

## RESOURCE REQUEST (ICS 213 RR), Adapted for FDA

<b>1. Incident Name:</b>			<b>2. Date/Time</b>			<b>3. Resource Request Number:</b>				
<b>Requestor</b>	<b>4. Order</b> (Use additional forms when requesting different resource sources of supply.):									
	Qty.	Kind	Type	Detailed Item Description: (Vital characteristics, brand, specs, experience, size, etc.)	Cost	<b>5. Resource Status</b>				
						Received by	Date/Time	Assigned to	Released to	Date/Time
<b>6. Requested Delivery/Reporting Location:</b>										
<b>7. Suitable Substitutes and/or Suggested Sources:</b>										
<b>8. Requested by Name/Position:</b>				<b>9. Priority:</b> <input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low		<b>10. Section Chief Approval:</b>				
<b>Logistics</b>	<b>11. Logistics Order Number:</b>					<b>12. Supplier Phone/Fax/Email:</b>				
	<b>13. Name of Supplier/POC:</b>									
	<b>14. Notes:</b>									
	<b>15. Approval Signature of Auth Logistics Rep:</b>					<b>16. Date/Time:</b>				
<b>17. Order placed by:</b>										
<b>Finance</b>	<b>18. Reply/Comments from Finance:</b>									
	<b>19. Finance Section Signature:</b>					<b>20. Date/Time:</b>				

## ICS 213 RR, Adapted for FDA 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	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Date/Time</b>	Self explanatory
3	<b>Resource Request #</b>	Self explanatory
4	<b>Order</b>	Specify quantity, item description, cost. Complete resource status section after resource is received
5	<b>Resource Status</b>	Enter applicable resource status fields
6	<b>Requested Delivery/Reporting Location</b>	Enter location requested resource delivery/reporting location
7	<b>Suitable Substitutes and/or Suggested Sources</b>	Enter possible substitute items if exact requested resource is not available. Provide supplier information if known.
8	<b>Requested by Name/Position:</b>	Requestor's name and position
9	<b>Priority</b>	Select Urgent, Routine or Low priority
10	<b>Section Chief Approval</b>	Obtain appropriate Section Chief signature for request
11	<b>Logistics Order Number</b>	Enter Logistics Order Number if applicable
12	<b>Supplier Phone/Fax/Email</b>	Enter resource Supplier's phone/Fax/Email
13	<b>Name of Supplier/POC</b>	Enter name of resource supplier/POC
14	<b>Notes</b>	Any relevant notes regarding the request
15	<b>Approval Signature of Authorized Logistics Rep</b>	Enter approval signature of an authorized Logistics Section representative
16	<b>Date/Time</b>	Self explanatory
17	<b>Order placed by</b>	Enter name of individual who places order for requested resource(s)
18	<b>Reply/Comments from Finance</b>	Any relevant notes regarding the request
19	<b>Finance Section Signature</b>	Enter approval signature of an authorized Finance/Admin Section representative
20	<b>Date/Time</b>	Self explanatory

Updated by FDA 2/2011