --- | --- |
| **STATE EOC**  | Name & Position: | Date of Request: |
| Phone Number: | Mission Number: |
| **REQUESTING AGENCY** | Name:  | Phone Number: |
| Agency: | Address: |
| **I understand that my agency may be charged for fuel, supplies, equipment damage or personnel costs that are incurred with this request.** | [ ]  **YES** [ ]  **NO****Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **DESCRIPTION OF NEED** |  |
| **POINT OF CONTACT** |
| **ON SITE** | Name & Position: | Contact Number: |
| **DEPLOYMENT****LOCATION** | Address: |  |
| Access Limitations: |  |
| Estimated Deployment Duration: |  |
| **SHPR USE ONLY** |
|  | **Response Trailers** |  | **Generators & Light Towers** |  | **Other Caches of Equipment** |
|  | AST Support Trailer |  | Genie Light Tower(s) |  | Mass Fatality body bags |
|  | Decontamination Trailer |  | 25kW Generator/Light Tower |  | VIPER Radios |
|  | Medical Support Trailer |  | 56kW Tradewinds Generator |  | NCMCN Suitcase Radios |
|  | SMSS Shelter Support Trailer |  | **Portable Tents** |  | Satellite Radios |
|  | Specialty Care/Dialysis Trailer |  | Deployed Logix ASAP Tent |  | Telemetry System |
|  | M8 – Mobile Field Hospital Trailer |  | Western Shelter Gatekeeper 20 |  | MCI Training Manikins |
|  | Resupply/Refer Trailer |  | Western Shelter Gatekeeper 1935 |  | Climate Control for Fixed Facility |
|  | Box Truck – Prime Mover |  | Western Shelter HVAC unit |  |  |
|  | Flatbed Trailer |  |  |  |  |
|  | Alternate Care Facility Trailer(s) |  |  |  |  |

**SHPR Manager / Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**ICS-214 Activity Log**

| **1. Incident Name:**  | **2. Operational Period:** Date From: Date To:  Time From: Time To:  |
| --- | --- |
| **3. Resources Assigned:** |
| **Resource** | **Agency** | **Location** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **4. Activity Log:** |
| **Date/Time** | **Initials** | **Notable Activities** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **4. Prepared by:** Name: Position/Title: Signature:  |
| **ICS 214, Page 1** | Date/Time:  |