

**PHDOC02 — Resource Request for Supplies & Equipment** (if you need personnel, use form PHDOC03 instead)

**Santa Cruz County**

Tracking Number for this Request (to be assigned by the original requesting entity):	Mark the box at the right if this request has already been e-mailed and this is a duplicate request being faxed.	
---	---	--

Incident Name:	Date:	Time:
----------------	-------	-------

Facility Name:	Requestor Name & Position/Function:
----------------	-------------------------------------

E-mail:	Phone#:	Alternate Phone:	Fax:
---------	---------	------------------	------

Mission: What are you trying to accomplish with these items?

**Before you submit a Resource Request, confirm the following:**

1. Resource need is immediate and significant, or is anticipated to be so.
2. Supply of the requested resource has been exhausted, or exhaustion is imminent.
3. Resource is not available from the internal corporate supply chain, other commercial vendors, or through existing agreements.

The State may require documentation of these requirements before processing your request.

Printed Name of Authorizing Agent (required)

**4. ORDER — Equipment and Supply Request Details**

Detailed Specific Item Description: <small>Vital characteristics, brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, conc., etc.) (Equipment/ Supplies: type, name, capabilities, output, capacity)</small>							Logistics Section: Fulfillment <small>NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State).</small>				
Line Item	Priority <sup>1</sup>	Unit (each, box, case, pack, etc.)	Items per Unit	Quantity <sup>2</sup> of Items Requested	Expected Duration of Use:	Quantity			Tracking #	ETA (Date & Time)	Cost
						Approved	Filled	Back-Ordered			

Point of Contact to deliver line item # to (Name, Position, Location, Telephone #, Email, Radio, etc.)	Suggested Sources of Supply; Suitable Substitutes; Special Instructions
--	---

<sup>1</sup> PRIORITY: (E)mergent <12 hour, (U)rgent >12 hour, or (S)ustainment  
<sup>2</sup> QUANTITY: Unit times "Items per Unit" = Quantity; Pharmaceuticals are based upon a single regimen of the requested unit.

revised 3/16/2017

**Instructions:** During a DOC activation, fill out this form for each individual facility (not clinic group).  
 Click the "Email Now" button. You may also e-mail resource requests to [hsadoc@santacruzcounty.us](mailto:hsadoc@santacruzcounty.us)  
 If you do not receive an e-mail confirmation within 15 minutes indicating your request was received, mark the box located near the upper right-hand corner of this page and fax the request to (831) 454-5068.  
 During DOC activation, if you would like to contact someone by phone, dial (831) 454-4444.  
**Use Adobe Acrobat with this form. Other programs may not save data or support the Email Now function.**  
 This form is electronically available at <http://www.santacruzhealth.org/hepc/>