



County of Santa Clara  
Emergency Operations Center (EOC)  
**Resource Request Form 213RR**



**COMPLETED BY REQUESTOR**

<b>1. Incident Name</b> <i>Earthquake</i>	<b>2. Date Initiated</b> <i>5/17/2025</i>	<b>3. Time Initiated</b> <i>&lt;HH:MM&gt;</i>	<b>4. Tracking Number</b> <i>(Completed by OA EOC)</i>
<b>5. Requested By</b> (name, agency, position, email, phone) <i>Phil Marlowe</i> <i>&lt;Facility&gt;</i> <i>Supply Manager</i> <i>408-555-1290</i> <i><a href="mailto:pmarlowe@snf.com">pmarlowe@snf.com</a></i>	<b>How to use the EOC Form 213RR</b>  <b>Purpose</b> The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.)  <b>When to use</b> The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request.  <b>Prepared by</b> Any EOC position or agency requesting resources from the OA  <b>Approved by</b> Section Chief of the requesting EOC or Supervising Official at requesting agency  <b>Routed to</b> Planning Section → Logistics Section → Finance/Admin Section → EOC Director → Logistics Section  <b>Filed with</b> Logistics Section Resource Tracking Unit / Planning Section Documentation Unit  <b>User Notes</b> The Form 213RR is a two-sided form. Side one is completed by the requestor. Side two is completed by the OA EOC. <b>Please check that both sides are available.</b>		
<b>6. Prepared by</b> (name, position, email, phone) <i>Phil Marlowe</i> <i>Supply Manager</i> <i>(see above)</i>			
<b>7. Approved by</b> (name, position, email, phone) <i>Dave McGuire, Director</i> <i><a href="mailto:dmcguire@snf.com">dmcguire@snf.com</a></i> Signature: <i>Dave McGuire</i>			


**REQUESTED RESOURCE DETAILS**

Requesting Agency / EOC Section

<b>8. Qty/Unit</b> <i>10 CS</i>	<b>9. Resource Description</b> (kind/type, if applicable) <i>magnesium citrate systemic</i>	<b>10. Arrival</b> (date/time) <i>5/17/2025</i> <i>&lt;HH+8:00&gt;</i>	<b>11. Priority</b> Now <input type="radio"/> High (0-4 hours) <input type="radio"/> Medium (5-12 hours) <input checked="" type="radio"/> Low (12+ hours) <input type="radio"/>	<b>12. Est'd Cost</b>
<b>13. Deliver to</b> (name, agency, position, email, phone) <i>Phil Marlowe</i> <i>&lt;Facility&gt;</i>		<b>14. Location</b> (address or lat./long., site type) <i>&lt;Address&gt;</i>		
<b>15. Substitute/Suggested Sources</b> (name, phone, website)				
<b>16. Supplemental Requirements</b> (include details in #17)  <input type="radio"/> Equipment Operator <input type="radio"/> Fuel Fuel Type _____ <input type="radio"/> Meals <input type="radio"/> Water  <input type="radio"/> Lodging <input type="radio"/> Power <input type="radio"/> Maintenance <input type="radio"/> Other _____		<b>17. Special Instructions</b>  <i>**** This is drill traffic ****</i>		



