

WA RESOURCE REQUEST FORM (ICS 213 RR)

Requestor	1. Mission Number & Incident Name:		2. Requesting Agency:		3. Date & Time: (mm/dd/yy - 00:00)		4. Requester Tracking Number:		
	5. Resource Requested						SHADED AREA TO BE FILLED BY LOGISTICS SECTION		
	a. Qty.	b. Kind (if known)	c. Type (if known)	d. Detailed item description and/or of task to be accomplished: (<i>Vital characteristics, brand, specs, experience, size, etc.</i>) and, if applicable, purpose/use, diagrams and other info.			Needed Date & Time		g. Cost
							e. Requested	f. Estimated	
	6. Additional Personnel/Support Needed: (<i>Driver/Fuel Etc.</i>)						7. Duration needed:		
	8. Requested Delivery/Reporting Location: (<i>Address/landmarks etc.</i>)				9. POC at Delivery/Reporting Location: (<i>Name & Contact info</i>)				
	10. Suitable Substitutes and/or Suggested Sources: (if known)				11. Priority: <input type="checkbox"/> Life Saving <input type="checkbox"/> Incident Stabilization <input type="checkbox"/> Property Preservation				
	12. a. Have all commercial resources been exhausted: <input type="checkbox"/> Yes <input type="checkbox"/> No b. Have all local resources been exhausted: <input type="checkbox"/> Yes <input type="checkbox"/> No c. Have all mutual aid resources been exhausted: <input type="checkbox"/> Yes <input type="checkbox"/> No				13. Requestor is willing to provide Funding: <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", explain:				
	14. Requested by Name/Position & phone/email:				15. Request Authorized by:				
Logistics	16. EOC/ECC Logistics Tracking Number:		17. Name of Supplier/POC, Phone/Fax/Email:						
	18. Notes:								
	19. Approval Signature of Authorized Logistics Representative:						20. Date & Time: (mm/dd/yy – 00:00)		
	21. Order placed by (check box): <input type="checkbox"/> ORD UNIT <input type="checkbox"/> PROC UNIT <input type="checkbox"/> OTHER _____								
	22. Elevate to State: <input type="checkbox"/>			23. State Tracking #:			24. Mutual Aid Tracking #:		
Finance	25. Reply/Comments from Finance:								
	26. Finance Section Signature:						27. Date & Time: (mm/dd/yy – 00:00)		
Original to: Documentation Unit			Copies to: Logistics Section, originating ESF/agency, and Finance & Administration Section						

Instructions for filling out the WA ICS-213RR Form

REQUESTOR fills in blocks 1 through 15, excluding 5f -5g.

Block # 1	Mission Number is assigned by the State EMD. Incident name is the same as the name stated on the ICS-201 Form and Incident Action Plan (IAP).
Block # 2	Name of Jurisdiction/Agency initiating request.
Block # 3	The date (month/day/year) and the time (using the 24 hour clock) when submitting the request.
Block # 4	Jurisdiction or agency generated tracking number.
Block # 5a-c	Items requested: Must include quantity; Include Kind and Type <i>if applicable</i> .
Block # 5d	The detailed description of requirements. (<i>Be as specific as possible</i>).
Block # 5e	Time resource is needed.
Block # 5f	Estimated time of arrival (<i>to be filled out by the Logistic section</i>).
Block # 5g	Cost of resource (<i>to be filled out by the Logistics Section</i>).
Block # 6	List additional support needed; driver, fuels, etc.
Block # 7	How long do you need the resource (number of hours, days etc.).
Block # 8	Location: Where the requesting jurisdiction/agency wants the items delivered to (a specific staging area, address, latitude & longitude, etc.).
Block # 9	Point of contact at the delivery location.
Block # 10	Enter information if known. A suggested source may be a known contract in place or verbal (not written & signed) agreement with a local vendor.
Block # 11	Life saving- This includes rescuing endangered civilians, treatment of the injured, and provisions for the safety, accountability and welfare of response personnel. Incident Stabilization- To keep the incident from escalating and bring it under control to limit the negative consequences. Property Preservation- Protection of property, infrastructure, evidence, economy and the environment.
Block #12	Yes or No.
Block #13	If partial or no funding, specify reason.
Block #14	Name and contact information of requestor.
Block #15	This must be approved by the appropriate Section Chief or Authorized spending agent.

Blocks 16 through 24 and blocks 5f- 5g to be filled out by the Logistics Section.

Block # 16	EOC/ECC Logistics Tracking Number.
Block # 17	Supplier Point of Contact, Phone Number and/or email address.
Block # 18	Actions taken in processing resource request.
Block # 19	Usually the signature of the Logistic Section Chief or Deputy Logistics Section Chief.
Block # 20	Date & Time of Signature.
Block # 21	Ordering Unit (ORD) or Procurement Unit (PROC)). Other block is checked if ORD/PROC positions are not filled. If Other block is checked, fill in position.
Block # 22	If checked, request has been elevated to State EMD for processing.
Block # 23	State EMD assigned tracking number.
Block # 24	Mutual Aid tracking #: (WAMAS-Locally assigned #) (EMAC, PNEMA, FED MA –State EMD assigns #)

Blocks 25 through 27 are filled out by the Finance Section

Block # 25	Comments from Finance Section Chief, Deputy Finance Section Chief, or Procurement.
Block # 26	Approval: This must be approved in accordance with Jurisdiction/Agency internal procurement policies.
Block # 27	Date & Time of Signature