

PHDOC03 — Resource Request for Personnel (if you need supplies or equipment, use form PHDOC02 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.	
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Incident Name:	Date:	Time:
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Facility Name:	Requestor Name & Position/Function:
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E-mail:	Phone #:	Alternate Phone:	Fax:
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Mission: What are you trying to accomplish with these personnel?

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.

Name Authorizing Agent (required)

4. ORDER — Personnel Request Details

Line item	Priority ¹	Personnel Type & Probable Duties: Indicate required license types (see list below) RN, LVN, MD, EMT-1, EMT-P, Pharmacist, NP, PA, DDS, DVM, RCP, MFT, LCSW, etc.	Number Needed	Minimum Required Clinical Experience (1=current hospital, 2=current clinical, 3=current license, 4=clinical education)	Required Skills, Training, Certifications (e.g., PALS, current ICU experience, languages, ICS training, 2nd license such as PHN, etc.)	Preferred Skills, Training, Certs	Date/Time Required (Indicate anticipated mobilization or duty date)	Anticipated Length of Service (Indicate days or hours)	Logistics Section: Fulfillment		Tracking # or DHV Mission Number
									Quantity		
									Approved	Filled	

Point of Contact to deliver line item # to (Name, Position, Location, Telephone #, Email, Radio, etc.):	Suggested Sources of Supply; Suitable Substitutes; Special Instructions:
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¹ PRIORITY: (E)mergent <12 hour, (U)rgent >12 hour, or (S)ustainment
⁴ 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
 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/>