# DEOC-9 ALLIED HEALTH STATUS REPORT SHORT FORM

FACILITY NAME: <b>&lt;Facility&gt;</b>		FACILITY TYPE <b>SNF</b>		DATE: <b>5/17/2025</b>		TIME: <b>&lt;HH:MM&gt;</b>		
Contact Name: <b>Kathy Hudson</b>		Phone # <b>408-555-6911</b>		Fax #				
Other Phone, Fax, Cell Phone, Radio:		Incident Name and Date: <b>Earthquake</b>						
FACILITY STATUS		CHECK ONE	CHECK ADDITIONAL ATTACHMENTS PROVIDED			Yes/No		
GREEN- FULLY FUNCTIONAL		<b>X</b>	NHICS/ICS ORGANIZATION CHART			<b>No</b>		
RED- LIMITED SERVICES			DEOC-9A RESOURCE REQUEST FORMS			<b>No</b>		
BLACK- IMPAIRED/CLOSED			NHICS/ICS STATUS REPORT FORM - STANDARD			<b>No</b>		
FACILITY CONTACT INFORMATION		NHICS/ICS INCIDENT ACTION PLAN			<b>No</b>			
FACILITY EOC MAIN CONTACT NUMBER	<b>408-555-6911</b>	PHONE/COMMUNICATIONS DIRECTORY			<b>No</b>			
FACILITY EOC MAIN CONTACT FAX		<b>GENERAL SUMMARY OF SITUATION/CONDITIONS</b>  <b>First Report. Available resource numbers available in 60 minutes</b>  <b>**** This is drill traffic ****</b>						
FACILITY LIAISON OFFICER NAME: LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH	<b>Kathy Hudson</b>							
FACILITY LIAISON CONTACT NUMBER	<b>408-555-6911</b>							
FACILITY INFORMATION OFFICER NAME								
FACILITY INFORMATION OFFICER CONTACT NUMBER								
FACILITY INFORMATION OFFICER CONTACT EMAIL								
IF FACILITY EOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS		SNF BED RESOURCE AVAILABILITY		Staffed Bed- M	Staffed Bed- F	Vacant Beds- M	Vacant Beds- F	*Surge #
FACILITY CONTACT NUMBER		SKILLED NURSING		<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>
FACILITY CONTACT EMAIL		ASSISTED LIVING		<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>
FACILITY PATIENT FLOW INFORMATION		TOTAL		SUB-ACUTE		<b>2</b>	<b>2</b>	<b>0</b>
FACILITY PATIENTS TO EVACUATE	<b>0</b>	ALZHEIMERS/DIMENTIA		<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
FACILITY PATIENTS INJURED - MINOR	<b>0</b>	PEDIATRIC-SUB ACUTE		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
FACILITY PATIENTS TRANSFERRED OUT OF COUNTY	<b>0</b>	PSYCHIATRIC		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
OTHER FACILITY PATIENT CARE INFORMATION								
DEOC/EOC/DUTY CHIEF USE		*surge number: # of beds in addition to vacant available beds						
		AVAILABLE RESOURCES BY FACILITY TYPE		CHAIRS/ ROOMS	VACANT CHAIRS/ ROOM	FRONT DESK STAFF	MEDICAL SUPPORT STAFF	PROVIDER STAFF
		DIALYSIS						
		SURGICAL						
		CLINIC						
		HOMEHEALTH						
		ADULT DAY CENTER						

Please follow instructions received from email, **DEOC-9 ALLIED HEALTH STATUS REPORT SHORT FORM** on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) Use the RESOURCE REQUEST FORM to request resources.

# MESSAGE FORM

► For paper: use ballpoint pen – blue or black ink only (See back for instructions)

Origin Msg #: <sup>2</sup>

Destination Msg #: <sup>3</sup>

Date <sup>1</sup>:

Time (24hr):

Handling <sup>5</sup>(✓one):

☐ Immediate (ASAP)

☒ Priority (< 1hr)

☐ Routine (< 2hr)

5/17/2025

(mm/dd/yy)

<HH:MM>

(0001 to 2400)

This Message Requests You To <sup>6</sup>:

TAKE ACTION (✓one):

☐ Yes

☒ No

REPLY (✓one):

☐ Yes, by

☒ No

T  
O

ICS Position: (required) <sup>7</sup>

Surge Coordinator

Location: (required) <sup>9</sup>

SCC PHD

Name: (optional)

Telephone #: (optional)

F  
R  
O  
M

ICS Position: (required) <sup>8</sup>

Director, Care Center

Location: (required) <sup>9</sup>

< Facility >

Name: (optional)

Telephone #: (optional)

SUBJECT: <sup>10</sup>

Fuel Leak

REFERENCE (e.g., Number of earlier msg.): <sup>11</sup>

MESSAGE: <sup>12</sup> (what, when, where needed; how long; contact name and phone number - KEEP MSG BRIEF)

Discovered a generator fuel line leak, repair in progress.  
Fuel supply will be critical within 12 hours. Requisition form  
will follow.

