**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** |
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| **4. Activity Log:** | | | | | | |
| **Date/Time** | **Initials** | **Notable Activities** | | | | |
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| **4. Prepared by:** Name: Position/Title: Signature: | | | | | | |
| **ICS 214, Page 1** | | | | | Date/Time: | |