

Please only fill out 2, 4-7

RESOURCE REQUEST MESSAGE (ICS 213 RR)

Adapted for Lucas County EMA, External Use
Email to: eoc@co.lucas.oh.us

1. Incident Name:			2. Date			3. Resource Request Number: EOC ONLY:		
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.)	Arrival Date and Time		Cost	
					Requested	Estimated		
5. Agency/Company Name			5.a. Agency/Company Street Address			5.b. Agency/Company Type:		
6. Contact Telephone Number			6.a. Email Address					
7. Requested by Name, Position Held			8. Priority: Routine (COVID-19) STOP HERE. 9-19 EOC ONLY		9. Section Chief Approval:			
Logistics	10. Logistics Order Number:				11. Supplier Phone/Fax/Email:			
	12. Name of Supplier/POC:							
	13. Notes:							
	14. Approval Signature of Auth Logistics Rep:				15. Date/Time:			
16. Order placed by (check box): <input type="checkbox"/> SPUL <input type="checkbox"/> PROC								
Finance	17. Reply/Comments from Finance:							
	18. Finance Section Signature:				19. Date/Time:			
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Guide for filling out the ICS 213 RR form

***Once you have completed filling out the form, please email it to: eoc@co.lucas.oh.us**

***NOTICE: Save the 213 RR by going to 'Save As...' and name it 213 RR plus your company/agency name. This is to prevent you losing your work and sending us a blank form**

1. Incident name: COVID-19 Lucas County (prefilled)

2. Date of the request

3. Resource Request Number: EOC ONLY

4. Order – Qty: Quantity requested

Kind: Leave blank

Type: Leave Blank

Detailed Item Description: Here is where you will list N95, surgical mask, face shields, gloves, etc. Please use a new line for every size requested.

Arrival Date and Time: Leave Blank

Cost: If known, please put an estimate based on your normal procurement costs for these items

***All Red fields (5-7) are mandatory**

5. Agency/Company Name

5.a. Agency/Company Street Address: Street address in Lucas County

5.b. Select Agency/Company Type: Use dropdown menu to select the best option

6. Contact Telephone Number

6.a. Email Address

7. Requested by Name/Position: Name and Title of person requesting resources

8. Priority: All orders are considered routine for COVID-19 and will be filled on a first come, first serve basis

9 – 19 – The requester does not fill these sections out.