\*\*\*\* This is drill traffic \*\*\*\*

ACTION TAKEN: <sup>13</sup> (For use by Originator / Recipient) ► USE SEPARATE MESSAGE FORM

CC: ☐ Management ☐ Operations ☐ Planning ☐ Logistics ☐ Finance

Operator Use Only: <sup>14</sup>

Relay:

Rcvd:

Sent:

How:

☐ Received

or

☐ Sent

(✓one):

Operator Call Sign:

☐ Telephone

☐ Dispatch Center

Operator Name:

☐ EOC Radio

☐ FAX

☐ Courier

☐ Amateur Radio

☐ Other

Date:

Time:

Outgoing (Sent): <sup>15</sup>

Message Originator: Send the original to radio. Retain a copy for your reference.

Radio: After sending, complete Operator Use Only and file in radio.

Incoming (Received): <sup>15</sup>

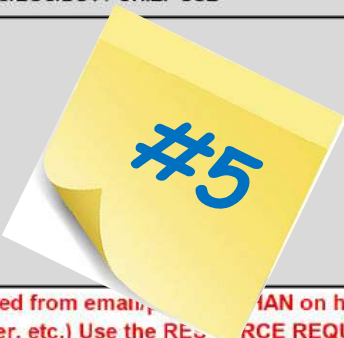
Radio: Complete Operator Use Only then route to the Addressee. Retain a copy in radio if directed by Supervisor.

Addressee: Take appropriate action.





# DEOC-9 ALLIED HEALTH STATUS REPORT SHORT FORM

FACILITY NAME: <b>&lt;Facility&gt;</b>		FACILITY TYPE <b>SNF</b>		DATE: <b>5/17/2025</b>		TIME: <b>&lt;HH:MM&gt;</b>				
Contact Name: <b>Kathy Hudson</b>		Phone # <b>408-555-6911</b>		Fax #						
Other Phone, Fax, Cell Phone, Radio:		Incident Name and Date: <b>Earthquake</b>								
FACILITY STATUS		CHECK ONE	CHECK ADDITIONAL ATTACHMENTS PROVIDED			Yes/No				
GREEN- FULLY FUNCTIONAL		<b>X</b>	NHICS/ICS ORGANIZATION CHART			<b>No</b>				
RED- LIMITED SERVICES			DEOC-9A RESOURCE REQUEST FORMS			<b>No</b>				
BLACK- IMPAIRED/CLOSED			NHICS/ICS STATUS REPORT FORM - STANDARD			<b>No</b>				
FACILITY CONTACT INFORMATION		NHICS/ICS INCIDENT ACTION PLAN			<b>No</b>					
FACILITY EOC MAIN CONTACT NUMBER		<b>408-555-6911</b>		PHONE/COMMUNICATIONS DIRECTORY			<b>No</b>			
FACILITY EOC MAIN CONTACT FAX										
FACILITY LIAISON OFFICER NAME: LIAISON TO PUBLIC HEALTH/MEDICAL HEALTH BRANCH		<b>Kathy Hudson</b>		<b>Final Report. First row resource numbers cover entire SNF area.</b>  <b>**** This is drill traffic ****</b>						
FACILITY LIAISON CONTACT NUMBER		<b>408-555-6911</b>								
FACILITY INFORMATION OFFICER NAME										
FACILITY INFORMATION OFFICER CONTACT NUMBER										
FACILITY INFORMATION OFFICER CONTACT EMAIL										
IF FACILITY EOC IS NOT ACTIVATED, WHO SHOULD BE CONTACTED FOR QUESTIONS/REQUESTS				SNF BED RESOURCE AVAILABILITY		Staffed Bed- M	Staffed Bed- F	Vacant Beds- M	Vacant Beds- F	*Surge #
FACILITY CONTACT NUMBER				SKILLED NURSING		<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>
FACILITY CONTACT EMAIL				ASSISTED LIVING		<b>5</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>
FACILITY PATIENT FLOW INFORMATION		TOTAL		SUB-ACUTE		<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>
FACILITY PATIENTS TO EVACUATE		<b>0</b>		ALZHEIMERS/DIMENTIA		<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
FACILITY PATIENTS INJURED - MINOR		<b>0</b>		PEDIATRIC-SUB ACUTE		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
FACILITY PATIENTS TRANSFERED OUT OF COUNTY		<b>0</b>		PSYCHIATRIC		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
OTHER FACILITY PATIENT CARE INFORMATION										
DEOC/EOC/DUTY CHIEF USE		*surge number: # of beds in addition to vacant available beds								
		AVAILABLE RESOURCES BY FACILITY TYPE		CHAIRS/ ROOMS	VACANT CHAIRS/ ROOM	FRONT DESK STAFF	MEDICAL SUPPORT STAFF	PROVIDER STAFF		
		DIALYSIS		<b>5</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>0</b>		
		SURGICAL		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
		CLINIC		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
		HOMEHEALTH		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
		ADULT DAY CENTER		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		

