

CHICAGO HEALTHCARE SYSTEM COALITION

FOR PREPAREDNESS AND RESPONSE

RESOURCE REQUEST (ICS 213 RR) - 2018
SEND TO: CDPHPHEOC@CITYOFCHICAGO.ORG

1. Incident Name:			2. Date/Time:			3. Resource Request Number:				
Requestor	4. Order (Use additional forms when requesting different resource sources of supply):									
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	5. Resource Status				
						Received by	Date/Time	Assigned to	Released to	Date/Time
	Pre-Packaged Kits		Qty.	6. Priority:						
<input type="checkbox"/>	Alternate Care Site Kit			<input type="checkbox"/> Life Safety/Immediate (Now)		<input type="checkbox"/> Priority (1 Hour)		<input type="checkbox"/> Routine (4 Hours)		
<input type="checkbox"/>	Burn Surge Kit			<input type="checkbox"/> Long-Term (12 Hours)		<input type="checkbox"/> Extended (24+ Hours)				
<input type="checkbox"/>	ATP 50 Kit									
<input type="checkbox"/>	PPE Kit									
7. Requested Delivery/Reporting Location:										
8. Suitable Substitutes and/or Suggested Sources:										
9. Name/Position of Requestor:			Organization/Facility:			Email:		Phone:		
10. Section Chief Approval:										
Logistics	11. Logistics Order Number:					12. Supplier Phone/Fax/Email:				
	13. Name of Supplier/POC:									
	14. Notes:									

1. Incident Name:		2. Date/Time:		3. Resource Request Number:	
15. Approval Signature of Auth Logistics Rep:		16. Date/Time:			
17. Order placed by:					
Finance	18. Reply/Comments from Finance:				
	19. Finance Section Signature:			20. Date/Time:	
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Updated by CHSCPR 06/03/2016; Reviewed by CDPH on 05/17/2017
If unable to email, please fax the PHEOC at: 312-742-3580

ICS 213 RR Resource Request

Purpose. The Resource Request (ICS 213 RR) is utilized to order resources and track resource status.

Preparation. The ICS 213 RR is initiated by the resource requestor and initially approved by the appropriate Section Chief or Command Staff. The Logistics and Finance/Administration Sections also complete applicable sections of the form.

Distribution. This form is maintained in order to track resource status and assist with determining incident costs.

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Date/Time	Self explanatory
3	Resource Request #	Self explanatory
4	Order	Specify quantity, item description, cost. Complete resource status section after resource is received
5	Resource Status	Enter applicable resource status fields
6	Requested Delivery/Reporting Location	Enter location requested resource delivery/reporting location
7	Suitable Substitutes and/or Suggested Sources	Enter possible substitute items if exact requested resource is not available. Provide supplier information if known.
8	Requested by Name/Position:	Requestor's name and position
9	Priority	Select Urgent, Routine or Low priority
10	Section Chief Approval	Obtain appropriate Section Chief signature for request
11	Logistics Order Number	Enter Logistics Order Number if applicable
12	Supplier Phone/Fax/Email	Enter resource Supplier's phone/Fax/Email
13	Name of Supplier/POC	Enter name of resource supplier/POC
14	Notes	Any relevant notes regarding the request
15	Approval Signature of Authorized Logistics Rep	Enter approval signature of an authorized Logistics Section representative
16	Date/Time	Self explanatory
17	Order placed by	Enter name of individual who places order for requested resource(s)
18	Reply/Comments from Finance	Any relevant notes regarding the request
19	Finance Section Signature	Enter approval signature of an authorized Finance/Admin Section representative
20	Date/Time	Self explanatory