Please follow instructions received from email, or call the DEOC-9 Coordinator on how to submit this form. If telephones/fax are not working, use alternate means of communication (radio, messenger, etc.) Use the RESOURCE REQUEST FORM to request resources.



County of Santa Clara  
Emergency Operations Center (EOC)  
Resource Request Form 213RR

#6

COMPLETED BY REQUESTOR

1. Incident Name <b>Earthquake</b>	2. Date Initiated <b>5/17/2025</b>	3. Time Initiated <b>&lt;HH:MM&gt;</b>	4. Tracking Number <i>(Completed by OA EOC)</i>
5. Requested By <i>(name, agency, position, email, phone)</i> <b>Mike Miller</b> <b>&lt;Facility&gt;</b> <b>Facilities Supervisor</b> <b>408-555-1297</b> <b><u>mmiller@snf.com</u></b>	<b>How to use the EOC Form 213RR</b>  <b>Purpose</b> The EOC 213RR is used to request non-mutual aid supplies, services, personnel, teams, equipment, utilities, fuel, facilities, or any other resource or incident management activity required from the Operational Area (OA.)  <b>When to use</b> The Form 213RR may be used anytime during any Operational Period. If the OA EOC is not activated the Duty Officer will serve to coordinate the request.  <b>Prepared by</b> Any EOC position or agency requesting resources from the OA  <b>Approved by</b> Section Chief of the requesting EOC or Supervising Official at requesting agency  <b>Routed to</b> Planning Section → Logistics Section → Finance/Admin Section → EOC Director → Logistics Section  <b>Filed with</b> Logistics Section Resource Tracking Unit / Planning Section Documentation Unit  <b>User Notes</b> The Form 213RR is a two-sided form. Side one is completed by the requestor. Side two is completed by the OA EOC. <b>Please check that both sides are available.</b>		
6. Prepared by <i>(name, position, email, phone)</i> <b>Mike Miller</b> <b>Facilities Supervisor</b> <b>(see above)</b>			
7. Approved by <i>(name, position, email, phone)</i> <b>Dave McGuire, Director</b> <b><u>dmcguire@snf.com</u></b> Signature: <b>Dave McGuire</b>			

REQUESTED RESOURCE DETAILS

Requesting Agency / EOC Section

8. Qty/Unit <b>500 gal</b>	9. Resource Description <i>(kind/type, if applicable)</i> <b>Fuel, Diesel</b>	10. Arrival <i>(date/time)</i> <b>5/17/2025</b> <b>&lt;HH+2:00&gt;</b>	11. Priority Now <input type="radio"/> High (0-4 hours) <input checked="" type="radio"/> Medium (5-12 hours) <input type="radio"/> Low (12+ hours) <input type="radio"/>	12. Est'd Cost
13. Deliver to <i>(name, agency, position, email, phone)</i> <b>Phil Marlowe</b> <b>&lt;Facility&gt;</b>		14. Location <i>(address or lat./long., site type)</i> <b>&lt;Address&gt;</b>		
15. Substitute/Suggested Sources <i>(name, phone, website)</i>				
16. Supplemental Requirements <i>(include details in #17)</i> <input type="radio"/> Equipment Operator <input checked="" type="radio"/> Fuel Fuel Type <b>Grade 1</b> <input type="radio"/> Meals <input type="radio"/> Water <input type="radio"/> Lodging <input type="radio"/> Power <input type="radio"/> Maintenance <input type="radio"/> Other _____		17. Special Instructions <b>Deliver to fuel storage tank back of the facility near the generator</b>  <b>**** This is drill traffic ****</b>		